

Health among Slum Children- A Sociological Study of Chennai City

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ABSTRACT

The World Health Organization (WHO) defined health in its broader sense in its 1948 constitution as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” Child health is the purview of pediatrics, which became a medical specialty in the mid-nineteenth century. Before that time the care and treatment of childhood diseases were included within such areas as general medicine, obstetrics and midwifery.

A slum is a densely populated urban area and characterized by low standard of living. The rapid urbanization and increase in population resulted in the depletion and degradation of natural resources. Industrial expansion lead to the increase in the job potential in large cities, which attracted the rural population to migrate to cities and further converted the cities into a major slum and concrete jungles. Numbers of slums are increased in metropolitan cities due to acute shortage space for housing. At the same time, access to services like healthcare, fresh food, and basic sanitation may start to become restricted, creating filth and squalor.

The present study titled Health among Slum Children- A Sociological Study of Chennai city has focused on the health conditions of Slum Children with three research objectives as (i). To find out the socio-economic background of the slum children in Chennai city, (ii). To bring out the nature and causes of health problems among slum children and (iii) To identify the types of health problems among slum children.

The present study is descriptive in nature and tries to find out the nature and causes of health problems of slum children. The universe of the research is the total number of households of Ayothikuppam slum (1250 HH) and Saidapet slum (2220 HH). The total numbers of households are 3470. In order to have reliable data collection, the researcher has interviewed 50 slum children from the age group of 8-14 on the basis of convenient sampling method under Non-Random Sampling. The researcher has used interview schedule to collect data from the respondents.

The findings of the study divulges that most of the slum children experienced diseases or health problems once in a month which are cold, cough and fever. During the illness time, 26% of the slum children were going to government hospital. 60% of the slum children are not having the habit of washing their hands before taking meals due to them play with friends and neighborhoods. 40% of the slum children are frequently affected by the fever like Malaria, Typhoid and 20% of the slum children were affected by cold and cough; sometimes it was in severe stage. The study has provided the following recommendations; i). Government has to provide formal education to the slum children and to guide them to go to school, ii) Government should take necessary step to clean the slum areas and near the Kuvam River, iii) NGO's has to conduct more number of medical camps, awareness programmes about health and education to the slum children as well as their parents and iv) The government has to construct the public latrine for the slum areas.

Keywords: Health, Urbanization, Slum Children, Industrial expansion, Population

INTRODUCTION

The World Health Organization (WHO) defined health in its broader sense in its 1948 constitution as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” Child health is the purview of pediatrics, which became a medical specialty in the mid-nineteenth century. Before that time the care and treatment of childhood diseases were included within such areas as general medicine, obstetrics, and midwifery.

Urbanization is, however, a development oriented sign of economic prosperity in any country. The increased level of urbanization is important for socio-economic development of the people and is to be encouraged but we require more development planning to do that. Due to the concentration of number of industrial units and other service sector activities near the existing cities, unplanned urbanization and unabated migration and concentration of poor population from the depressed rural areas to the urban settlements, numerous problems of complex nature have emerged. It has created an imbalance situation in the urban centers especially social and economic conditions. The migration has strained infrastructure facilities in the cities to the breaking point. The intermixing various land uses has created confusion and chaotic conditions. There has been acute shortage of housing in urban areas with the result that the cities face grim situation with the fast increasing number of shanty dwellers, squatters, pavement dwellers and slums in all the metropolitan and other cities throughout the nation.

Slums are continuing to increase and housing is dwelling due to influx of rural population into urban areas in search of some means of subsistence livelihood they are not able to find a dwelling place. Most of the dwelling places have no civic facilities like water supply, drainage, roads, and transports etc.; this condition leads too many social evils and health problems in the slum areas. Slum dwellers face un-hygienic environmental conditions, socio, economic, health, educational and cultural problems. The children living in the slum area started suffering from malnutrition and water borne diseases.

The rapid urbanization and increase in population resulted in the depletion and degradation of natural resources. Industrial expansion lead to the increase in the job potential and trade prospects in large cities, which attracted the rural population to migrate to cities and this, further converted the cities into a major slum and concrete jungles. Numbers of slums are increased in metropolitan cities due to acute shortage space for housing.

Development exerted pressure on the basic amenities and increased traffic congestion in the cities. Lack of inadequate sewerage treatment facilities, drinking water, encroachment of open spaces, littered garbage in the streets, polluted coastal sweaters are some of the evils of modern urban environment. The water in the rivers became unfit for human consumption due to the constant flow of untreated sewerage and effluents. The incidence of air borne and water borne diseases increased in the population due to the deterioration of air and water quality.

Slums in Global scenario

Slums are characterized by overcrowding, marginalization, harmful environmental exposure, poverty, insecurity, and lack of access to amenities – all features that lead to decreased sustainability, and increased vulnerability. But with one in six people classified as a slum dweller, can such a sweeping assumption of homogenous vulnerability be maintained?

Almost 1 billion people, or 32 per cent of the world’s urban population, live in slums, the majority of them

in the developing world (Habitat for Humanity, Great Britain- Report 2017). Moreover, the locus of global poverty is moving to the cities, a process now recognized as the ‘urbanization of poverty’. Without concerted action on the part of municipal authorities, national governments, civil society actors and the international community, the number of slum dwellers is likely to increase in most developing countries. And if no serious action is taken, the number of slum dwellers worldwide is projected to rise over the next 30 years to about 2 billion.

Slums in Indian Scenario

India is a part of the global trends where an increasing number of people live in urban areas. The number of towns and the absolute urban population in India has increased steadily over the last 60 years. More significant for policy formulation is the share of urban population to total population, which has grown from 17.3 per cent in 1951 to 31.16 per cent in 2011. Varying projections place urban population at about 590 million –600 million in 2030 (Ministry of Housing and Urban Affairs, Government of India (2024).

Urban poverty in India is large and widespread. In 2004-05, 80.8 million people out of an estimated urban population of 309.5 million person were below the poverty line in that their per month consumption was less than Rs.538.6. These numbers constitute a significant proportion of the world’s total urban poor estimated at 291.4 million. Over the past three decades (1973-2004), the numbers of the urban poor have raised by 34.4 per cent and the shares of the urban poor in the total from 18.7 per cent in 1973 to 26.8 per cent in 2004-05. In comparison the numbers of the rural poor have registered a 15.5 per cent decline over this period. In addition, about 40-45 million persons are on the border line of poverty. This process has meant increasing share of the urban poor in the total.

Health: The urban poor are vulnerable to disease brought on by these unhygienic conditions. In two out of three key indicators for child health, the urban poor children fall well below the national urban average 26. Only 53 per cent of the urban poor children are covered by an Anganwadi Centre (AWC) and only 10.1 per cent of women had regular contact with a health worker. All this translates into poor nutritional status as well. Nearly 59 per cent of urban poor women and 71.4 per cent of urban poor children suffered from anemia. Malnutrition, measured through underweight (47.1 per cent) and stunted children (54.2 per cent), is significant among the urban poor. Out-of-pocket expenditure for health also pushes individuals further into poverty. Data from the 61st Round NSS survey shows an increase in urban poverty by as much as 2.9 per cent if out of pocket health expenditure is accounted for. States such as Uttar Pradesh, Chhatisgarh, Kerala, Maharashtra and West Bengal show high out-of-pocket health expenditure and demonstrate significant increases in urban poverty due to this.

Education: As per Census of India 2011, 77 per cent of children in the age group of 5–18 years in urban India have access to educational institutions. The percentage of females attending educational institutions in this age group stands at 76.8 per cent and is marginally lower than the percentage of males (77.1%) attending educational institutions. Lakshadweep has the highest percentage (89%) of urban children with access to education and Daman & Diu has the lowest (62.4%). Lakshadweep also has highest percentage of female children (88.6 %) in urban areas with access to education and Uttar Pradesh has the lowest (66.8%).

Out of school children in urban areas Census of India 2011 data indicates that 23 per cent (22.72 million) of urban children in the age group of 5–18 years are out of school. Out of this 9.1 per cent of urban children (8.97 million) in the 5–18 years age group used to attend school but have eventually dropped out, and 13.93 per cent (13.75 million) of children have never attended school. Daman and Diu has the highest percentage (23 %) of children who have dropped out of school and Uttar Pradesh has the highest percentage (23.68%) of children who have never attended school. *A sample survey estimation of out of school children done by the Social & Rural Research Institute in 2014* reveals that approximately 6 million children (2.97%) in the age group of 6–13 years are out of school in India. A higher proportion of females (3.23%) are out of school

than males (2.77%). At the national level, a higher proportion of children are out of school in rural areas (3.13%) as compared to urban areas (2.54%). Odisha has the highest percentage (6.10%) of children out of school in 6–13 years age group and Uttarakhand has the highest percentage (15.64%) of out of school children in urban areas. The majority of children who are out of school have never been enrolled in any school even though the right to Education (RTE) is in place. This is closely followed by those who have dropped out after successfully completing some class. Maximum drop-outs in this age group are after class two (National Institute of Urban Affairs- India Baseline Study-2016).

Concept and Definition of Slums

The concept of slums and its definition vary from country to country depending upon the socio-economic conditions of society. The basic characteristics of slums are – dilapidated and infirm housing structures, poor ventilation, acute over-crowding, faulty alignment of streets, inadequate lighting, paucity of safe drinking water, water logging during rains, absence of toilet facilities and non-availability of basic physical and social services. The living conditions in slums are usually unhygienic and contrary to all norms of planned urban growth and are an important factor in accelerating transmission of various air and water borne diseases. The legal definition however differs from State to State. ‘Slums’ have been defined under Section 3 of the Slum Areas (Improvement and Clearance) Act, 1956 as areas where buildings – are in any respect unfit for human habitation, are by reason of dilapidation, overcrowding, faulty arrangement and design of such buildings, narrowness or faulty arrangement of streets, lack of ventilation, light, sanitation facilities or any combination of these factors which are detrimental to safety, health and morals.

Census of India 2011 has adopted the definition of ‘Slum’ areas as follows:

In India, Under Section-3 of the Slum Area Improvement and Clearance Act, 1956, Slums have been defined as mainly those residential areas where dwellings are in any respect unfit for human habitation by reasons of dilapidation, overcrowding, faulty designs of buildings, narrowness or faulty arrangement of streets, lack of ventilation, light or sanitation facilities or any combination of these factors which are detrimental to safety, health and morals. Thus, conceptually Slums are perceived as compact overcrowded residential areas (and not isolated or scattered dwellings) unfit for habitation due to lack of one or more of the basic infrastructure like drinking water, sanitation, electricity, sewerage, streets etc. In addition to this Central Legislation, several States have independent Acts where Slums are defined.

It is proposed to continue the definition used in the 2001 Census for 2011 Census. The definitions of different types of slums and codes to be assigned are as follows:

All notified areas in a town or city notified as Slum by State, UT Administration or Local Government under any Act including a Slum Act may be considered as Notified slums and assigned code 1;

(i) All areas recognized as “Slum by State, UT Administration or Local Government, Housing and Slum Boards which may have not been formally notified as slum under any act may be considered as Recognized slums and assigned code 2,) A compact area of at least 300 population or about 60-70 households of poorly built congested tenements, in unhygienic environment usually with inadequate infrastructure and lacking in proper sanitary and drinking water facilities. Such areas should be identified personally by the Charge Officer and also inspected by an officer nominated by DCO. This fact must be duly recorded in the charge register. Such areas may be considered as identified slums and assigned code 3;

Causes of ill health in urban slums

The lacks of adequate basic services are cleaning toilets/ bathing, units/ garbage, disposal/ drinking water.

Lack of information about proper state owned and managed medical benefits such as TB clinics/ hospitals. Mistreatment and bad behavior at government hospitals results in a high number of home-births or compel for the poor to avail or private alternatives. Inadequate of food intake and low levels of nutrition weakens the immune system thereby making the body prone to infections.

Lack of financial resource is to ensure sustained medical attention for skin disorder or joint pains.

Health and sanitation:

For understandable reasons, when compared with other areas of residence, the slum is characterized by low standards of sanitation. The slum is often most neglected by the public services for sanitation. For mixed reasons, it may also be an area of high sickness and death rates.

Basic Amenities:

Lack of basic amenities is one of the chief characteristics which distinguishes slum from other areas.

Drainage is a major problem facing the slums. A large number of them are low-lying and are 2 feet to 4 feet below the road level, so that the water can never flow away and in the rainy season storm water finds its way into the slum and get mixed up with water.

Water supply is the only source of drinking water is the municipal water tap; in some slums situated on the seashore, bore pumps have been erected to supplement public taps. In some slums in the periphery of the city, open wells have been dug for drinking water, bathing and cleaning. This well water can't be used for drinking water for most of them are unsanitary.

Latrines – There is no latrines facilities in slum areas. The types of latrines that are in use are the dry variety and the flush out. It is generally misused and the cleaning arrangements are so imperfect that it can't be used throughout the day. The inadequacy of latrines in street corners, lanes and open spaces thus making the entire locality foul. Even the water borne or flush out latrines are not used properly.

The national definition of 'slum areas' was set by the **Slum Areas Improvement and Clearance Act of 1956**. It defines them as places where buildings:

1. are in any aspect unfit for human habitation
2. are by reason of dilapidation, overcrowding, faulty arrangement of streets, lack of ventilation, light, sanitation facilities or any combination of these factors which are detrimental to safety, health and morals.

The Census of India defines a slum as “a compact area of least 300 in population or about 60-70 households of poorly built, congested tenements in an unhygienic environment usually with inadequate infrastructure and lacking proper sanitary and drinking water facilities”.

Housing in slums becomes a major health concern because residents of slums live in overcrowded situations. Two-thirds of households are simple one room structure, a majority of them with dirt floors and poor ventilation. Such overcrowding can lead to rapid spread of respiratory and skin disease.

Access to drinking water in slums is another major problem. More than two-thirds of slum residents are lacking to access the safe drinking water on their premises. The main sources of water are hand pumps, though tap water is available in some homes. The lack of safe drinking water facilitates the spread of water borne diseases. The presence of stored water further promotes the breeding of mosquitoes and diseases such

as malaria, dengue, chicken guinea etc.

Absence of available latrines is a major health problem as well. It is estimated that over one third of slum households have no access to bathroom facilities, promoting open defecation, which in turn leads to spread of fecal oral disease and parasitic infestation.

Healthcare – and the lack of easy access to it – prevents people from upward social and economic mobility in India. The lack of healthcare stems from two important issues.

REVIEW OF LITERATURE

World Health Organization (1948) has reported that, Health is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity.

Ahuja Ram (2007) estimated that of total population of 827 million in 1990 about 289 million were children above 14 years and age group of 14 years were 23.5% or 191 million (India, 1992:19) since the country population has increased from 844.32 million in 1991 to about 950 million in 1997, the child population should be 220 million.

Municipal Corporation of Chennai (2006) reported that there are 155 slums division within, with a whopping 25% of city the population being slum dwellers. They figure work out to 1.08 million current estimates would mean by the end of the slum population have increased by 35,000 person at least. Now a day Chennai will definitely be more than 1.11 million slum populations. Poor health is a chronic problem for slum children. Half of the children in India are malnutrition, but for slum children the proportion is much higher. These children are not only underweight but their growth as often been structured.

UN Human Settlements Programme (2005) UN-HABITAT has estimated 3 million current urban residents' shortcomings, insecurity of tenure, poor structural housing conditions, deficient access to safe drinking water and sanitation and severe overcrowding. Communicable diseases are a major problem in urban populations in general and slum populations urban residents vulnerable to contraction communicable diseases such as Tuberculosis acute respiratory infections and meningitis. Transmission of these illnesses is often aided by low resistance among the population owing to malnutrition. Vaccine-preventable diseases are more rapidly in overcrowded urban areas among non-immunized populations. Inadequate provisions for drainage can increase risk of urban dengue and yellow fever because the vector breeds in latrines, sock way pits and septic tanks.

Gosh Shanthi and Dheeraj Shah (2004) have said that Nutritional problems like protein energy Malnutrition, Anemia and Vitamin A deficiency continue to plague a large proportion of Indian children. The diets and nutritional status of urban slum children in India is far away from being satisfactory. The nutritional status of slum children is worst amongst all urban groups and is even under nutrition. Most common causes of malnutrition include faulty infant feeding practices, impaired utilization of nutrients due to infections and parasites, inadequate food and health security, poor environmental conditions and lack of proper child care practices. high prevalence of malnutrition among young children is also due to lack of awareness and knowledge regarding their food requirements and absence of a responsible adult care given with increasing urban migration in the years ahead, the problem of malnutrition in urban slums will also acquire increasing dimension unless special efforts are initiated to mitigate the health and nutritional problems of the urban poor requires a more direct, more focused and more integrated strategy.

United Nations Report (2003) stated that the challenge of slums is the most comprehensive account of the demographic and socio economic indicators of slum worldwide. It details not only the high concentration of poverty and substandard living conditions in slums but also the insecurity of tenure and marginalization

from the formal sector including basic health services, poor quality is a leading cause of morbidity and mortality worldwide of living in slums. Lack of education means that people are unaware of health problem caused by unsanitary conditions and do not know how to prevent the spread of disease. Poverty means that food is often scarce or lacking in nutrients and high proportion of children are malnourished. Very few children receive vaccinations and so diseases such as polio and cholera that have been almost eradicated elsewhere can still cause death. Many life threatening infectious diseases are associated with contaminated water in slums such as cholera and hepatitis, lack of access to water also restricts water intake, sources of infant formula or cooking, bathing and personal hygiene. Inadequate or inappropriate care at these places permits the progression of preventable diseases such as hypertension and diabetes and increases the TB disease.

Child Health and Nutrition Research Initiative (2001) has initiated its principles as Nutrition is an input and foundation for health and development interaction and malnutrition is well documented. Better nutrition means stronger immune systems, less illness and better health. Healthy people are stronger, more productive and more able to create opportunities to gradually break the cycles of both poverty and hunger in a sustainable way. The world is also seeing in a dramatic increase in other forms of malnutrition characterized by obesity and the long term implications of unbalanced dietary and lifestyle practices that result in chronic diseases such as cardiovascular diseases, cancer and diabetes. Good nutrition an adequate well balanced diet combined with regular physical activity is a cornerstone of good health; poor nutrition can lead to reduced immunity, increase susceptibility of disease, impaired physical and mental development and less productivity.

Agarwal Taneja (2005) in his study found that increasing urbanization has resulted in a faster growth of slum population. Disparities among slums exist owing to various factors. This has led to varying degrees of health burden on the slum children. Child health conditions in slum with inadequate services are worse in comparison to relatively better. Served slum proper nutrition and vitamin intake are essential components to child health. Existing data sets consistently show the poor children living in urban slum areas suffer from severe malnutrition, stunting and wasting again showing numbers that are often worse than that of their counterparts in rural areas. The overcrowded living quarters of many urban slums increase the chance of transmitting communicable diseases such as tuberculosis and pneumonia, poor sanitation and lack of easy access to water for essential disease prevention activities such as hand washing, increase the risk of infectious diseases. The author concluded his study by the view that strengthening health systems, expanding immunizations, improving access to clean water and educating the urban poor about the causes and means of transmitting infectious diseases would do much to reduce child mortality rates.

Bajaj Mridula (2009) has analyzed Water and Sanitation emerged as critical issues in this study, with only 57 percent of families using open spaces for open toilets. The immunizations level in the slums covers 34 percent of the population and because of negligence of civic authorities in providing safe drinking water and sanitation; there is a high incidence of disease such as Diarrhea and Anemia. The nutritional status of the urban poor in Delhi is a matter of concern. He concluded that Delhi has 35.4 percent stunted, 15.5 percent wasted and 33.1 percent underweight children under the age of three despite being a state with the second highest per capita income in India.

Parsons, Talcott (1951) has pinpointed as a healthy population is essential to society. Healthy people can perform the social roles which are necessary to keep the society functioning optimally. Illness is dysfunctional because it prevents people from performing their social role at least temporarily. Thus the social institution of medicine plays a vital role in the overall functions of a society by making members healthy of course, everyone get sick sometimes and when they do, parsons argued, they follow a socially prescribed role.

He also brings out that, in each community there is an inbuilt system that cares for the sick persons of the community. Healthcare system was based on the responsibilities of the community towards its sick

members. But in today's modern context the field of medicine which has undergone a vast improvement is built on the basis of Economy and nature of the community system. In other words the factor namely economy decides the quality of medicine and health practice.

STATEMENT OF THE PROBLEM

Slum dwellers and those living in the areas without proper water supplies dispose of their wastes in unplanned ways that contaminate water and air. Housing should not be taken as an isolated issue but it is interrelated with many aspects. There is need to carry out studies about urban planning in terms of physical space with reference to services, supplies and transport.

Most of the people who live in slums are extremely poor and many are treated as second class citizens by their society. Health problems tend to be very high, as a result of improper sanitation and lack of access to basic health care. Malnutrition is another serious problem in many slums, as is crime, which can make a slum very dangerous for its inhabitants.

Many people view slums as the ultimate symbol of inequality and in some regions, slums have ended up in some much unexpected locations, sometimes neighboring the homes of the wealthy. Organizations which campaign against slums argue that no human being should be forced to live in slum conditions, and that as a basic act of humanity, cities need to provide livable low cost housing and regulate construction to eliminate the growth of slums.

Besides other problems the slum children comes across many social problems including psychological problems and health problems. Slum children suffer more than other children when it comes to physical health. Half of all slum children in India are malnourished and malnutrition. Some slum children are unlikely to be vaccinated or receive medical treatment. Only two in three Indian slum children have been vaccinated against TB, diphtheria, tetanus, polio, and measles. They usually cannot afford and do not trust doctors and medicines.

Slums in Chennai increase by 50% in a single decade (Christin Mathew Philip, Times of India (2016) In the last December's floods, slums in Chennai suffered the most devastation. on the edge of rivers, rail ways tracks and in low-lying areas the scale of vulnerability of residents of these slums in heavy rain has increased manifold as their numbers have proliferated over the past few decades 2014.

In the last December 2023 floods, slums in Chennai Suffered the most devastation. On the edge of rivers, rail ways tracks and in low-lying areas the Scale of vulnerability of residents of these slums in heavy rain has increased manifold as their numbers have proliferated over the past few decades. A survey by Tamil Nadu Slum Clearance Board TNSCB) has found that there was a 51.85% increase in slums in the city from 2001 to 2014. These shanty towns increased from 306 in 1956 to 2,173 in 2014.

As part of its slum-free city plan, Tamil Nadu Slum Clearance Board (TNSCB) recently completed a socio-economic survey in 1,131 slums spread across 17.28 sq.km in the city. It found that north Chennai that consists of Tiruvottiyur, Manali, Madhavaram, Tondirapet and Royapuram has the maximum slums in the city, with 470. It is followed by central Chennai (Thiru-Vi-Ka Nagar, Ambattur, Anna Nagar, Teynampet and Kodambakkam) with 389. There are 272 slums in south Chennai -in Valasaravakkam, Alandur, Adyar, Perungudi and Sholinganallur.

Activists say the condition of most slums in the city is poor. Thousands of families are exposed to various health hazards. Rain or sun, they remain the most vulnerable group in urban Chennai –floods can wash away their belongings or accidental fires in summer can raze their houses to the ground.

According to the survey about 79 896 Slums) are tenable (those located on lands earmarked for residential land use and environmentally safe area) and about 21% (235 slums) are untenable (located in unhealthy and environmentally unsafe areas).

It also revealed that at least Rs B2/369 98 Hore will be required to develop 1,131 slums that we surveyed. Around The cost for housing is worked out to convert kuteha and Semi-pucca houses in each slum into pucca houses. Infrastructure requirement of each slum is arrived at from which the infrastructure costing is

Worked out, the report said. Not surprisingly, the study found that 51% of the population in slums belong to SC and ST Communities and most of them are casual labourers (73%). It also revealed that 4% of the households don't have access to any toilets and defecate in open.

Amidst of the prevailing social problems among the people in the slums of Chennai City, the Children in slums are facing serious problem of poor health condition due to poor sanitation, lack of nutritional intake and unhealthy environment. Hence the present study attempts to understand the health condition among the Children in the Slum areas of Chennai City.

RESEARCH METHODOLOGY OF THE STUDY

Design of the Study

The present study is descriptive in nature. It describes the condition of health among slum children along with socio-economic background of the slum children. It also exhibits the nature and causes of health problems among slum children and identifying the types of health problems among slum children. In this study, the descriptive design has helped to explain the condition of the slums in Chennai City and the qualitative dimensions of health among Children in Slums if Chennai City. So the descriptive design is significant and appropriate to explain the sociological study like the study of Health among Slum Children in Chennai City of Tamil Nadu.

Objectives of the Study

1. To find out the socio-economic background of the slum children in Chennai city.
2. To bring out the nature, causes and types of health problems among slum children.

Profile of the Study area

Tamil Nadu is the eighth largest state in India by area and the ninth largest by population. Tamil Nadu lies between 74° and 78° East longitudes and 11° and 18° North latitudes. It is situated on the western edge of the Deccan plateau and is surrounded by Maharashtra and Goa in the north, Andhra Pradesh in the east, and Tamil Nadu and Kerala in the south. On the west, it opens out on the Arabian Sea. The state has an equable climate particularly in those areas which are hilly or a high plateau. Climate is the chief attraction of the capital city, Bangalore.

According to the 2011 census, the total population stood at 72,147,030, with 36,137,975 males, 36,009,055 females, a sex ratio of 996 females per 1000 males, literacy rate of 80.09%, 10.51% of the population below seven years and a population density of 555 and covers an area 130,058 square kilometers. Chennai (formerly known as Madras) is the State Headquarters.

The administrative units of the State are:

- District Statistics

• Revenue Divisions	76
• Taluks	226
• Firkas	1,127
• Revenue Villages	16,564
• Municipal Corporations	10
• Municipalities	125
• Panchayat Unions (Blocks)	385
• Town Panchayats	559
• Village Panchayats	12,618
• Lok Sabha Constituencies	39
• Assembly Constituencies	234

Chennai, the capital city of Tamil Nadu, is located at the North east of the state. Apart from being a major district, this metropolis also serves as the gateway of South India; Chennai was the first British major settlement in India. Though there are dominant British influences in the form of old Cathedrals, buildings in the Indo-Saracen style of architecture and wide tree lined avenues, Chennai retains a charm characteristic of the typical South Indian heritage and way of living. Ever growing and changing, Chennai is a fascinating place, presenting an increasingly cosmopolitan exterior that contrasts sharply with a resolute and religious interior.

- Area : 174 Sq.Kms
- Population : 42.16 lakh
- Season : Throughout the year
- STD Code : 044
- Rain Fall : 254 Cms
- Temperature : 21^o– 37^oC(Summer); 20^o– 32^oC(Winter)
- Literacy : 80.14 %

The researcher has selected two slums of Chennai city namely **Ayothikuppam** and **Saidapet**. Ayothikuppam slum is located in the Triplicane region of Chennai City. Marina beach seashore is straight opposite of the slum; and it is located behind the Slum clearance board office and nearly to ParthaSarathi temple. Saidapet slum is located in the heart of the saidapet region and which is located near the Saidapet bus stand and Kalaingar Karunanithi Arch; Panagalmaligai and Harington chambers are present on the opposite of the slum area. This slum is comparatively bigger than the Ayothikuppam slum, the state highway road and flyover separate the slum into two areas. Ayothikuppam slum area consist of 42 blocks and which has 708 households; over a period of time the number of houses were extended in to 1250 households due to raising of population. In Ayothikuppam slum most of houses are concrete houses and some of the houses are huts. As a whole Saidapet slum has 2220 households approximately which are very small huts. Most of the houses are built by sheets, banners and roof houses.

Universe and sampling

The universe of research is the total number of households of Ayothikuppam slum (1250 HH) and Saidapet slum (2220 HH). The total numbers of households are 3470. In order to have reliable data collection, the researcher has interviewed 50 slum children from the age group of 8-14 on the basis of purposive sampling method. The researcher has selected 24 respondents from Ayothikuppam slum and 26 respondents from Saidapet slum. The researcher has used structured interview schedule in order to collect data from the selected respondents from the research area to understand their health problem. The samples were drawn from different areas namely Ayothikuppam, Saidapet slum.

Sources of Data

Primary Data: – The researcher has used purposive sampling method to collect Primary data from the field by utilizing structured interview schedule, observation and case study method were used in the present study for this purpose a structured interview schedule was prepared and interviewed by the researcher. The interview schedule has 29 items based on the objectives of the study with regard to the socio-demographic data of the respondents. The questions include both open as well as closed ended.

The researcher has used structure interview schedule for the present study. The structured interview schedule contains different aspects namely, Socio-Economical profile of respondents, Daily duties of the slum children and Frequency of disease attack has been drawn based on the objectives of research.

Secondary Data: – Secondary data is the data that have been already collected by and readily available from other sources. Such data are cheaper and more quickly obtainable than the primary data and also may be available when primary data cannot be obtained at all.

The researcher has used the sources of secondary data which are collected from a source that has already been published for the research is censuses, organizational records, books, journals and periodicals. The sources are Census of India- 2011, Tamil Nadu Slums Clearance Board Record -2011, Habitat for Humanity, Great Britain- Report (2017), Ministry of Housing and Urban Affairs, Government of India, Report (2024), Municipal Corporation of Chennai- Report (2006), A Statistical Analysis of Health and Education in Chennai Slums, Government of Tamil Nadu, Pediatrics, Volume 41, No.7, July 2004, National Institute of Urban Affairs (2016), UN Human Settlements Programme (2005) Period of report 2005-2006, United Nations Report (2003), N-HABITAT, Global Reports on Human Settlements |2003 and WHO Report (1948).

Tools of Data Collection

Researcher has undertaken the observation and the structured interview schedule for the present study to collect the data from the respondent. The researcher has also included case study method to collect information from the peculiar cases of the study area.

The tools used for analysis are frequency and percentage. Frequencies and percentage are used to find out the level of health problems, factor which influence them and also to observe their hygiene.

Importance of the Study

In slum areas, the housing pattern is different from other houses. There are small single living rooms and congested houses. It leads to communicable diseases like malaria, typhoid, cold and cough, small pox, chicken pox and so on. The root cause of the slum children health problem due to their routine activities like daily brushing habit, daily bathing, daily clean their cloths, they are having these kind of activities alternatively. So it may lead to the disease or illness to the slum children.

The slum children most of them are not go to school because of they are not having interest to go to school. The parents are not force their children to go to school. They leave them freely. They are not frequently taking the vegetables, hygienic and healthy food. The slum children are suffering from various problems like socially, economically, psychologically and physically creating their life miserable. My research has focused on the health problems among the slum children in Ayothikuppam, Saidapet slum of Chennai, to bring out the most prevalent issues and find ways to overcome it.

Limitations of the Study

- The study which concentrates on the health problem of slum children of Ayothikuppam and Saidapet; the study will not be applicable for non-slum children or children from the general population.
- Most of the respondents are hesitant to answer the questions related to their personal hygiene and their daily activities related to health.

FINDINGS, CONCLUSION AND SUGGESTIONS

Findings

- Most of the respondents are at the age group of 14 which covers 18% and the age group of 9, 10 which covers 16%.
- Most of the slum children respondents are male which covers 54% and only 46% covers the female respondents. So many of them are male children in the slum.
- Nearly 60% of the respondents who are living in the slum area are Hindus. Christian's people are 36% and the Muslim people are only 4%. So I found that many of the slum children belong to Hindu religion.
- The researcher found that most of the fathers' occupations are other works which covers 52% (other works like cycle repair shop, fruit shop, construction work, fishing, public works and so on). Then the father's occupations are coolly which covers 32%. The painting occupation of father's which covers only 16%. In case of mothers' occupation majority depends on other works which covers 60% (other works like sweeping, cleaning, and road sweepers). Then 24% of the occupation which is painting work and only 16% of the occupation covers coolly.
- 56% of slum children family income is coming under the income level from 3001 to 5000 and 28% of the family income level are coming under the category of 1001-3000. Some of the family income levels are coming under between 5001 and above which covers 12% and the family which are earning 1000 and below 1000 they cover only 4%.
- Most of the slum children family size are 2-4 which covers 68% and then 30% of the respondents' family size which covers 6-8. Only one respondent family size is above 8 (9) which is 2%. The average size of the family is around 4 members in a family.
- 86% of the slum children are going to school and then 14% of the slum children are not going to school. Because, some of the children don't want to go to school and others couldn't go to school due to their illness and so on. Majority of the respondents doesn't have interest to go to school.
- 76% of the slum children were living in the slum area more than 5 years and then 24% of the slum children were living around 3 to 5 years in the slum. So most of the slum children are permanently settled in the slum area.
- 76% of the slum children stated that they are comfortable on most of the time in the slum area. But 24% of the slum children say that, they are not having comfortable life in the slum area, because there is lack of drainage facilities, lack of toilet facilities, more mosquitos were breeding and congesting house pattern. The children from Saidapet slum stated that they are more comfortable in the slum because, they are having easy accessibility to market, school, hospital, drinking water etc.
- 72% of the slum children are having the habit of brushing the tooth daily and the remaining 28% of them are not having the habit of brushing their tooth daily. They use to brush their tooth in an alternative day or infrequently.
- 70% of the slum children are having the habit of washing their cloths daily and 30% of the slum children are not having the habit of washing their cloths daily but they are washing once in a week or occasionally.
- More than 50% of the slum children are not taking bath daily; they are taking bath once in a week or

twice and so on and 46% of the slum children were taking bath daily.

- Majority (86%) of the slum children are not having the habit of washing their hands after using the toilets. Because, they don't have knowledge about these kinds of activities; only so they are not having these kinds of habits. But only 14% of the slum children are having the habit of washing their hands after usage of toilets.
- 48% of the respondents were living in the slums. In slum areas, the housing patterns are more congested and there are no civic facilities and more populated. Then 36% of the slum children were staying near the Kuvam River and there is more possibility of mosquito breeding, water stagnation near the houses and so on. Less number of the slum children's family were livings near the road side.
- Nearly 60% of the slum children are not having the habit of washing their hands before taking meals. Because, always they use to play with friends and neighborhoods, if they feel hungry next minute children use to go to take food; moreover parents wouldn't watch these kinds of activities to restrict them so the children's actions are being like habit. However children are not having knowledge about these kinds of activities. Then 40% of the slum children they wash their hands before taking meals. They having this kind of habits through their parents influence and practicing by school teachers.
- 48% of the slum children are taking meals more than three times in a day; it shows that whenever they feel hungry, they go to take food. Then 32% of the slum children are taking meals thrice in a day; and then 20% of the slum children are taking meals twice in a day. Because they eat lot of food stuffs and snacks from the store like biscuits, chocolates and so on; they taking these stuffs are frequently only so they having meals twice in a day.
- The slum settlers having public piped water which is providing by government, slum settlers use this water for cooking, bathing, drinking and so on. Majority of the respondents' source of drinking water is piped water which covers 70%. Then corporation water which is consumed by 20% of the respondents.
- 76% of the slum children are going for open space deification. Majority of the children are going for open space deification. Though the government of Tamil Nadu has constructed Sanitation Facility as Public Toilets for the hygienic use of public in each slum area, they are not using the facilities. The government has planned to construct more public toilet for the slum areas. The remaining 16% of the slum children were using public toilets and 8% of the slums children are using own toilets facility at their home.
- 40% of the slum children are frequently affected by the fever like Malaria, Typhoid and so on and 20% of the slum children were affected by cold and cough; sometimes it was in severe stage. Because of unpurified water i.e. contaminated water and unhygienic food.
- 10% of the slum children were affected with dental problems because they are not having the habit of daily brushing tooth and not brushing properly also. Then 8% of the slum children are suffering by polio because parents are not aware about the polio drops and 8% of the slum children are suffering with other diseases such as chicken pox or small pox etc. then 6% of the slum children affected with skin diseases like allergy, ringworm, measles and so on. And only 4% of the slums children are suffer with tuberculosis.
- 76% of the slum children were said they didn't know the diseases is spread through the water and air because; the slum children don't know the root cause of illness or disease. Then 24% of the slum children were said the diseases are spread through the water and air because generally the slum areas are more polluted water, contaminated water, unclean water, polluted environment and soon. By these factors some of the children got to know the root causes of the diseases.
- 50% of the children were suffered three times in last two months because there is high in mosquito breeding, unhygienic food, unclean water and so on. Then 36% of the slum children were suffered more than four times in last 2 months and only 14% of slum children were suffered only once in last two months.
- 64% of the respondents are used to go to government hospital during the time of sickness or illness and 14% of the slum children are not going to hospital they making treatment by own.

- 22% of the respondents use to go to private hospital during their illness
- 40% of the slums children were suffering by disease or illness frequently due to the drainage problems and the mosquito breeding. Then 20% of the slum children were suffering by disease monthly as well as rarely. Then 14% of the children were fall in disease at any time and 6% of the slum children were suffered by disease once in 5 month.
- Majority of the respondents don't have the knowledge on both government and NGOs activities healthcare activities in their slum areas. The respondents who said 'NO' 26 out of 32; those who are residing in the Saidapet slum because there is no NGOs activities on health care projects at all; rest of the respondents who said 'NO' 6 out of 32; those slum children are residing in Ayothikuppam slum, totally 38 respondents are not aware about the health projects related activities of Government and NGOs in the slum which covers 76%. Less number of slum children were known about the Government and NGOs activities in their slum. They told that the NGOs provide health education, health awareness, preventive and protective medical care financial assistance and rehabilitation for the slum children.

Conclusion

This study demonstrates that most of the slum children are adolescents. Some children are going to school. They are not from rural areas; they are from slums. Most of the slum children were living with parents.

The study stated that most of the slum children have acquired diseases or health problems once in a month which are cold, cough and fever. During the illness time, 26% of the slum children were going to government hospital. Due to more population, housing pattern are the causes for diseases. Majority of the slum children's hygienic is assumed to be good but the truth is not so. Most of them using piped water and living near Kuvam River.

Both the Government of Tamil Nadu and NGOs are playing vibrant role in the lives of the slum children of Ayothikuppam; they assist them with regard of medical help rehabilitation, counseling, shelter and education. NGO's conducting many medical camps and providing awareness to the slum children with the support of government schemes.

The NGO's doesn't have concern about the slum children who lives in the Saidapet slum; if they would work on these slum especially on children regarding of medical help rehabilitation, counseling, shelter and education they will also try to lift up their lives in future.

The present study has proven that the condition of the slum children are not like how it was a decade back as mentioned by the other researchers. The congested housing pattern and the increasing populations are the main causes of illness in slum area, it leads to communicable diseases. A slum is an inhabited uninhabitable habitation. It is an area of dilapidated houses which are in the act of destruction. Poverty constitutes the main characteristic of slum dwellers. Multi-family dwellings are typical feature of slum and sometimes two or more families living in a single room. Slums acts as cover for hide-outs for all sorts places of diseases. Slums are usually areas of filth and marsh which are the breeding places of disease carrying germs. Slum is an area of constant conflicts, family desertion and evictions.

RECOMMENDATIONS

1. Government has to provide formal education to the slum children and to guide them to go to school.
2. Both Government and NGOs have to provide counselling to the parents of the slum children to send their children to schools.
3. Government should take necessary step to clean the slum areas and near the Kuvam River to maintain environmental cleanness and sanitation.

4. NGO's has to conduct frequent number of medical camps, awareness programmes on healthcare and health education to the slum children as well as their parents.
5. The government has to construct sufficient number of public latrine / integrated sanitary complex to provide hygienic environment for the slum children in their residential areas.
6. Research institution can conduct a study on Livelihoods in Slums areas in Chennai city to support the development activities of the Government and NGOs in the Slum areas of Chennai City.
7. Corporate companies can come forward to support the Slums with their CSR initiatives to provide better education, health education cum awareness and construction of public latrine / integrated sanitary complex for the benefit of slum children and residents in Slum areas of Chennai City.

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