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Living Condition and Health Issues in Urban Slums: A Case Study of Jogo Chak (Sialkot)

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Abstract: People living in slum areas have to face health issues due to their bad living condition. Mostly, there is not any proper facilitation of water supply and sanitation in these areas. They have to live in adverse conditions. The main purpose of this study was to find out living condition and health issues in urban slums of Sialkot. Data was collected from 105 respondents by survey research method. Respondents were selected by random sampling. A well-structured questionnaire was used to collect information. Data was analyzed through SPSS. Research found that people living in urban slums had bad living conditions. Owing to bad hygienic condition health status of households was also not satisfactory. Morbidity rate was very high among studied population. It was concluded that people lived in bad living conditions due to which they had to face health issues.

Keywords: living condition, Health issues, Urban Slums, Sanitation, Diseases

1. INTRODUCTION

1.1 Background of the Study

A slum is defined as a run-down area of a city characterized by substandard housing and lacking in tenure security. The population of slum areas is increasing rapidly in result of overall urban population growth in the world. Almost one billion people of the world live in slums and it will become double in 2030 (UN-HABITAT 2003).

The characteristics of slums vary geographically. Usually slum areas illustrate high rates of poverty, illiteracy and bad health status. Lower socio-economic conditions lead them to ailing life. Living conditions of dwellers of slums are not good. Even though the living condition of slum dwellers are worse than of rural dwellers. They are more vulnerable to communicable diseases and malnutrition and at the same time exposed to greater risk of accidents at work (Ameratunga, *et al.* 2006).

The characteristics of slums are given bellow in detail.

1.1.1 Physical characteristics

Slums owing to inherent illegal status have services and infrastructure below the adequate or minimum levels. Such services are both network and social infrastructure, like water supply, sanitation, electricity, roads and drainage; schools, health centers, market places etc. water supply for example is absent in such areas; people living in such areas are helpless to use inadequate quality water. Main source of water may be hand pump. Informal networks for the supply of water may also be in place. Similar arrangements may be made for electricity, drainage, toilet facilities etc., with little dependence on public authorities or formal channels. These are neglected parts of city where housing and living conditions are very poor. (Kumar 2014).

1.1.2 Social Characteristics

Most slum areas belong to lower income group. Mostly dwellers of slums engaged in informal labor through which they cannot earn much. They work in environment which is harmful to them. The level of education affects the occupational status of slum families. However, with increases in duration of stay in the city a considerable proportion of unskilled migrants move upwards to occupations requiring skills. A significant number of formal workers are employed in the surrounding area as guards, mechanics, laborers, drivers, teachers, clerks and government employees. Workers in modern industries are better paid than those in traditional industries. Moreover, it as an area lacking the socio-cultural institutions, order, coherence, and predictability found in more economically stable environments.

1.1.3 Legal Characteristics

One of the most important characteristics of slums is lack of ownership of land where they are living. Usually they make their houses on vacant government or public land, or marginal land parcels like railway setbacks or undesirable marshy land. When the land is not in productive use they get it as an opportunity and settle there. They are vulnerable to landslide, flood prone areas and unsafe environment(Unger and Riley 2007).

1.1.4 Low Education Level

Education is basic right of every human being. Unfortunately very few slum dwellers can get this right. Literacy rate in slums is very low, especially; women

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have to suffer more than men. This condition is not similar in all the slums of the world but developing counties explore this phenomenon more. Generally authorities are reluctant to provide this opportunity to dwellers (ROBERTS 2000).

1.1.5 Poverty and Unemployment

Poverty is a common characteristic of slums. Most of the slum dwellers in developing countries are living below poverty line. They do not have good source of income (Ompad, *et al*, 2007) Most of them have been attached with informal sector through which they cannot earn sufficient for their needs. Unemployment rates are very high in urban slums(Ali 2010).

1.1.6 Living Condition of Slums

Living conditions in slum are very poor. People have to live in adverse conditions in slum areas. Slums are generally dirty and unclean; there is not a proper way of cleanliness. Shortage of water supply and inadequate sanitation creates issues for households (Bandyopadhyay and Agrawal 2013).

Almost all houses in slums are in bad and sometimes dilapidated conditions. The houses are usually inadequately ventilated. Indoor quality of air is very bad which may cause respiratory infections. An adequate supply of drinking water is basic human need. Unfortunately, most of the households in slums do not have access to safe water. In some areas public water supply is available but quality of water is not so good. Sanitation system is very poor in slums (Panda 1993). In some slums condition is better but these are very few. Slums generally do not have any drainage. The streets are narrow and unpaved; slum dwellers have to face water stagnation in rainy season This makes the environment of that area very unhygienic. Such environment causes a number of diseases in slums (Dziuban, *et al.* 2010).

Usually private toilets do not exist in slum areas. Although toilets are found in some areas but these are not well according to hygiene standards. Where there are no toilets, people defecate open which creates a lot of problems. Pit latrines are a major source of getting water polluted. The dwellers that use well water can get their water contaminated by through surface runoff during rains. Owing to fecal contamination, there is a high possibility of disease pathogens in water. This is why water borne diseases are common in these areas (Marimuthu, *et al.* 2009).

1.1.7 Health Issues in slums

Environment has a direct relation with health status. Studies indicate that unhygienic condition makes slum dwellers vulnerable to diseases(ROUT 2008). Slums are usually located near railway tracks, factories and busy roadsides thus rendering their inhabitants vulnerable to high burden of diseases. They are exposed to vehicular and industrial pollution. The environment of such areas is not good for health; it causes a number of diseases among which respiratory diseases are very common(Gulis, *et al.* 2004).

Generally slum dwellers do not have access to safe water it is a major cause of diseases in slums. They face difficult to obtain water, the water which they get is not of good quality; it makes them vulnerable to diseases. About 2 million people die every year due to diarrheal diseases; most of them are children less than 5 years of age. The main cause of children death is diarrhea (Graf, *et al.* 2008). The people of slums do not adopt precautionary measurements to get safety from diseases. These people can avoid this disease by using soap because decreases chances of disease up to 47 percent (Curtis, Cairncross *et al.* 2000). The most affected people are the populations in developing countries, living in extreme conditions of poverty. Group of children and women have more adverse condition than other counterparts. Women are not able to get antenatal treatment during pregnancy so why infant mortality and maternal mortality rates are very high in such areas. Malnutrition also causes a number of diseases. This is why morbidity rates are high in both children and women (Awasthi and Agarwal 2003).

Overcrowding also take part in high epidemiological prevalence in slums. Epidemic-prone infections in overcrowded areas may be high. Overcrowding can cause influenza, rheumatic heart disease, a chronic and debilitating disease (Siegel, *et al.* 1997).

1.2 Objectives

This study is aimed at conducting a survey research to find out living condition and health issues in urban slums. This study aims to explore the living environment and how it affects the health of dwellers of slums area.

2 MATERIAL AND METHODS

This was an exploratory study. Survey research method was used to collect data. The target population was the households of urban slums. Researcher collected data from urban slums of Sialkot. The study was conducted in Jogo Chak, Sialkot. Households were selected through simple random method. Researcher used the random sampling to draw the sample from the population, because sampling frame was available and it was easy for researcher to draw a sample from the target population. The sample size was 105. Data was collected from 105 married women who performed household chores. After deciding sample size, researcher conducted pretesting. Pretesting was conducted by 10 of total respondents. Necessary changes were made for reliability of tool. A well-structured questionnaire was used as a tool for data

collection. Researcher divided questionnaire into three parts, demographic and socio economic information, living condition information and illness information respectively. Face to face interviewing method was used for data collection. The medium was used Punjabi language to get information from the respondents. After data collection; Data was entered into SPSS (Statistical Package for Social Science 17.0) for applying appropriate tests and further analysis. At the end results were calculated, analyzed and interpreted with the help of SPSS (Statistical Package for Social Sciences).

3 DATA ANALYSIS AND FINDINGS

The study is conducted through a research survey in slum area, Jogo Chak, Sialkot. A questionnaire was used to collect data from respondents in studied area.

3.1 Statistical Test

Table 1 Summary of Chi Square Result of Households sharing same Toilet and facing Illness

Cross tabulation	x^2	A
Chi square	0.912[a]	0.340

N=105(x^2) chi square value (a) level of significant statistically significant at 5% Source: Author, 2013

Analysis of Chi-square was applied on variable of households sharing same toilet and facing Illness to determine the association between them. This test result suggests that there does not exist significant association between these variables.

Table 2 Summary of Chi Square Result of Treatment of Water and Facing any Illness

Cross tabulation	x^2	A
Chi square	.584	0.445

N=105(x^2) chi square value (a) level of significant statistically significant at 5% Source: Author, 2013

Analysis of Chi-square was applied on variable households sharing same toilet and households facing any illness to determine association between these variables.

4 DISCUSSION

The main purpose of this study was to find out socio-economic condition and health status of households slum areas. First objective of this study was to find out socio-economic condition of households in urban slums. For this purpose different indicators were used. Results show that most of the responses related to these indicators were not positive. All respondents had not facility of water supply. Most of the respondents got water from electric pumps. There were very few respondents who treat water before using for drinking purpose. Only 8.6 percent treated water before using it and their method of treatment was filtration. This shows that these people do not treat water to make it pure. The water which they use for drinking is not healthy. This water can cause diseases for them.(Omole 2010).

Most of the respondents were using woods as source of fuel in kitchen. One out our households had been using this source. Information was collected that where they dispose kitchen waste, more than 92.0 percent had practice to dispose it in garbage dump. They dispose their kitchen and house waste nearby garbage dumps which can create problems for local dwellers. This shows that at least they had practice to throw waste into a dump instead of street which is a good indicator.

One out of five did not have drainage attached to house for sanitation. This shows that sanitation system is not proper in these areas (Mihir 2000). Results illustrate that 95.2 percent households had toilet facility and out of these 86.7 percent had flush type toilet. This shows that toilet facility is available in these areas .

Majority of the respondents replied that their household members practice of washing hands. It shows that they are good at practicing this healthy deed. But unfortunately more than half of those do not wash their hands with soap. Dwellers of slums do not have adequate system of latrine cleanliness..Sanitation is very poor in slum areas (Awadall 2013). This clarifies that these people have unhygienic latrines (Wambui, *et al.* 2007).

Second objective of study was to find out health status of households in urban slums. Firstly, to find out health issues question of having any illness was asked. More than 75 percent respondents replied that any of their household members had to face any illness in two months prior to study. This is a quite high ratio of illness in any area. This shows that this response degrades overall health status of this area. Most frequent illness that they faced was diarrhea and at second was the fever. It depicts that diarrhea is a problem that relates to water born ailments (Unger and Riley 2007). They had not pure water so they had to face this issue.

Most victims of illness were children under five. 45.7 percent affected members were these young ones. They are more vulnerable to pathogens of these diseases. There were 59.0 percent affected members who got treatment, other 41.0 ailed people did not get any treatment. Other who got treatment their main source of getting treatment was quake. They had not approach to other sources for treatment.

Chronic diseases and related information was sought out next. Results indicate that 37.1 percent respondents illustrated that there was at least a person who had any chronic disease. Most common diseases were asthma, TB and hepatitis (Dziuban, Liang *et al.* 2010). Except 2.9 percent affected household members all were getting treatment.

The third objective of study was to find out relation between living condition and health issues in slum

areas. Relationship between computed hygienic and health indicators show that there is strong relation between hygienic condition and health status in urban slums. The strong relationship between these two indicates that better hygienic condition leads to good health status (ROUT 2008).

5 CONCLUSION

This study was conducted in slum area of Sialkot. The main purpose of this study was to find out living condition and health issues in slum areas. This study concludes that socio-economic condition was not so good. The household size was larger than usual. Education level of studied area was very low. On the average more than four people had to live in one room. Monthly income was too low to provide good facilities to large households. Almost all the households had facility of electricity but Sui gas and water supply were not available. They had household appliances also. People had not water supply so they had to get water from electric pumps and hand pumps. Most of them did not treat water before using it. Some of them had kitchen based on separate room and they used to throw its waste in garbage dump. Most of the respondents had toilet facility. Mostly household members wash hands before eating food and after using toilet but not all of them used soap. Health status of households was very low because almost every third household out of four had at least one member who had any illness during last two months at time of study. Most of affected people were in age group of less than five. Disease prevalence was also high than usual. They had to expend a lot of their earning to get health treatment. Moreover, this study concludes that socio-economic condition and hygienic condition of households were not good due to which they had many health issues.

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