International Journal of Community Medicine and Public Health
Maurya N et al. Int J Community Med Public Health. 2019 Apr;6(4):1505-1509
http://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040

DOI: http://dx.doi.org/10.18203/2394-6040.ijcmph20191391

Original Research Article

A study on relation of sociodemographic factors and living conditions on health of female youth in urban slums of Amritsar city

Neha Maurya, Shyam Sunder Deepti, Sanjeev Mahajan*, Tejbir Singh, Mohan Lal, Jasleen Kaur

Department of Community Medicine, Govt. Medical College, Amritsar, Punjab, India

Received: 23 January 2019
Revised: 13 March 2019
Accepted: 14 March 2019

***Correspondence:**
Dr. Sanjeev Mahajan,
E-mail: drsanjeevmahajan@gmail.com

ABSTRACT

Background: Slums are most vulnerable and deprived areas within a city. The unhygienic and polluted environment, overcrowding, poor housing and absence of educational exposure affect youth in slums. Consequently, their health is affected adversely.
Methods: This cross-sectional study was conducted in four slums, one each from four different directions (north, south, east and west) of Amritsar city. A total of 1000 respondents, 250 from each slum were interviewed by using pre-tested semi-structured questionnaire. Data was compiled and statistically analysed.
Results: Out of total study population, 41.2% of the families had migrated from other states, Overcrowding was present in majority (92%) of the families, 20% of the respondents didn't have latrine facility at their home, 44.4% respondents throw their garbage waste in the open space nearby their dwellings and 45% of population was not satisfied with the cleanliness of their slum, 54.6% of the respondents reported to have some kind of health problem during last three months. Educational status, socio-economic status and overcrowding were significant factors affecting their health.
Conclusions: Important factor in causation of disease were found to be poor socio-economic status, lack of education and overcrowding. There is a strong need to intensify the IEC/BCC activities to raise the awareness about the health-related issues.

Keywords: Female, Youth, Slums, Sociodemographic factors, Health

INTRODUCTION

The advent of industrialization and technology has led to rapid growth of cities with ample of job opportunities, demands and choices for people throughout the world. The growth of cities physically and economically indicates that the world has been rapidly moving towards globalization which has led to huge spatial and socio-economical changes throughout. As an effect of globalization there has been huge migration from rural to urban areas of countries which has in turn led to burdening of cities with people and creating housing and accommodation a major concern. City planning and management systems are unable to adequately cope with massive population influx. The consequences of all these factors stated above, has resulted in growth of slums and informal housing all around the rapidly expanding cities of the developing world.

Around a quarter of the world's urban population lives in slums (UN-Habitat, 2013). In Asia, 30% of the urban population resides in slums, and this continent is

currently home to half of the urban population of the world.[1] India is the home for world's largest urban population with below poverty line incomes, and to the world's largest population living in slums. According to national sample survey office survey, there are about 33,510 number of slums in India with approximately 8.8 million households.[2,3]

These slum dwellers are socially isolated; they are mostly illiterate and lack negotiation capacity to demand improved public services. Because of poor living conditions they are vulnerable to the many health risks. The ratio of urban poverty is higher than that of rural poverty. This is called the phenomenon of 'urbanization of poverty'.[4]

The health of people not only depends on availability of health services, but also on safe and clean environment. The unhygienic and polluted environment, overcrowding, poorly planned housing design, and absence of educational exposure affect young in slums. Consequently, their physical, mental, emotional, and intellectual growth is affected from very early stages of life. Overcrowded, inferior quality housing facilitates the spread of various communicable diseases like vector borne disease and water borne diseases etc.

Youngsters especially females growing up in slums are vulnerable to the many health risks but many times either the health services are not available or if available they are not utilized appropriately. Hence, this study was conducted to know the health seeking behaviour among youth (female) in slums of Amritsar city.

Aims of the study were to know the living condition of female youth in slums of Amritsar city and to know the association of various socioeconomic factors with any health problem.

METHODS

This cross-sectional study was conducted on female youth (15-24 years) in urban slums of Amritsar city. A total of 1000 female respondents, 250 from each randomly selected slum were interviewed using pretested, semi structured questionnaire. The purpose of study was explained and written consent was taken from the respondents. The questionnaire elicited information regarding their socio-demographic profile, living conditions and health status.

Sampling technique

Amritsar city has 64 slums that has been notified by municipal corporation, Amritsar under Punjab slum areas (improvement and clearance) Act, 1961. These slums were numbered and divided into 4 sectors (north, south, east, and west) according to their location and then from each sector one slum was selected randomly by lottery method. The four areas selected by random method were Mokhampura, Bangla Basti, Faizpura and Kot Khalsa. From the geographical centre of that selected slum, spin the pen method was used to select the lane and first house on the left side of that lane was selected as the starting point. Further houses were visited along the same side, thereby covering all lanes and sub lanes in clockwise direction.

Statistical analysis

The data thus collected has been compiled and analysed statistically, valid conclusion has been drawn taking the help of computer and available software's like Microsoft excel. The Chi square was used as test of significance.

RESULTS

Out of total respondents, 550 (55%) belonged to the age group of 20-24 years and remaining 450 (45%) were between age group of 15-19 years. 41.2% of the families were migrated from the other states mainly Bihar (14.2%), Uttar Pradesh (13.5%), Maharashtra (7.8%) and West Bengal (4.3%). Majority i.e. 643 (64.3%) were Hindus and majority i.e. 614 (61.4%) of the study population was living in the nuclear family (Table 1).

Table 1: Socio-demographic characteristics of the study population (n=1000).

Socio-demographic characteristics	Frequency	%
Age groups (years)		
15-19	450	45
20-24	550	55
Nativity		
Native	522	52.2
Migrated with in Punjab	66	6.6
Bihar	142	14.2
UP	135	13.5
Maharashtra	78	7.8
Bengal	43	4.3
Himachal	8	0.8
Northeast	3	0.3
Rajasthan	3	0.3
Religion		
Hindu	643	64.3
Sikh	335	33.5
Christian	13	1.3
Muslim	9	0.9
Family type		
Nuclear	614	61.4
Joint	386	38.6

Out of total respondents overcrowding was present in 927 (92.7%) of the households according to number of persons per room criteria. 800 (80.0%) of respondents had Latrine facility and 20% of the respondents didn't have latrine facility at their home. Out of those who

didn't have toilets at home they use, public toilet, shared toilet and majority of them used open space for defecation. More than 50% of population is satisfied with the cleanliness of their slum, as most of them stated that they were used to their living conditions and never bothered about the waste in surrounding whereas 45 per cent of the respondents have stated that they were not satisfied with cleanliness in their surrounding environment because, garbage was scattered around their households. About 546 (54.6%) of the respondents reported to have some kind of health problem during last three months (Table 2).

Table 2: Distribution of respondents according to living conditions and health.

Variables	Number	%
Prevalence of overcrowding		
Present	927	92.7
Absent	73	7.3
Total	1000	100
Latrine Facility within house		
Yes	800	80.0
No	200	20.0
Satisfaction with cleanliness of surrounding area outside house		
Yes	550	55.0
No	450	45.0
Health problem during last 3 month		
Yes	546	54.6
No	454	45.4

Lesser number of respondents suffered from health problems with increase in educational level and this correlation was found to be statistically highly significant ($p<0.05$). The socio-economic status and overcrowding were found to be significantly associated ($p<0.05$) with health problem (Table 3).

Table 3: Association of health problems with various socio-demographic factors.

Sociodemographic factors	Heath problem		Chi-square, p value
	Yes	No	
Educational status			
Illiterate	178	48	156.02, $p<0.05$
Primary	145	65	
Middle	110	99	
High	80	124	
Graduation/PG	33	118	
Socio-economic status			
Lower	473	300	83.88, $p<0.05$
Middle	64	83	
Upper	9	71	
Overcrowding			
Present	517	410	7.02, $p<0.05$
Absent	29	44	

DISCUSSION

In the present study, Majority i.e. 643 (64.3%) were Hindus and were not native to this place and were mainly from Bihar (14.2%) and Uttar Pradesh (13.5%). Sandhu et al in a report by school of planning and architecture, stated that 78.63% of population in Amritsar belonged to Sikh religion, 19.43% belonged to Hindu religion and 1.70% belonged to Christian religion.[5] In our study the proportion of Hindu population is comparatively higher than city population because of migration of population from other states into the slums of Amritsar which predominantly belonged to Hindu religion.

Bhullar KK, Verma DK in their study on working condition of migrant labourers in Punjab reported that in Amritsar district, the highest proportion (38.6%) of the respondents originally belonged to Bihar followed by 31.3% who belonged to Uttar Pradesh, 8% from Uttarakhand, 5.3% from Kerala and 4.6% from Nepal. Only 4% of the migrants belonged to West Bengal, Himachal Pradesh and other states. The study also stated that UP, Bihar and Uttarakhand emerged as the main origins of migration to districts of Punjab.[7] In present study more migration from one place may be due to that, the people migrate with help of some known person living at that place already.

In present study majority i.e. 614 (61.4%) were living in nuclear families whereas, according to National Family Health Survey (2015-16), there were 55.2% respondents living in nuclear families and remaining 44.8% in non-nuclear families.[6] Another study conducted by Sandhu et al in their study the state of cities in North-Western India, reported that in Amritsar city, 61.4% of the study population were living in nuclear families and remaining 38.7% were living in joint families.[8] The higher proportion of nuclear families in present study conducted on female youth in slums of Amritsar city, is probably due to the reason, that majority of the families have migrated from rural areas to urban places in search of labour or for other reasons. Hence the elder persons in the family prefer to stay back at their homes in the villages and these factors leads to increase of nuclear families in slum areas.

In present study, overcrowding was present in majority (92.7%) of the houses. According to NFHS-3, the study of health and living conditions in four cities (Meerut, Delhi, Kolkata, and Mumbai) of India overcrowding were extremely high. Study also revealed that minimum seven persons were sleeping in single room in one out of five households.[8] A study conducted in Mumbai reported that more than 90 per cent households were living in a single room tenement.[10] Sandhu et al report revealed that in Amritsar city maximum households were living in house of two rooms only where 3-4 persons were living in single room in most of the houses in slum, which means over crowdedness is present in most of the houses.[11] Some similar results were stated in a report by housing and urban development corporation ltd.[8]

A study conducted by Bathija et al on defecation practices in residents of urban slums of Hubballi (Dharwad) revealed that 64.18% of the households had an independent toilet in their house, out of which in 85 percent of study population the toilet was used, whereas in around eleven houses some of the members preferred open air defecation.[12] A study by housing and urban development corporation, revealed that 68.7% population in slums of Amritsar had access to sewerage facility whereas remaining 31.2% were defecating in available open areas.[8] In present study, 20% do not have toilet at their home place; although some of them are using public toilet available in their slum but still some prefer to go for open defecation in nearby places in spite of the fact some are having infrastructure for the toilet built at home. In some cases, it is mind set and tradition and in some other case the reason is lack of regular water supply.

A study conducted in Dhaka city on healthcare seeking behaviour of slum dwellers reported that 98.9% of households had suffered from any disease during the last 3 months. From them 39.5% had reported to have fever, cough (7.8%), headache (6.4%), physical weakness (3.9%), high blood pressure (2.3 %) etc. Beside these, they also suffered from some other diseases, like gastric/peptic ulcer (9.7%), diarrhoea (4.3%), skin diseases (2.3%), and diabetes (2.0%) etc.[13] Sharma et al reported that in slums of Amritsar city found that 95.0% of the respondents have had any health problem during last 6 months and only 4.5% did not suffer from any of the disease.[14]

Our findings concluded that lesser number of respondents suffered from health problems with increase in educational level and this correlation was found to be statistically highly significant ($p<0.05$). Sharma et al revealed some similar results that lesser number of women suffered from health problems with the increase in educational status and found that correlation was statistically highly significant ($p<0.001$).[14]

The socio-economic status and overcrowding were found to be significantly associated ($p<0.05$) with health problem in present study. A study conducted by Latif on socio-economic and health status of slum dwellers in Dhaka city revealed that poor socio-economic status had an immediate effect on health of poor in slums of metropolitan cities in the country.[15] Another study conducted by Gupta on health status and access to health services in Indian slums revealed that the poor have a 2.8 per cent higher probability of illness compared to the non-poor ($p<0.01$).[16]

Therefore, present study revealed that socio-demographic factors play an important role in determining the health of the study population. The study found that respondents with low educational level are more prone to develop health problems. Similarly, respondents belonging to lower socio-economic status were more likely to develop health problems.[6]

CONCLUSION

This study reveals the effect of living conditions on health of female youth living in slums of urban areas. Important factor affecting the health of the respondents were from poor socio-economic status, lack of education and overcrowding. Although the observation of investigator was that the surroundings of majority of the houses were not clean but still 55% of the respondents were satisfied with the cleanliness of surrounding area outside the house and in majority of respondents the reason of satisfaction was that they are living in this environment for last so many years, and they are habitual of it and also, they are not aware and exposed to better surroundings. As most of the people of the study area were found to be unaware about the problems associated with the environment and their ill effects on the health. There is a strong need to intensify the IEC/BCC activities to raise the awareness about the living conditions and health related issues. Access to education and urban health should be focussed in more organised manner as it is even worse that rural.

ACKNOWLEDGEMENTS

I would like to express my special thanks and gratitude to the Head of Department, Community Medicine, my supervisors, my colleagues and respondents of slum.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. World Habitat Day voices from slum. 2014. Available at: https://unhabitat.org/wp-content/uploads/2014/07/WHD-2014-Background-Paper.pdf. Accessed on 1 January 2019.
2. Usmani G. Health status in India: A study of urban slum and non-slum population. J Nurs Res Pract. 2018;2(1):6.
3. Mehra. Urban Slums in India, 2012. NSS 69th Round. Ministry of Statistics and Programme Implementation, Government of India, 2014.
4. Mony PK, Verghese L, Bhattacharji S, George A, Thoppuram P, Mathai M. Demography, Environmental Status and Maternal Health Care in Slums of Vellore Town, Southern India. Indian J Community Med. 2006;31(4):4.
5. Sandhu R. Senior Urban Planner, NRC, The School of Planning and Architecture, New Delhi, Urban Poverty Reduction (SNPUPR) project: 72, 2016.
6. NFHS-4 (National Family Health Survey-4). International Institute for Population Studies, 2017.

7. 7. Bhullar KK, Verma DAK. Working Condition of Migrant Labourers in Non-Agricultural Sector of Urban Punjab. J Humanities Social Sci. 2018;23(3):15-24
8. Sandhu RS, Teotia MK. The State of Cities in North-Western India: A Case of Selected JNNURM Cities (Study Focus City: Amritsar), 2013.
9. Gupta K, Arnold F, Lhungdim H. Health snd Living Conditions In Eight Indian Cities. International Institute for Population Sciences, Deonar: Mumbai; 2006.
10. Karn SK, Shikura S, Harada H. Living Environment and Health of Urban Poor: A Study in Mumbai. Econ Polit Wkly. 2003;38(34):3575-77
11. Secondary Data Research. Urban Poverty Related Programmes. Available at: mhupa-ray.gov.in/wp-content/uploads/2011/11/States/Punjab%20State%20report. Accessed on 10 January 2018.
12. Bathija GV, Sarvar R. Defecation practices in residents of urban slums and rural areas of hubballi, Dharwad: a cross sectional study. Int J Community Med Public Health. 2017;4(3):724.
13. Jahan NA, Howlader SR, Sultana N, Ishaq F, Sikder ZH, Rahman T. Health Care Seeking Behavior of Slum-Dwellers in Dhaka City Results of a Household Survey. Report prepared for Health Economics Unit (HEU) of MoHFW and World Health Organization (WHO), 2015.
14. Sharma N. A study on utilization of antenatal care services in urban slums of Amritsar city, Punjab, India. Int J Community Med Public Health. 2017;4(3):698-703.
15. Latif MB, Irin A, Ferdaus J. Socio-economic and health status of slum dwellers of the Kalyanpur slum in Dhaka city. Bangladesh J Sci Res. 2016;29(1):73-83.
16. Gupta I, Guin P. Health status and access to health services in Indian slums. Health. 2015;7(2):245.

Cite this article as: Maurya N, Deepti SS, Mahajan S, Singh T, Lal M, Kaur L. A study on relation of sociodemographic factors and living conditions on health of female youth in urban slums of Amritsar city. Int J Community Med Public Health 2019;6:1505-9.