



## MORBIDITY PATTERN OF SLUM DWELLERS IN CHENNAI, TAMIL NADU

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### ABSTRACT:

The obtainable physical condition communications in metropolitan region is not enough to get together the essential requirements of mounting urban inhabitants. The metropolis, regional administration, and the government of India have endeavored to construct awakes urban health care infrastructure. Majority of hospitals, doctors and para-professionals are in urban areas but dissimilar to the rural health services there have been no hard work to make available the wellbeing services to the areas that are organically explain. Consequently, in lots of city areas the major health care amenities are not available; a number of them are underutilized as there is congestion in derivative and tertiary care. The Chennai municipality has to endow with mutually precautionary and medicinal services to the urban inhabitants, though the obtainable facilities with metropolis are not adequate to provide to the emergent encumber of metropolitan inhabitants. The main objective of the study is on economic and cultural barriers impede the provision of better health care in slums. The Rajiv Gandhi nagar slum area has been selected due to most households in Chennai district and took it 100 samples selected for study.

### KEYWORDS:

### INTRODUCTION

The morbidity qualities of poor health condition, disability and other cooperation condition of substantial and communal well-being. The developing countries might contain prejudiced by individual known factors and practice, the morbidity determining together self distinguish is experimental is campaigner. As per 2011 census the district encompasses 38 crores populace exist concerning in Chennai slums are situated on the river sides and roadside lands are informally occupied and combined with slum this conditions are creates major morbidity. The slum peoples are migrated from the rural areas or other slum areas due to residents and poor facilities of household. Chennai slum people mostly suffer from the poor housing facilities, lack of good drinking water and poor lighting facilities etc.

### REVIEW OF LITERATURE

**MAHEJABIN ET.AL (2015)** quest of behaviour is some action takes on by personality who distinguishes them to contain a physical condition difficulty or to be unwell for the reason of judgment and suitable medicine. Group of people bottom of learning be able to merely reproduce the factual depiction of sickness prototype in a known the public and their partiality in looking for wellbeing overhaul. The occurrence of era exact disease and financial circumstance unsurprisingly grasp an opposite association in disadvantaged region. Incident of poor health's are testimony to exist superior for deprived populace lack to

their livelihood stipulations and dietary position. This evocative irritated sectional may accomplish to discover out the ailment prototype and physical condition on the lookout for behaviour of slum dwellers in some preferred slums of Dhaka City. The most important cause for not enclose adequate right of entry to healthiness care incorporated transportation or remoteness to health care amenities, economic restrictions, and difficulties through the service. Enlightening development of slum dwellers are not compulsory. Health instruction trainings are supposed to center of attention on the consequence of looking for near the beginning action and move up consciousness throughout sickness and captivating drugs as prearranged.

**HAROON SAJJAD (2014)** identified main concern for the inform slums which contain improved slum circumstances. For example, in Jamna Nagar, social, economic and physical conditions and in Uttam Nagar household ecological circumstances are supposed to be specified higher precedence for sustainable metropolitan ecological organization. Communal environment, physical conditions and household ecological surroundings are the effect thing of poor economic situation in the illustration in slums. Right of way to support strategy reaction subsists recommended. Thus, slum condition directory pedestal move toward be able to make use for evaluate safety schemes and comparative position in slums, and allocating holistic structure for vigorous metropolis. A great preponderance of children in informs slums are not

presence school and thus are jump down. The state of affairs is not as good in the non-notified slums as greater part of males and females are uneducated and mainly of the children are fall outs. There is far above the ground velocity of being without a job in the middle of the slum dwellers. Their ambitions of ahead economic constancy following journey to the municipality exist not satisfied.

**OBJECTIVES**

1. To study on economic and cultural barriers impede the provision of better health care in slums.
2. To disparities in health related indicators for Chennai and in India.
3. To study unequal health associated of Chennai slum and non-slum.

**HEALTH CARE IN CHENNAI**

The existing health infrastructure in urban areas is insufficient to meet the basic needs of growing urban population. The municipalities, state government, and the central government have tried to build up urban health care infrastructure. Majority of hospitals, doctors and para-professionals are in urban areas but unlike to the rural health services there have been no efforts to provide the health care services to the areas that are geographically delineated. Thus, in many urban areas the primary health care facilities are not available; some of them are underutilized while there are overcrowding in secondary and tertiary care services. With no referral and screening system, most of the equipment's and machinery in secondary and tertiary care centers are underutilized. However the existing infrastructures with municipalities are not sufficient to cater to the growing burden of Chennai population.

**HEALTH CHALLENGES IN CHENNAI SLUMS**

Poor access to healthcare- although slums live in close to many healthcare centers, but they generally have little access to high quality healthcare. Large proportion of urban poor not notified- a large proportion of migration to into urban areas, is in search of employment. When they arrive, most migrants find only one affordable housing option: illegal settlements, where they use plastic sheets, discarded scrap of metal, and mud for house making. The slums in urban Chennai which are making cities denser and crowded, lack not only basic civil or social services of government but also political recognition. Environmental condition- access to safe and clean drinking water is the basic human right and forms an important component of primary health care. A provision of safe drinking water shows an effective heath intervention which has shown to reduces the mortality caused by food poisoning. Environmental condition not only causes more sickness and mortality but also causes low productivity, lower school enrollment etc.

**CURATIVE HEALTHCARE**

The dwellers concentration regarding the contemporary

healing healthcare amenities are mounting daylight hours. Nevertheless owing to be short of the convenience of these conveniences they are leaving devoid of some management. Consequently to make available remedial healthcare to the slum dwellers, obtainable services ought to be completing additional easy to get to the deprived.

**METHODOLOGY**

The present study has been studied Chennai city slums morbidity and the data were collected primary data collected with the help of snow fall method and pre-survey questionnaire in the Rajiv Gandhi nagar slum area has been selected due to most households in Chennai district and took it 100 samples selected for study, the secondary data has been collected through internet namely, census of India, Tamil Nadu housing board, national sample survey.

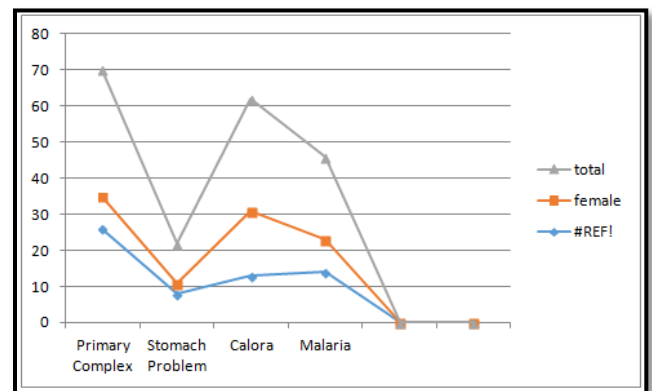
**DISCUSSION AND ANALYSIS**

**AGE**

Age	Male	Female	Total
26-32	21 (77.7)	6 (22.2)	27
32-38	16 (51.6)	15 (43.8)	31
38-44	11 (57.8)	8 (42.1)	19
44-50	6 (75.0)	2 (25.0)	8
50-56	2 (28.5)	5 (71.4)	7
56-62	5 (62.5)	3 (37.5)	8
<b>Total</b>	<b>61 (61.0)</b>	<b>39 (39.0)</b>	<b>100</b>

Source: Primary Data

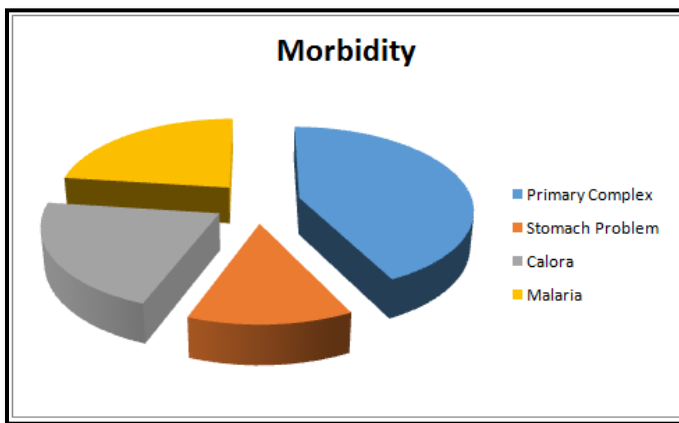
The above table shows that 77.7 per cent of the respondents fit in the age of 26-32, 32-38 years of age slum people male 51.6 percent and 43.8 percent of people lives in slum area, 57.8 percent of the male and 42.1 percent of the females are 38-44 age group in slums. The 44-50 age group of male and females are live in slums and remains age group peoples are lives in slum so that they are easily get illness because of age.



**EDUCATIONAL QUALIFICATION**

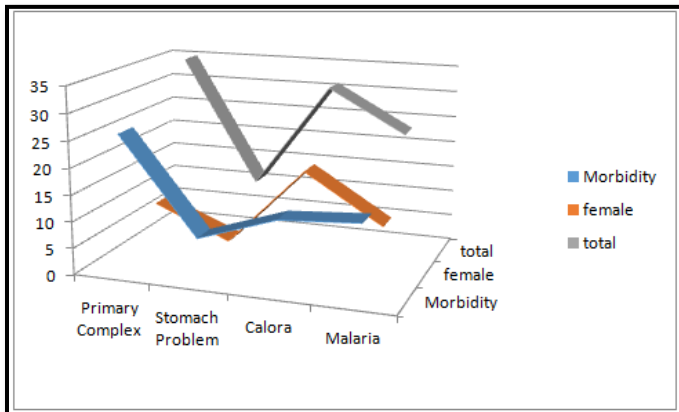
Age	Male	Female	Total
Primary	15 (45.4)	18 (54.5)	33
Secondary	29 (82.8)	6 (17.1)	35
Higher Secondary	8 (40)	12 (60)	20
U.G	9 (75.0)	3 (25.0)	12
<b>Total</b>	<b>61</b> <b>(61.0)</b>	<b>39</b> <b>(39.0)</b>	<b>100</b>

Source: Primary Data



**MORBIDITY**

Morbidity	Male	Female	Total
Primary Complex	26 (74.2)	9 (25.7)	35
Stomach Problem	8 (72.7)	3 (27.2)	11
Calora	13 (41.9)	18 (58.0)	31
Malaria	14 (60.8)	9 (39.1)	23
<b>Total</b>	<b>61</b> <b>(61.0)</b>	<b>39</b> <b>(39.0)</b>	<b>100</b>



**REFERENCES**

- Gulnawaz Usmani and Nighat Ahmad (2018)** health status in India: a study of urban slum and non-slum population, *Journal of Nursing and Research Practices*, Volume. 2, no. 1, pp. 9-14.
- Haroon Sajjad (2014)** living standards and health problems of lesser fortunate slum dwellers: evidence from an Indian city, *International Journal of Environmental Production and Policy*, Volume. 2, no. 2, pp. 54-63.
- Hemavathy (2017)** slum population in Chennai city, *International Journal of Social Sciences and Humanities Research*, Volume. 5, issue. 3, pp. 303-316.
- Mahejabin F, Parveen S and Begum R (2015)** disease pattern and health seeking behaviour of slum dwellers in Dhaka City, *International Journal of Medical and Health Research*, Volume. 1, issue. 2, pp. 4-8.
- Mahmuda Binte Latif, Anjuman Irin and Jannatul Ferdaus (2016)** socio economic and health status of slum dwellers of the Kalyanpur slum in Dhaka city, *Bangladesh Journal of Social Research*, Volume. 29, no. 1, pp. 73-83.
- Tabrez Uz Zaman and Sujit Kumar Dutta (2018)** struggle of slum dwellers for maintaining their health status and behaviour in a slum pocket of Guwahati city, *International Journal of Medical Research and Health Sciences*, Volume. 7, no. 7, pp. 63-71.