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HEALTH AND HEALTH SEEKING BEHAVIOR OF URBAN POPULATION IN EASTGODAVARI DISTRICT, ANDHR APRADESH, INDIA (A case study of slums in Kakinada city)

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ABSTRACT

Health and Health care is one of the cardinal issue of all human endeavors to improve the quality of life Change in socio-economic status and various health problems adversely affect an individual's way of life during the age. Some of the Health Disorders such as Diabetes, Blood pressure, Joint pains, and also General sickness list as fever, typhoid, and malaria, etc. are also high among the slums. Sexually transmitted diseases are well known public health problems of slum dwellers in India. **Background of study:** The present study is an approach to health and health seeking behavior of slum dwellers. **Socio-demographic profile:** in this research survey 300 participants were enrolled in the cross sectional survey. 37.3 % participants were from 15 to 30 years age (young age) group, 28% were from < 15 years age group, 23.4 % of 30 to 40 years of age group , 7.3% of 40 to 60 years old and 4.0% were >60 years old age people are recorded. In this study 53.6% were males and 46.4% are female are participated. 95% were nuclear family and 5 % were joint family category. 30% were not applicable, 25.3% were primary, 16.6 upper primary, 9.6% were SSC and 4.3% , 4.6% 1% were represent following the inter, degree and post graduation qualification.1.3 % were technical, 0.6% were nursing and 6.3 were illiterate. **Methodology:** cross sectional study. **Sample size:** 300 sample. **Results:** The top three health disorders that affected the sample households in the study urban slums are blood pressure, diabetes, and joint pains. The major general sicknesses in the sample urban slums were fever, typhoid, malaria and digestive problems. **Health seeking behavior:** Most of the health care facilities are not accessible in the study of urban slums. It is only the traditional medicines (TMU) are accessed by about 42.5% of the sample respondents. While the remaining facilities, namely public health center (PHC), Arogya Sri, and MRF are not accessible by over 83.1%, 79.2% and 92.5% did not use them respectively.

KEYWORDS: Health seeking/Disorders, Arogya Sri Kakinada- Urban, East Godavari District.

INTRODUCTION

All around the world there is a flourish increase in people residing in urban area, about one third of these urban dwellers, which amount to nearly one billion people, majority of them live in urban slums, informal settings. In addition to rapid population growth, India is also witnessing an explosive growth in the population residing in the urban areas. It is estimated that of the

nearly 30 % of India's population or about 300 million people live in towns and cities."Environmental health refers to those aspects of human health, including quality of life, that are determined by physical, biological, social, and psychological factors in the environment"—is indicative of the breadth of issues covered. In general, environmental health risks fall into two broad categories (*World Bank 2000a*).

1. Traditional hazards related to poverty and lack of development, such as lack of safe water, inadequate sanitation and waste disposal, indoor air pollution, and vector borne diseases.

2. Modern hazards such as urban air pollution and exposure to agro industrial chemicals and waste that are caused by development that lack environmental safeguards.

Available global evidence suggests that the two most important ways in which environmental quality has a negative impact on the health of the poor is through water and indoor air pollution. Respiratory infections and diarrheal diseases are the two biggest causes of death among the poorest 20 percent of the world’s countries as ranked by national GDP per capita (*Gwatkin and Guillot 1999*). Water pollution is a key source of a number of diseases such as diarrhea, malaria, and cholera. Air pollution is another major reason for concern because of its contribution to respiratory tract infections.

Slums and Environmental:

Slums have the most unsafe and unhealthy living conditions in urban areas. Slums are heavily populated areas with substandard housing in a physically deteriorated environment that lacks or have

poorly maintained public services (roads, sewage system, garbage disposal, electricity, water). Some slums are formed in hazardous places that are highly susceptible to natural disasters. More generally, the UN-HABITAT defines slum as any living space that lacks two of the following characteristics. Durable housing: a permanent housing structure with durable wall, roof and flooring structures in a non-hazardous location- adequate living space: not more than 2 people sharing the same room - minimally sanitary excretion facilities (“improved sanitation”): either in the form of a private toilet or a public toilet shared with a reasonable number of people, - safe water: access to sufficient amounts of water for family use at an affordable price, without being subject to extreme effort. Property rights: the right to hold property although slums have similar physical attributes, the degree of environmental problem may differ. Slums may be clustered on the basis of the major risks in the environment.

METHODOLOGY

The study involved households of slums in Kakinada city. The participants were verbally informed about the purpose of the study, type of information to be sought during the interview session, as well as risks and benefits, confidentiality, right to withdraw from the study, and additional study related information.

RESULTS AND DISCUSSIONS:

Socioeconomic profile of the study:

Demographic profile of the study area.

Age(in years)	Frequency(n)	%
< 15	84	28
15 to 30	112	37.3
30 to 45	70	23.4
45 to 60	22	7.3
> 60	12	4.0
Total	100	100
Sex	Frequency(n)	%
Male	161	53.6
Female	139	46.4
Total	100	100
Family type	Frequency(n)	%
nuclear	285	95
Joint	15	5
Total	100	100
Education	Frequency(n)	%
Not applicable	90	30
Primary	76	25.3
Upper primary	50	16.6
SSC	29	9.6
Inter	13	4.3
Degree	14	4.6

Post graduation	3	1
Technical	4	1.3
Nursing	2	0.6
Illiterate	19	6.3
Total	100	100
Economic profile of the study area.		
occupation	Frequency(n)	%
Labour	71	23.6
Private employee	18	6.0
Govt. employee	1	0.3
Self employee	3	1.0
Small business	6	2.0
Others	18	6.0
House wife	69	23.0
No-work	27	9.0
Student	87	29.0
Total	100	100
Monthly income	Frequency(n)	%
4000/- to 6000/-	182	60.6
6000/- to 8000/-	104	34.6
8000/- to 10,000/-	14	4.6
Total	100	100

300 participants were enrolled in the cross sectional study. 37.3 % participants were from 15 to 30 years age (young age) group, 28% were from < 15 years age group, 23.4 % of 30 to 40 years of age group , 7.3% of 45 to 60 years old and 4.0% were >60 years old age people are recorded. In this study 53.6% were males and 46.4% are female are participated. 95% were nuclear family and 5 % were joint family category. 30% were not applicable, 25.3% were primary, 16.6

upper primary, 9.6% were SSC and 4.3% , 4.6% 1% were represent following the inter, degree and post graduation qualification.1.3 % were technical, 0.6% were nursing and 6.3 were illiterate. Occupation patterns mostly 23.6% labour and least with Govt. Employee (0.3%).monthly income patterns of the study are is 60.2% were 4000-6000-Rs, 34.6% were 6000-8000 Rs and 8000-1000 Rs were 4.6. Health disorders patterns:

Health profile of the study area.		
Health Disorders	Frequency(n)	%
Diabetes	17	18.3
Blood pressure	26	28
Asthma	9	9.7
Kidney problems	1	1.1
Jaundice	1	1.1
Paralyses	1	1.1
Cardiac	5	5.4
HIV/AIDS	1	1.1
Skin diseases	7	7.5
Fits	5	5.4
Joint pains	17	18.3
Others	3	3.2
total	100	100
General sickness	Frequency	%
Typhoid	4	15.4
Malaria	2	7.7
Dysentery	1	3.8
Whooping cough	1	3.8

Flu-fever	1	3.8
Fever	14	53.8
Digestive problems	2	7.7
Others	1	3.8
Total	26	100.0

The sample households of the study slum areas largely suffered from these health disorders. The major disorders were blood pressure, diabetes, joint pains, skin diseases and fits while almost all of the health disorders listed. The top three health disorders that affected the sample households in the study urban slums are blood pressure, diabetes, and joint pains. On the other hands, the least report of incidents is reported by the sample households are kidney problems, jaundice, paralysis, and HIV/AIDS. The major general

sicknesses in the sample urban slums were fever, typhoid, malaria and digestive problems. Over half of the sample households in the study slums are affected by followed by 53.8% of them due to fever. Typhoid was affected about of 15.4%, Malaria and digestive problems are affecting about 7.7% of the sample households. The list of sicknesses registered in the study slums are dysentery, whooping cough, flu-fever and other sicknesses.

Health and Family Welfare services in Andhra Pradesh:

Type of health centers	No. of facilities of Andhra Pradesh
Primary Health Centers	1147
Sub-centers	7458(Maternal health care, child health care and family welfare services)
Community Health Centers	193
Area Hospitals	31
District Hospitals	8
Mother and Child Health Centers	3
Teaching hospitals	11
Urban Family Welfare Centers	73
Post Partum Units	48
(e)-UPHCs	222
Special New Born Care Units (SNCUs)	26
Nutrition Rehabilitation Centers	18
Newborn Stabilization Units (NBSUs)	95
New Born Care Corners (NBCCs)	789

Maternal health care, child health care and family welfare services are provided through 7458 Sub-centers, 1147 Primary Health Centers, 193 Community Health Centers, 31 Area Hospitals, 8 District Hospitals, 3 Mother and Child Health Centers and 11 Teaching hospitals. Apart from these, 73 Urban Family Welfare

Centers, 48 Post Partum Units and 222 (e)-UPHCs fall under the purview of the State. 26 Special New Born Care Units (SNCUs), 18 Nutrition Rehabilitation Centers, 95 Newborn Stabilization Units (NBSUs) and 789 New Born Care Corners (NBCCs).

Availability of Treatment seeking:

Availability of Treatment seeking	Group	Frequency	%
Use public Health Centre (PHCU)	Yes	52	16.9
	No	256	83.1
Covered By Arogya Sri (Arogya Sri)	Yes	64	20.8
	No	244	79.2
Medical Reimbursement Facility (MRF)	Yes	23	7.5
	No	285	92.5
Use of Traditional Medicine (TMU)	Yes	131	42.5
	no	177	57.5

The access to the utilization of health care related facilities by the sample households is presented.

Based on the response of the sample households, most of the health care facilities are not accessible in the

study urban slums. It is only the traditional medicines (TMU) are accessed by about 42.5% of the sample respondents. While the remaining facilities, namely public health center (PHC), Arogya Sri, and MRF are not accessible by over 83.1%, 79.2% and 92.5% did not use them respectively.

Discussions:

1. This study was done to find out the health and health seeking behavior of slum dwellers in Kakinada city. The study was found the socio-demographic and status was the single permeating determinant of health seeking behavior among the study population. These findings may not generalised for all of Kakinada city, since the study was done only in some specific area.
2. In this survey out of 300 respondents 161 (53.6%) were male and 138(46.4%) were female, the majority 285(95%) of the respondents were nuclear family and 15(5%) were joint family, *most of 112(37.3%) of respondents were including in the age group of 15 to 30 years, out of 300 respondents. low income socioeconomic conditions of slum dwellers, the family income of the respondents were between 4000-6000-Rs*
3. Due to the rapidly growing population in the incessantly growing urban slums, there has been an alarming rate of growth of non-communicable diseases in these slums. A healthcare service also there is an inadequacy of appropriate policy and structure as well as misallocation of resources when it comes to the urban centers. This is a major obstacle to healthcare seeking behavior for urban slum-dwellers.
4. The health challenges are exacerbated by the absence of functional policies or institutional structures to assure coordination of basic urban health services. According to the Asian Development Bank, the urban health system is in crisis due to an inadequate physical infrastructure, uncoordinated and limited efforts by multiple actors and mixed authorities, lack of capacity within the health departments of the city corporations, insufficient public funding, mushrooming of health facilities mostly in the private sector, insufficient information on the availability and quality of health services provided in the facilities
5. The socioeconomic factors include age, gender, education, occupation, income. The

socioeconomic factors determine demand for healthcare and the program factors determine the supply. The average level of education is very low in the slums of Kakinada city. The slum dwellers are engaged mainly in the low grade jobs.

6. The sample households of the study slum areas largely suffered from these health disorders. The major disorders were blood pressure, diabetes, fits and joint pains and the major general sicknesses in the sample urban slums were fever, typhoid, malaria and digestive problems.
7. The slum households spent their earning mainly on food and house rent. Their expenditure on health services was very low.
8. The response of the sample households, most of the health care facilities are not accessible in the study urban slums. It is only the traditional medicines (TMU) are accessed by about 42.5% of the sample respondents. While the remaining facilities, namely public health center (PHC), Arogya Sri, and MRF are not accessible by over 83.1%, 79.2% and 92.5% did not use them respectively.

CONCLUSION

Flourishing growth of slum population strive increased pressure on provision of minimum basic services such as health and health seeking, education, occupation and income variations and poverty etc. Supply of these services is one of the biggest challenges to all urban planners and policy makers. Growth of slums indicates the absolutely failure of Government to meet the health services needs for the slum poor. There is an immediate need to address the problem of slums because, if the cities will not deal with the problem of slum in a constructive way, the slums will deal with the cities in a destructive way. Hence, on massive scale, efforts for the development of slum dwellers need to be made. Keeping in view the problems of slum dwellers of the study area and to overcome the menace of slums, along with the social and health services upliftment of the slums, following remedial measures are suggested programs are implemented by the local/state/central govt. Understanding the socio-economic pattern of the slums is essential in order to identify the problem areas, design the developmental plans and for their effective implementation.

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