



Survey on health indicators of selected urban slum areas of Raipur, Chhattisgarh

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Abstract

Introduction: A healthy population can undoubtedly contribute to economic growth and development of a country. A survey of any area will help in identifying the socio-demographic characteristics and health condition of the people residing in the village with an aim to understand the health issues and factors affecting the health. The health of the people is an essential requirement for the accelerated economic growth of a country/state.

Methods: A Structured questionnaire-based survey was conducted to identify the socio-demographic characteristics and health condition of the people residing in the urban slum with an aim to understand the health issues and factors affecting the health. The data was collected by interviewing the family members regarding the information of the family and each family member to collect individual data during home visit.

Results: Majority of respondents 11.85% were belongs to under-five age group, 5.51% to schooler, 7.58% to adolescent group, 65.43% to the adult age group and 9.64% belongs to geriatric age group. 47.93% were males and the rest 52.07% were females. Majority of the samples were Hindu by religion 88.29%, 9.64% were Muslim, 1.38% were Sikh and 0.69% belonged from Christian. According to type of family, 42.50% were from nuclear family, 55% were from joint family and 2.50% were from extended family. Results of housing standards showed that 81% of the families are residing in pucca houses, 16% are in semi pucca houses and 3% in kaccha houses. Regarding educational status of the samples 49.24% had primary school education, 28.03% had secondary school education, 13.64% had higher secondary school education, 7.58% had graduate education and 1.52% had post graduate education. None of them were illiterate.

Survey on the description of special groups showed that samples consisted of 15.96% of antenatal mothers, 1.06% of postnatal mothers, 45.74% of Under-five children and 37.23% of Geriatric population among vulnerable group. 51.95% of eligible couples and 46.75% of target couples are present in the selected rural area. Infertile couples consist of 1.30% of the samples.

The vital events occurred in the community in last one year were 21 births and 3 deaths. Surveys on the prevalence of disease conditions 132 samples were having different communicable and non-communicable diseases. Majority of them were having hypertension 22.73 and diabetes 17.42%. Other health problems prevalent in the area were anemia 11.36%, cataract 1.52%, mental illness 3.03%, osteoporosis 6.06%, gout 0.76%, arthritis 2.27%, hypothyroidism 3.79%, malaria 11.36%, tuberculosis 1.52%, filariasis 0.76, diarrhea 2.27% and asthma 2.27%. The major substance abuse present among the samples was alcoholism and pan chewing 11.36%.

Keywords: health indicators, survey, demography, urban

Introduction or Background

A healthy population can undoubtedly contribute to economic growth and development of a country [1]. Nobel laureate economist Amartya Sen is of the view that the health achievements of a given society are a better signal of social well-being than any conventional macroeconomic measure. Public health is one of the best indicators of a nation's overall growth and development, no matter how big/small, how developed or undeveloped a country is, it speaks of past, present, and future of its generations [2].

India has made considerable progress in many health indicators. Life expectancy at birth has increased, infant mortality and crude death rates have been greatly reduced, diseases such as small pox, polio and guinea worm have been eradicated, and leprosy has been nearly eliminated. The country strives towards achieving Universal Health Coverage [1]. Household population and its characteristics have a direct bearing on social and economic well-being of the households including important aspects such as education, health and employment [3].

This survey was conducted to analyze the socio-economic factors and health status of the urban population of Raipur district of Chhattisgarh. The aim of the study was to address the disparities in socio-economic condition and health status which will help the health workers to plan health promotion strategies in future according to the need of the people of the particular area and improve their living condition. The objectives of the study were to study the demographic conditions of the sample population in the study area, to analyze the socio-economic condition among sample population in the study area and to investigate the prevalence of health problems among sample population in the study unit.

Material and Methods

This quantitative study adopted a descriptive approach to identify the health indicators of the samples of the selected rural population and the design used was descriptive survey design. The survey was done among 120 families which constituted 726 samples. The data was collected using a

structured survey questionnaire which included questions regarding socio-demographic characteristics, environmental condition, vital statistics and health status. The interview method was used to collect the data during home visit. The questions were read by the researchers and responses were marked. The data regarding family condition like housing standard, waste disposal, religion, vital events were collected from the head of the family and data regarding age, occupation, marital status, and health status was collected from samples.

Findings

The results of the survey are organized under the following headings:

1. Socio-Demographic characteristics among samples of urban area

The demographic characteristics like age, gender, marital status and religion were analyzed using percentage distribution and shown in Table no 1

Table 1: Frequency and percentage distribution of socio demographic variables among sample of urban area N=726

Sr. No	Demographic characteristics	Frequency	Percentage (%)
1	Age		
	Under five	86	11.85
	Schooler	40	5.51
	Adolescent	55	7.58
	Adult	475	65.43
2	Gender		
	Male	348	47.93
3	Religion		
	Hindu	641	88.29
	Muslims	70	9.64
	Sikh	10	1.38
4	Type of Family		
	Nuclear	51	42.50
	Joint	66	55.00
5	Type of house		
	Pucca	81	81.00
	Semi-pucca	16	16.00
6	Educational Status		
	Primary	65	49.24
	Secondary	37	28.03
	Higher secondary	18	13.64
	Graduate	10	7.58
	Post graduate & Above	2	1.52

Table no 1 depicts frequency and percentage distribution of samples according to age, gender, religion, Type of family, Type of house, and educational status.

According to age, 11.85% were belongs to under-five age group, 5.51% to schooler, 7.58% to adolescent group, 65.43% to the adult age group and 9.64% belongs to geriatric age group.

According to gender, 47.93% were males and the rest 52.07% were females.

Majority of the samples were Hindu by religion 88.29%, 9.64% were Muslim, 1.38% were Sikh and 0.69% belonged from Christian.

According to type of family, 42.50% were from nuclear family, 55% were from joint family and 2.50% were from extended family.

According to type of house, 81% had Pucca house, 16% had semi-pucca house and 3% had Kaccha house.

Regarding educational status of the samples 49.24% had primary school education, 28.03% had secondary school education, 13.64% had higher secondary school education, 7.58% had graduate education and 1.52% had post graduate education. None of them were illiterate.

Table 2: Percentage distribution of reproductive health& vital events among samples of urban area N= 726

Sr. No	Particulars	No of respondents	Percentage (%)
1	Vulnerable group		
	ANC mothers	30	15.96
	PNC mothers	2	1.06
	Under five children	86	45.74
	Geriatric	70	37.23
2	Family planning services		
	Eligible couple	40	51.95
	target couple	36	46.75
	Infertile couple	1	1.30
3	Vital events (Last one year)		
	Birth	21	87.5
	Death	3	12.5

Table no 2 shows that 15.96% of antenatal mothers, 1.06% of postnatal mothers, 45.74% of Under-five children and 37.23% of Geriatric population among vulnerable group. 51.95% of eligible couples and 46.75% of target couples are present in the selected rural area. Infertile couples consist of 1.30% of the samples. It is concluded that family planning measures and welfare services should be addressed among the population to improve the standard of living.

2. Prevalence of Health problems

The prevalence of health problems was analyzed among the samples and computed using percentage distribution as shown in figure 4.

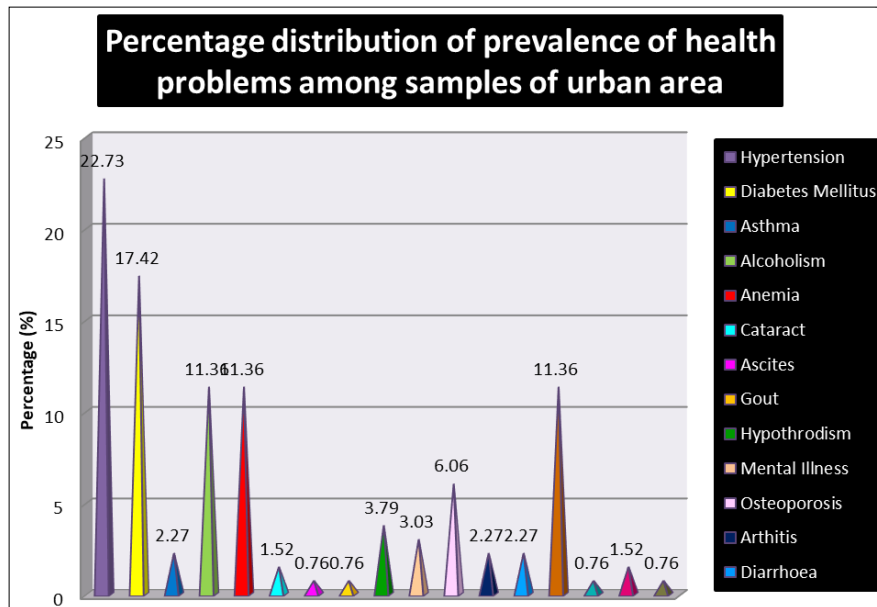


Fig 1: Percentage distribution of prevalence of health problems among samples of rural area

Figure no 1 depicts the prevalence of disease conditions, 132 samples were having different communicable and non-communicable diseases. Majority of them were having hypertension 22.73 and diabetes 17.42%. Other health problems prevalent in the area were anemia 11.36%, cataract 1.52%, mental illness 3.03%, osteoporosis 6.06%, gout 0.76%, arthritis 2.27%, hypothyroidism 3.79%, malaria 11.36%, tuberculosis 1.52%, filariasis 0.76, diarrhea 2.27% and asthma 2.27%. The major substance abuse present among the samples was alcoholism and pan chewing 11.36%.

Conclusion

In 2015, countries adopted the ambitious Sustainable Development Goals (SDGs), each of which has specific targets to be achieved over the next 15 years. The SDGs include one health goal and over 50 health-related targets which are applicable to all countries, irrespective of their level of development [4]. Demographic indicators of a country reveals its population size, decadal growth rate of population territorial distribution, gender composition, changes therein and the components of changes such as nativity mortality and social morbidity [1]. Majority of respondents 11.85% were belongs to under-five age group, 5.51% to schooler, 7.58% to adolescent group, 65.43% to the adult age group and 9.64% belongs to geriatric age group. Survey on the description of special groups showed that samples consisted of 15.96% of antenatal mothers, 1.06% of postnatal mothers, 45.74% of Under-five children and 37.23% of Geriatric population among vulnerable group. 51.95% of eligible couples and 46.75% of target couples are present in the selected rural area. Infertile couples consist of 1.30% of the samples. The vital events occurred in the community in last one year were 21 births and 3 deaths. Surveys on the prevalence of disease conditions 132 samples were having different communicable and non-communicable diseases. Majority of them were having hypertension 22.73 and diabetes 17.42%. Other health problems prevalent in the area were anemia 11.36%, cataract 1.52%, mental illness 3.03%, osteoporosis 6.06%, gout 0.76%, arthritis 2.27%, hypothyroidism 3.79%, malaria 11.36%, tuberculosis 1.52%, filariasis 0.76, diarrhea

2.27% and asthma 2.27%. The major substance abuse present among the samples was alcoholism and pan chewing 11.36%.

Conflict of interest: Nil

Source of Funding: Self

Ethical clearance

- Informed consent of the samples was taken
- Confidentiality of the information was maintained

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