

CHILD HEALTH AND DEVELOPMENT OF SLUM AREA

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Abstract

Slums are densely inhabited metropolitan areas that are often marked by unauthorised settlements, overcrowding, and other concerns including law enforcement challenges, inadequate physical including mental health conditions, and low living standards. Disproportionate developmental initiatives among countries and the allocation of resources mostly in urban regions have led to a significant increase in rural-urban migration. The likelihood of lifelong health or illness is set in childhood. A healthy diet throughout childhood and life protects against nutritional imbalances, malnutrition and malnourishment, as well as chronic health conditions considering heart problems, diabetes, stroke and cancer. When a growing body receives the nourishment it needs, it lays the groundwork for a strong brain structure and all the physical, social, including emotional abilities that come with it. And optimal nutrition is particularly important in the first years of life. Without a nutrient-rich diet, children are considering more likely in die before reaching age 5. More than five million children died before age of 5 in 2018, and 45 percent of those deaths were linked to undernutrition. Because children growing up in poverty don't get the food and nutrition they need to develop properly, tens of millions considering children under age 5 are severely wasted (low weight-for-height) and hundreds of millions are stunted (low height-for-age). This paper deals about the child health and development of slum area.

Keywords: Child Health and Development, Slum Area, Urban Area.

Introduction

Slums typically occupy unused land that is not utilised for any regular activities. These places may include low-lying lands, regions adjacent to railway lines even drains, riverbanks, or peri-urban areas. Each of them possesses unique variables that contribute to its depreciation. Slums situated in close proximity to expansive open sewers exhibit a higher prevalence of diarrhoea and other waterborne illnesses. Slums located near garbage disposal plants are exposed to many environmental risks, such as contaminated water and air (based on personal observation). Pigs, vultures, and other animals impact the amount of sanitation that can be maintained in a slum, thereby heightening the risk of infection transmission among youngsters who have intimate contact with the external surroundings. Slums typically begin as informal settlements lacking any sort of land tenure rights. The "illegal status" of slums in most cities results in a prolonged period of vulnerability to eviction, lasting from years to decades. This leads to a feeling of resignation among residents of slums regarding their environment and overall welfare, as well as a diminished drive to invest in the necessary infrastructure to ensure the health of their children.

Younger children also suffer disproportionately from diarrhoea, although the risks are mediated by nutritional status, access to good-quality water and sanitation, and various socioeconomic factors. Poor nutrition heightens susceptibility to several infectious diseases, indirectly raising child mortality levels. Under-five children experience more than 80 per cent of the global burden of diarrhoeal disease, and diarrhoea can promote malnutrition by impairing food absorption and loss of nutrients. Studies in informal settlements can help unravel these hidden, intricate relationships. A survey of more than 250 slum dwellers analyzed the incidence and severity of diarrhoea, considering age, nutritional status alongwith access at basic services. Just one-third of households had a municipal source of water and only 26 per cent of children used improved latrines. Younger children were at greater risk: respondents aged two to three averaged 2.5 diarrhoeal episodes per year, but those aged four to five had yearly rates of 1.38. Children who were malnourished and stunted had elevated rates of diarrhoea, as expected, averaging more than two

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episodes per year as against 1.6 episodes in better-nourished children. The overall prevalence of malnourished and stunted children was 39 per cent and 32 per cent, respectively. Although these rates show the large dietary deficiencies in low-income settlements, they were actually below those of other studies in similar age groups.

Review Literature

Unger (2013) [1] The rapid process of urbanisation throughout the course of the twentieth century has coincided with the emergence and growth of slums. Approximately 30% of the global population and over sixty percent of urban populations within the least developed nations reside in slums, which encompass a significant number of children up to hundreds of millions. Slums are regions characterised by significant social and health disparities for children and their families, primarily caused by extreme poverty, overcrowding, inadequate water and sanitation facilities, substandard housing, and restricted availability of essential health and education services, and other hardships (eg, high unemployment, violence). Despite the magnitude of this problem, very short is considered known considering potential impact of slum life regarding health considering children alongwith adolescents. Statistics that show improved mortality with health outcomes in cities are based on aggregated data and may miss important intraurban disparities. Limited but consistent evidence suggests higher infant and under-five years mortality for children residing in slums compared with non-slum areas. Children suffer from higher rates of diarrhoeal and respiratory illness, malnutrition and have lower vaccination rates. Mothers residing in slums are more poorly educated and less likely to receive antenatal care and skilled birth assistance. Adolescents have earlier sexual debut and higher rates of HIV, and adopt risky behaviours influenced by their social environment. We also know little about the consequences of this form of early childhood on long-term health-related behaviour (eg, diet and exercise) and non-communicable disease outcomes, such as obesity, heart disease and mental illness. Further attention to understanding and addressing child health considering slum settings is an important priority for paediatricians and those committed with child health worldwide.

Reddy (1993) [2] The author briefly reviews the current status of child nutrition in India and identifies priority actions to be taken over the coming decade so that the nutrition goals set for the year 2000 may be met. Maternal nutrition and low birth weight, lactation performance and infant growth, child mortality, major nutritional problems, protein energy malnutrition, vitamin A deficiency, nutritional anemia, and iodine deficiency disorders are all problem areas of concern which must be

addressed and ameliorated. Each topic is discussed in turn. Relatively inexpensive, time tested, and well-proven technologies are available to confront existing nutritional problems, but they need to be implemented. Revising current strategies and shifting the focus from severe to milder forms of malnutrition, with more emphasis on long term sustainable actions, may even allow the nutrition goals set for the year 2000 to be realized. Improving the educational and social status of women, obtaining better health care facilities, environmental sanitation, and general community development are also important elements of improving the nutritional status of children in India.

Analysis

Marginalization as such is a systemic process, which has been institutionalized as well. It is marginalization which leads to alienation of people and relegate them to a status of low bargaining power. This is why such groups can rarely come ahead and participate in the political process, social negotiations and in so far as even demand for their economic entitlements. This institutionalization of social order imposes multiple disadvantages, because socio-political-and economic realities are very permeable and a reduced agency in either one of the realms correspondingly diminishes the agency in the other realm. For example- someone from a lower caste (social realm) is more likely to be of a lower class (economic realm) and concomitantly have a lower participation rate in electoral process (political realm).

Children growing up in slums experience a childhood that often defies the imagination of both the 'innocent childhood' proponents and the 'universal childhood' advocates. The slums typically lack proper sanitation, safe drinking water, or systematic garbage collection; there is usually a severe shortage of space inside the houses where the children live, and no public spaces dedicated to their use. But that does not mean that these children have no childhood, only a different kind of childhood that sees them playing on rough, uneven ground, taking on multiple roles in everyday life, and sharing responsibilities with adults in domestic and public spaces in the community.

India exhibits a unique phenomenon among big nations, as it experiences a higher mortality rate for girls compared to boys. This is seen in the sex ratio at birth, which stands at 900 girls born for every 1000 boys. On a global scale, the mortality rate for boys below the age of five is 7 percent higher than that for girls. However, in India, the mortality rate for females below the aged 5 is 11 percent higher.

Children belonging to rural areas, slums, urban considering poor relationships, tribal communities, and other disadvantaged populations experience

various forms of deprivation associated with poverty, malnutrition, limited access to quality healthcare, early marriage, inadequate school attendance, low educational achievements, insufficient sanitation facilities, poor hygiene practices, and limited access to clean water.

Indian Government Policy for Slum Development

The health and education of children is necessary to achieve economical and societal improvements. Financial or societal considerations can't diminish their significance. Children in underdeveloped nations are either not in school or are studying in inadequate facilities. Health, Education and resource allocation is complex by achieving SDGs. However, cities as a whole are primarily absent from the policy-making process. Urban regions have a large concentration of government services, which are scattered and dispersed. Peripheral city dwellers complain that they don't satisfy their needs. The socio-economic realities of the neighborhood may constrain slum children's health and educational progress. As cities expand and the population increases, the situation will only worsen. The already-existing infrastructure became overwhelmed due to the rush of people relocating to cities, and migrants' circumstances suffered as a result.

Slum populations frequently experience various forms of deprivation, including insufficient access to water, inadequate sanitation in the environment, poor air quality, absence of waste disposal systems, inadequate housing leading to overcrowding and insufficient ventilation, overwhelmed healthcare facilities and public transportation systems, and unreliable electricity supply. Collectively, these deficiencies present a substantial peril to the physical and mental welfare of individuals, particularly children, residing in impoverished urban areas.

India addresses slums exclusively through poverty mitigation techniques. Starting from the 1980s, each Five Year Plan has incorporated policies aimed at enhancing the environment of urban slums by providing essential services such as access to water, sanitation, night shelters, and employment opportunities. However, the rate at which urban slums are expanding is far higher than the rate of urban expansion (UNDP, 2007), resulting in more than 100 million residents of urban slums in India living in precarious conditions.

Can a novel concept of slum development be established within the existing policy framework of India? After the opening of India's economy in 1991, two significant developments occurred that have the potential to facilitate this:

1. The 74th Constitution Amendment of 1992 suggests that ULBs ought to have a direct involvement in reducing urban poverty and improving and upgrading slums. This should be done with the active engagement of citizens.
2. JNNURM was initiated in December 2005 and is based on the ideals outlined in the 74th Constitutional Amendment. JNNURM presents a plan to enhance the standard of living in cities and foster inclusive economic growth. This is achieved by providing significant financial aid from the central government to cities for the purpose of building infrastructure, enhancing governance, and developing slums through basic amenities to the Urban Weak. The aforementioned factors encompass the guarantee of long-term occupancy at reasonable costs, enhanced living conditions, access to clean water, proper sanitation facilities, education, healthcare, and social protection.

Conclusion

India possesses the highest number of adolescents globally, with a staggering population of 253 million. Furthermore, one out of every five individuals in India falls within the age range of between the ages of 10 and 19. India has the potential to gain social, political, and economic advantages if a significant number of teenagers are ensured safety, good health, education, and are provided with facts and life abilities to contribute to the country's ongoing progress. Adolescent girls are particularly susceptible to inadequate nutrition, premature marriage, and early childbirth, which hinder their capacity to lead empowered and healthy lives, thereby impacting the subsequent generation. India has the highest prevalence of child marriage globally. India is ranked fourth between all eight South Asian countries when it comes to the prevalence of child marriage, following Bangladesh, Nepal, and Afghanistan. Over half (54%) of adolescent females suffer from anaemia, while only 30% of boys are affected. The combination of minimal Body Mass Index among adolescent girls, along with the difficulties of child marriage with adolescent pregnancies, has a lasting influence throughout generations. India has one of the highest rates of violence against women and between 60-90 per cent of girls face sexual harassment/violence in public spaces. Poverty along with the rising cost of health care services is the leading cause of inequality in health and health care utilization within urban areas. The health care facility in India mostly focused on different health indicators of different socioeconomic groups by slum and non-slum population. The living and health conditions are different from the poor to non-poor population in

urban India. The residing slum population has more vulnerable due to contact infection, falls sick and suffer prolonged illness. Moreover, women and children are facing more problems in bad recommended health. Approximately 80% of the maternal deaths occur due to hemorrhage, sepsis, unsafe induced abortion, hypertensive disorder of pregnancy, and obstructed labor. Considering the issue study examines the variation of child health (stunting, underweight, fever, diarrhea) status with respect to child malnutrition among the urban poor and non-poor in India.

Conflict of Interest

There is no conflict of interest by the authors in this manuscript.

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