

AN ANALYSIS OF HEALTH CARE FACILITIES AND HEALTH ISSUES OF SLUM DWELLERS IN BELAGAVI CITY

Dr.M.S.KURANI Associate Prof of Geography, RPD College of Arts and Commerce, Tilakwadi Belagavi (Karnataka state)

Abstract

Urban land policy of UN(1960) states “a slum is a building, group of buildings or area characterised by overcrowding, deterioration, insanitary conditions or absence of facilities or amenities which endanger the health, safety or morals of its inhabitants or the community. Today 3 billion people nearly half of the world’s population lives in cities. One third of them are slum dwellers. Moreover, four out of ten inhabitants in the developing world are living in informal shelters. They experience **manifold deprivations such as houses unfit for habitation but also lack of education, health and basic services**. As such, slum improvement is not only a goal for a better quality of life but also provides a positive impact on the health burden and the economic development of a country

The present paper, aims to analyze health care facilities available in slum areas and health issues of slum dwellers of Belagavi city. The data for the present study analysis has been obtained from the both primary and secondary sources. The study reveals that the health facilities available in the slums areas is generally unsatisfactory. Many slum dwellers suffering from diseases like Respiratory problems, Malaria, Cholera, Asthma, Allergy, Chikanagunnya, Cardiac diseases, Jaundice Eye irritation and others.

KEYWORDS- Slum dweller, Health care facilities, Health issues, Health administration, Government policies and programmes

Introduction-

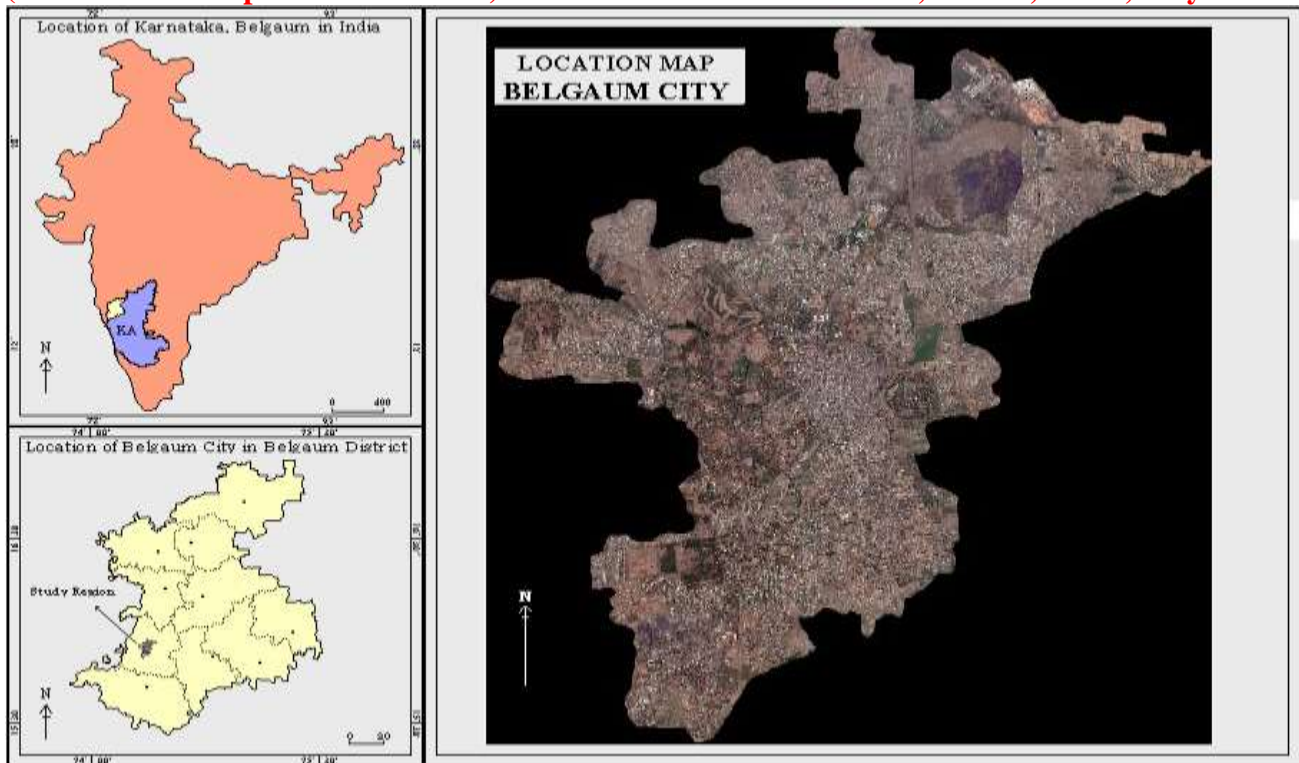
The phenomenon of slum is worldwide and no country or no city in any country is without slums even in Europe and America but the definition and type varies from place to place. As the capitalist mode of production started in 18th century, poverty, unemployment, lack of employment in rural areas and over population are the factors responsible for the existence of slums everywhere. No nation has ever been able to prevent the emergence of slums (Abrams, 1970).

The country’s financial capital, Mumbai, houses the largest number of urban slums - some 6.5 million people live in them. The city is also home to Asia’s largest slum, Dharavi New Delhi, with 1.8 million people living in its slums, houses the second largest number of urban slums. Kolkata with 1.49 million slum inhabitants is a close third. An estimated 30% slums Maharashtra State has the highest number of slums in the country (32%), followed by West Bengal (15%), and Andhra Pradesh (15%).

Slums are characterized by overcrowding, heterogeneous and ethnically multiracial population, largely inhabited by poor and social weaker section of the society. Local administration always failed to provide urban civil amenities and sewage facilities to them. Gits and Herbert(1956) have defined slum “ as an area of poor houses and poor people. It is an area of transition and decadence, a disorganised area occupied by human derelicts, a catch all for the criminals, for the defective, the down and out” community.

Study area

Belgaum is referred to as “venugram” (bamboo village) in the early inscription of 12th and 13th centuries . It is located in south western part of Belgaum district and extended between 15 - 15’ north latitude to 74 -31’ east longitude at an height of 710 mtrs above the mean sea level . the total geographical area of the city is about 94.08 sq.kms , It is fifth biggest city among the cities of Karnataka state in terms of area and pluputation and also district and divisional head quarters of the state.



Objectives

- 1.To identify and analyze spatial distribution of slums, health care facilities available and annual expenditure made by slum dwellers for their health.
- 2.To assess and evaluate health issues of slum dwellers in the study area.
- 3.To suggest remedial measures for the improvement of health condition of slum Peoples.

Data source and methodology

Belgaum Municipal corporation is divided into 58 wards in which there are 36 slums are notified by the KSDB and Municipal Corporation. Hence the required data has been collected from both primary as well as secondary sources

- **To study the health status of slums, an intensive door to door household survey was conducted through prepared questionnaire. 10% of the households from selected 10 slum pocket were interviewed on the basis of Stratified Random Sampling Techniques. This 10 percent is considered on the basis of information on the total number of household collected from the leaders of each slum pocket.**
- The secondary sources of data related to population & government policies and programmes were collected from slums development Board Belgaum Municipal Corporation and BUDA etc. The collected data and information have been processed and presented in the form of tables ,charts ,diagrams and maps by applying necessary statistical and cartographic techniques.

Spatial distribution of slums and slum population in Belagavi city. (notified slums)

SL.No.	NAME OF THE SLUMS	WARD NO	LAND OWNERSHIP	AREA (In ACRE)	% TO THE TOTAL AREA	TOTAL POPN
01	Kasai Galli	33	Pvt	1.29	0.18	200

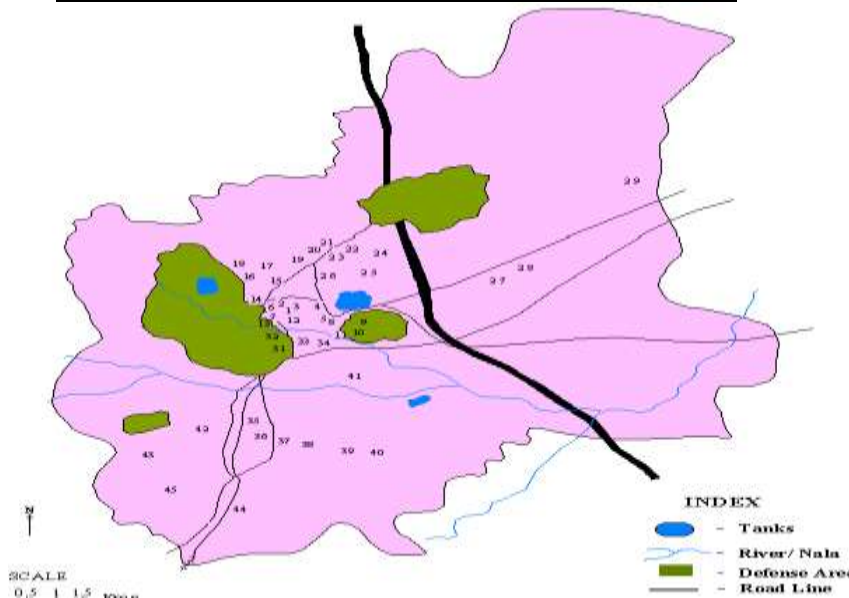
02	Burud Galli	29	Pvt	0.15	0.09	200
03	Ramnagar Vaddarwadi	45/46	Corp	8.00	5.05	1782
04	Gangwadi (Vaddar Colony)	46	Corp	5.27	3.32	761
05	Old Gandhinagar	55	KSDB	2.04	1.28	870
06	Buradgalli (Nehrunagar)	43	KSDB	1.30	0.82	461
07	Kasai Galli(Rukmninagar)	54	KSDB	2.11	1.33	957
08	Beldar chavani	41	Pvt	1.15	0.72	380q
09	New Gandhinagar	50	Pvt	26.00	<u>16.42</u>	4675 I
10	Chavat Galli(Dorwad)	38	Pvt	1.18	0.74	422
11	Matangi colony (Kali Ambarai)	36/39	Pvt	0.36	0.22	303
12	Konchikoravar oni	54	Corp	2.23	1.40	365
13	Nazar camp	09	Govt	2.37	1.49	414
14	Zatatpat nagar		Pvt	5.25	3.30	793
15	Nathpai nagar	04	Govt	2.17	1.37	565
16	Laxninagar(M)	13/14	Pvt	32.00	<u>20.21</u>	4550 II
17	Vaddar chavani (Hindwadi)	15	Pvt	0.25	0.15	326
18	Kalyannagar(Vad)	12	Corp	1.10	0.70	617
19	Malaprabha nagar II Stage	12/14	Pvt	1.06	0.66	178
20	Teggingalli, Vadarchavani(vad)	12	Pvt	1.35	0.85	339
21	Indira nagar	06	Pvt	5.34	3.37	948
22	Harijan kerri(angol)	06	Govt	1.14	0.72	442
23	Bhajantri Galli	06	Pvt	0.22	0.13	303
24	Kurabar Galli(angol)	06	Pvt	0.27	0.17	342
25	Vaddar Galli(Angol)	06	Pvt	0.33	0.20	325
26	Rohidas nagar (4 th Rail gate)	02	Govt	1.07	0.67	115

27	Rajram nagar (Udyamabhag)	02	Pvt	6.17	3.89	519
28	Doragalli(Vadagoan)	14	Pvt	2.35	1.48	411
29	Malaprabha nagar	12	Govt	4.00	2.52	1022
30	PatilGalli Vaddarchavani	10	Pvt	1.25	0.78	346
31	Ambedkar nagar(Angol)	06	Pvt	2.10	1.32	731
32	Vaddar Galli,Khasbhag	21	Pvt	15.38	9.71	1059
33	Ambedkar nagar,Majagaon	01	Govt	3.18	2.00	482
34	Mangai nagar(Vad)	11	Pvt	2.30	1.45	467
35	Kanakadas nagar(Vad)	13	Pvt	1.25	0.78	105
36	Ganesh nagar (Vad)	10	Govt/	1.25	0.78	281
37	Brahmadev nagar	01	Pvt	12.34	7.79	670
38	Kalmeshwarnagar (Vadgaon)	13	Pvt	0.38	0.24	250
39	Kuntinagar (Khasbhag)	23	Corp/ Pvt	1.36	0.85	474
	TOTAL			107.23	100.00	28460

Source: (KARNATAK SLU DEVELOPMENT BOARD BELAGAVI)

Belgaum Municipal corporation is divided into 58 wards in which there are 36 slums are notified by the KSDB and Municipal Corporation and 16 slums are un declared slums. all these slums are spread over different wards of the city. In terms of in this part we have made an attempt to highlight brief profile of these 32 slums of the city. which includes location of individual slums, its geographical area, population size, total no of houses and households.

Location & distribution of slums in Belagavi city



Health care facilities in slums

The growth of Health care facilities is an important indicator of urban growth and development. A healthy manpower is a great asset to nation. It leads to greater output per man by enhancing their efficiency and working capacity. Better health reduces the loss of man-days considerably as a resultant loss in the production. Apart from this, improved health facilities and health conditions increases working capacity and it result in release of resources in man and money.

Thus the health facilities available in the slums areas is generally unsatisfactory. However, most of the medical centers are located in the central and northern part of the city. there is no single separate government hospital is there for slum dweller in the city. they avail medical facility from the nearest government hospitals. The District civil hospital is comparatively far away from the slum areas, which are located peripheral part of the city like **Alarwad Ashray colony, Vantamuri Ashray colony, Ambedkar nagar, Angol, Majagoan, Brahmadevanagar, Majagoan etc.**

Table no 1 Consultancy for treatment

SL NO	HOSPITALS/CLINICS	NO OF RESPONDENTS	PERCENTAGE
01	GOVERNMENT HOSPITAL	140	70.42
02	PRIVATE HOSPITAL	50	25.0
03	BOTH	10	4.58
-	TOTAL	200	100.0

SOURCE-FIELD SURVEY

The sample respondents consultancy agencies for treatment of illness or diseases is given in table 1 majority of sample respondents (70.42)utilizing government hospital or treatment of diseases or in case of illness. About 25.0 percent visiting private hospitals. During field survey it is learnt that these private hospitals are running by unqualified doctors. Nearly 4.58 percent visits both government and private hospitals clinics for treatment.

Table no 2 Annual medical expenses of slum dwellers

SL NO	MEDICAL EXPENSES (In Rs)	NO OF RESPONDENTS	PERCENTAGE
01	< 5000	120	60.13
02	5000-10000	64	31.87
03	>10000	16	8.0
-	TOTAL	200	100.0

SOURCE- FIELD SURVEY

ANNUAL MEDICAL EXPENSES OF SLUM DWELLERS

It is observed from the table no 2 the medical expenses ranges between Rs 5000 to Rs 10000 and above per annum. About 60.13 percent of the household spend less than 5000 per annum on medical expenses. It is very low compared with the medical expenditure of surrounding rural areas. About 31.87 percent respondents spend Rs 5000-10000 per annum on the medical treatment and only 8.0 percent slum dwellers spend more than 10000 on medical treatment in the slums of Belagavi city.

Health issues of slum people .

Major diseases like Respiratory problems, Eye irritation, Cardiac problems, Jaundice, skin diseases, Allergy, Asthma, Malaria, Chikangunya, Cholera and other diseases are observed in the slum area

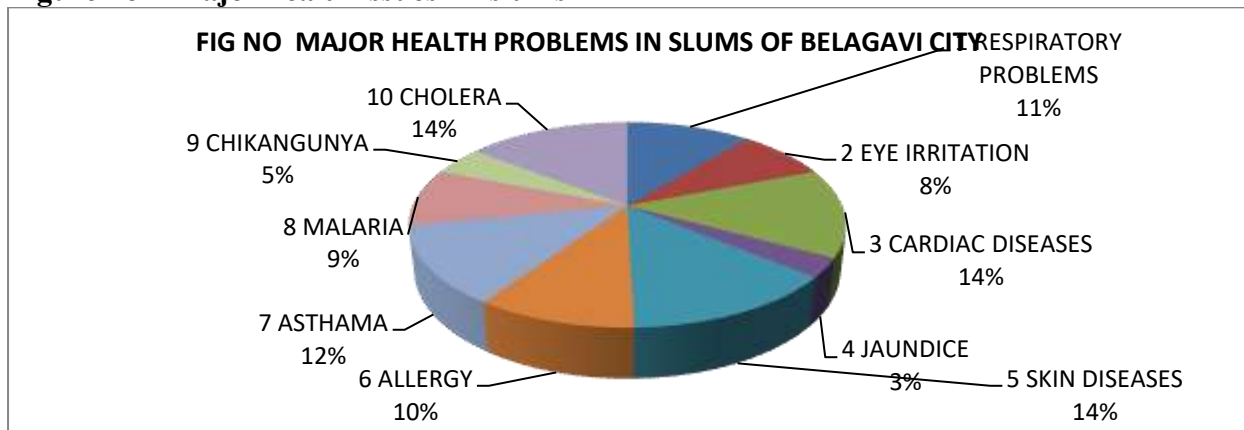
during the investigation. It is apparent that the health administration and the city Municipal Corporation have failed to take adequate preventive measures in this direction

TABLE NO 3.HEALTH PROBLEMS OF SLUM DWELLERS IN BELAGAVI CITY

SL NO	NAME OF THE DISEASES	NO OF THE RESPONDENTS	PERENTAGE
01	RESPIRATORY PROBLEMS	22	11.0
02	EYE IRRITATION	16	8.0
03	CARDIAC DISEASES	28	14.0
04	JAUNDICE	06	3.0
05	SKIN DISEASES	27	13.6.
06	ALLERGY	20	10.0
07	ASTHAMA	24	12.4.
08	MALARIA	18	9.0
09	CHIKANGUNYA	10	4.5
10	CHOLERA	29	14.5
-	TOTAL	200	100.0

SOURCE-FIELD SURVEY

Figure no 1 Major health issues in slums



The maximum number 246(14.5) respondents mentioned the incidence of Cholera followed by minor cardiac problems 238 (14.0) skin diseases 231 (13.6),Asthma 211(12.4),other Respiratory problems 187(11.0) Allergy 170(10.0),Malaria 153(9.0),Eye irritation 136(8.0),Chikangunya 77(4.5)and Jaundice 51(3.0).the slum environment had its impact on the incidence of health problems on the residence of the slum areas in the city. It is apparent that the health administration and the city Municipal Corporation have failed to take adequate preventive measures in this direction.

Suggestions for the improvement of health conditions of slum dwellers

Improvement of health condition of the slum people is essential hence preventive measures are to be taken to arrest the incidence of common diseases in the slums than going for creative measures.

1.Immunization programmes

Immunization programmes should be organized to arrest specific disease like T.B. polio, etc. Additional dispensaries and health center are required to be established at various centrally located areas. Health education programme is required to be conducted in slum so as to make the inhabitants understand the implications.

2.Sewerage and sanitation :

The slums should be provided with drainage facilities i.e. integration with the master plan drainage system of the city. All Kaccha drains should be made pucca. During rainy season conditions

of water logging is serious and that deteriorates the environment, which needs a permanent pumping system.

3.Provision of public toilets and roads

Public toilets should be provided at suitable sites. The community organizers should take special care to convince the people the implication of unhealthy environment and insist on them to follow the practice of using toilets and nonfunctional toilets have to be restored. The slums have approaches by earthen roads. These roads are to be provided with at least moron roads and the major roads should be provided with black top road

4.Solid waste management

The authorities should provide suitable site and other facilities for disposal of household garbage and other SW within or nearby the slum. And arrangements for timely and regular clearance of garbage collected in the bins for disposal. It is desirable to provide Garbage pockets to each slums which can dispose of waste at least twice in a week. The effort has to enhance the awareness among the residents to use the specific space earmarked and/or garbage bins for dumping household garbage and other solid wastes. Developing, implementing and evaluating a community managed environmental friendly and viable waste management system. The plan will include the various steps from collection to sorting, storage and disposal of different types of solid waste. An independent local authority should be created to plan and implement a long-range solid waste management programme.

Conclusion

There are 58 administrative wards comes under Belagavi city municipal corporation limit, In which there are 36 slums are declared by the KSDB and 16 slums are un-declared slums. All these slums are spread over different wards of the city. It has been observed from the present study that the health facilities available in the slums areas is generally unsatisfactory. The diseases like Respiratory problems, Eye irritation, Cardiac problems, Jaundice, skin diseases, Allergy, Asthma, Malaria, Chikangunya, Cholera and other diseases are commonly seen in the slum area during the investigation. The health department and the city Municipal Corporation have failed to take adequate preventive measures in this direction. For the better improvement of the slums, all slums should be provided with proper basic facilities and amenities. Health awareness and Immunization programmes should be organized in the slum areas to arrest specific disease

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