

CHAPTER-VI

HEALTH CONDITION OF SLUM DWELLERS IN SMCA

6.1: INTRODUCTION

Health is an important social indicator for measuring the development of people or human resource which in turn helps in the growth and development of the nation. The slum area is usually deprived in this regard as slums are the area where people having poor financial condition is expected to live and hence they does not have adequate money to provide for themselves better health facilities so they mostly look upon the health facilities provided by the Government. In this chapter the health condition of the slum dwellers and the provisions of health facilities are discussed.

6.2: DISTANCE OF SLUM HOUSEHOLD FROM GOVERNMENT HOSPITAL

Distance of government hospital from slum households determine the probability of availing of the government facility for purpose of healthcare which increases with nearness to such facility as observed from various studies.

Table-6.2 represents the data regarding the distance of household from government hospital (in kilometres)

Table-6.2: Distance of Household from Government Hospital (in kilometres)

Slum Type	Distance of household from Government hospital (in kilometres)			Total
	Less than 1	1-2	More than 2	
Inner	50 (50.0)	50 (50.0)	0 (0.0)	100(100.0)
Outer	0 (0.0)	50 (50.0)	50 (50.0)	100(100.0)
Total	50 (25.0)	100 (50.0)	50 (25.0)	200 (100.0)

Note: Figures in the parentheses are in percentage

Source: Field Survey

Among 200 households, majority (50 percent) of households are 1 to 2 kilometres away from government hospital, 25 percent households are less than 1 kilometre from government hospital and 25 percent households are more than 2 kilometres away from government hospital.

Inner slum households are located less than 1 to 2 kilometres from government hospital whereas the Outer slum households are situated 1 to more than 2 kilometres away from government hospital. 50 percent slum households in Inner slum are located less than 1 to 2 kilometres from government hospital whereas 50 percent Outer slum households are situated 1 to more than 2 kilometres away from Government hospital. It thus suggests that Outer slum is far from government hospital than Inner slum.

6.3: FACILITIES FOR HEALTHCARE APPROACHED BY SLUM HOUSEHOLDS

The choice of healthcare facilities by slum households gives a picture of the health situation prevailing in the slum area. Table-6.3 (a) presents the facilities for healthcare approached by slum households

Table-6.3 (a): Facilities for Healthcare Approached by Slum Households

Slum Type	Facilities for healthcare approached by slum households			Total
	Government hospital	Private hospital or nursing home or dispensary or clinic	Both Government hospital and Private hospital or nursing home or dispensary or clinic	
Inner	31(31.0)	43 (43.0)	26 (26.0)	100(100.0)
Outer	6 (6.0)	64 (64.0)	30 (30.0)	100(100.0)
Total	37 (18.5)	107 (53.5)	56 (28.0)	200 (100.0)

Note: Figures in the parentheses are in percentage

Source: Field Survey

Among 200 slum households majority of households 53.5 percent approach private hospital or nursing home or dispensary or clinic only for healthcare followed by 28 percent households that avail both of the government hospital and private hospital or nursing home or dispensary or clinic for healthcare and only 18.5 percent approach only Government hospital for healthcare. Majority proportion of households in both the Inner and Outer slums approach private hospital or nursing home or dispensary or clinic only for healthcare. The reasons are that the slum dwellers expect better service from private clinics or nursing homes and the slum dwellers are mostly engaged in informal sector where they earn money if they work so they cannot waste time by standing in long queue and lose their day's work which is an essential part in availing of services of Government hospital. For healthcare in Inner slum 43 percent households approach only private hospital or nursing home or dispensary or clinic and 31 percent approach only government hospital whereas in Outer slum 64 percent households approach only private hospital or nursing home or dispensary or clinic and 6 percent approach only government hospital. It thus suggests that households in Outer slum are largely dependent on private healthcare facilities in comparison to the households in Inner slum. The reasons are that the government hospital from Outer slum is far in comparison to the Inner slum and that the financial condition of the households in Outer slum is better than their counterpart in Inner slum.

It was noticed that the slum dwellers preferred home remedy for minor illness, if needed they preferred private healthcare facilities over government healthcare facilities but if the treatment is costly and the illness is severe they depend on government healthcare facilities- Siliguri District Hospital and North Bengal Medical College and Hospital.

Table-6.3 (b) presents the relationship between monthly household income and facilities for healthcare approached by slum households

Table-6.3 (b): Relationship between Monthly Household Income and Facilities for Healthcare Approached by Slum Households

Slum Type	Household Income (in Rupees)	Facilities for healthcare			Total
		Government hospital	Private hospital or nursing home or dispensary or clinic	Both Government hospital and Private hospital or nursing home or dispensary or clinic	
Inner	Up to 5000	18 (40.0) (58.1)	15 (33.3) (34.9)	12 (26.7) (46.2)	45(100.0) (45.0)
	5001-10000	11 (23.9) (35.5)	21 (45.7) (48.8)	14 (30.4) (53.8)	46 (100.0) (46.0)
	Above 10000	2 (22.2) (6.5)	7 (77.8) (16.3)	0 (0.0) (0.0)	9 (100.0) (9.0)
	Total	31 (31.0) (100.0)	43 (43.0) (100.0)	26 (26.0) (100.0)	100 (100.0) (100.0)
Outer	Up to 5000	4 (13.3) (66.7)	17 (56.7) (26.6)	9 (30.0) (30.0)	30 (100.0) (30.0)
	5001-10000	2 (4.1) (33.3)	34 (69.4) (53.1)	13 (26.5) (43.3)	49 (100.0) (49.0)
	Above 10000	0 (0.0) (0.0)	13 (61.9) (20.3)	8 (38.1) (26.7)	21 (100.0) (21.0)
	Total	6 (6.0) (100.0)	64 (64.0) (100.0)	30 (30.0) (100.0)	100 (100.0) (100.0)
Total	Up to 5000	22 (29.3) (59.5)	32 (42.7) (29.9)	21(28.0) (37.5)	75 (100.0) (37.5)
	5001-	13 (13.7)	55 (57.9)	27 (28.4)	95 (100.0)

	10000	(35.1)	(51.4)	(48.2)	(47.5)
	Above	2 (6.7)	20 (66.7)	8 (26.7)	30 (100.0)
	10000	(5.4)	(18.7)	(14.3)	(15.0)
	Total	37 (18.5)	107 (53.5)	56 (28.0)	200 (100.0)
		(100.0)	(100.0)	(100.0)	(100.0)

Note: Figures in parentheses below the absolute figures indicate column percentages and figures beside the absolute figures indicate row percentages

Source: Field Survey

Among 37 slum households approaching only government hospital for healthcare the highest proportion (59.5 percent) of households earn monthly household income up to Rs. 5000 followed by 35.1 percent households earning monthly household income within Rs. 5001- Rs. 10000 and only 5.4 percent earning monthly household income above Rs. 10000. It is noticed that as household income increases proportion of slum households approaching only government hospital decreases. Among 107 households approaching only private hospital or nursing home or dispensary or clinic majority, (51.4 percent) households earn monthly household income within Rs. 5001- Rs. 10000, 29.9 percent earn up to Rs. 5000 and 18.7 percent households earn monthly household income above Rs. 10000. Among 56 households approaching both government hospital and private hospital or nursing home or dispensary or clinic the highest proportion 48.2 percent earn monthly household income within Rs. 5001- Rs. 10000, 37.5 percent households earn up to Rs. 5000 and 14.3 percent earn monthly household income above Rs. 10000. Again it is also noticed from the table that among 30 households earning monthly household income above Rs. 10000 the major proportion (66.7 percent) of households approach only private hospital or nursing home or dispensary or clinic for healthcare followed by 26.7 percent households approaching both government hospital and private hospital or nursing home or dispensary or clinic and only 6.7 percent households approaching only government hospital for healthcare.

In the Inner slum among the 9 households earning monthly household income above Rs. 10000, majority (77.8 percent) households approach the private hospital or nursing home or dispensary or clinic for healthcare followed by 22.2 percent households that

approached government hospital for healthcare. In the Outer slum among 21 households earning monthly household income above Rs. 10000, majority (61.9 percent) approach the private hospital or nursing home or dispensary or clinic for healthcare followed by 38.1 percent households approaching both government hospital and private hospital or nursing home or dispensary or clinic and none of the households approaching only government hospital for healthcare. It can thus be inferred that households earning higher levels of monthly household income prefer private facilities for healthcare in comparison to government facilities. As private healthcare facilities are costlier in comparison to government healthcare facilities but are expected to provide better facilities, so the slum dwellers with higher income prefer private healthcare facilities in comparison to government healthcare facilities.

Table-6.3 (c) presents the data regarding the reasons for not using government facility for healthcare by slum households

Table-6.3 (c): Reasons for not using Government Facility for Healthcare by Slum Households

Slum Type	Reasons for not using Government facility for healthcare						Total
	Far away from the residence	Not aware of location of facility	Treatment not good	Having alternative free treatment	Time consuming	Treatment not good & time consuming	
Inner	0 (0.0)	0 (0.0)	3(4.3)	0 (0.0)	4 (5.8)	62 (89.9)	69(100.0)
Outer	69(73.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	25 (26.6)	94(100.0)
Total	69 (42.3)	0 (0.0)	3 (1.8)	0 (0.0)	4 (2.5)	87 (53.4)	163(100.0)

Note: Figures in the parentheses are in percentage

Source: Field Survey

In Table-6.3(c) it is noticed that among 163 households those who does not use government facility for healthcare always or sometimes use government facility, major proportion (53.4 percent) of households opine that they do not use the facility as they do not receive good treatment and also it is very time consuming as it takes a long wait to do all physical tests and they have to stand in a long queue to visit the doctor. Since the

slum dwellers are employed in informal sectors these households cannot afford to lose their day's wage or income. 42.3 percent households give the reason that the government hospital is far away from their residence, 2.5 percent households feel that it is time consuming to visit the government hospital and 1.8 percent households report that they do not receive good treatment in government hospital. Among 69 households, those who does not use government facility for healthcare always or sometimes use government facility in Inner slum, major proportion (89.9 percent) of households reveal that they do not use government facility for health care since treatment is not good and is also time consuming whereas among 94 households in Outer slum major proportion (73.4 percent) of households report that the government hospital is far away from their residence.

6.4: TYPE OF TREATMENT USED FOR HEALTHCARE

Table-6.4 presents the data regarding the type of treatment used for healthcare by slum households

Table-6.4: Type of Treatment used for Healthcare

Slum Type	Type of treatment used for healthcare					Total
	None	Allopathic	Homeopathic	Both Allopathic and Homeopathic	Ayurvedic	
Inner	0(0.0)	91 (91.0)	1(1.0)	8 (8.0)	0 (0.0)	100(100.0)
Outer	0(0.0)	74 (74.0)	6(6.0)	20 (20.0)	0 (0.0)	100(100.0)
Total	0(0.0)	165(82.5)	7 (3.5)	28 (14.0)	0 (0.0)	200 (100.0)

Note: Figures in the parentheses are in percentage

Source: Field Survey

Among 200 households major proportion (82.5 percent) of households use allopathic treatment for healthcare followed by 14 percent households that use both allopathic and homeopathic treatment and 3.5 percent households that use only homeopathic treatment

for healthcare. In both the slums major proportions of households (91 percent in Inner slum and 74 percent in Outer slum) use allopathic treatment for healthcare. Higher proportion of households in Outer slum (6 percent) in comparison to Inner slum (1 percent) depend only on Homeopathic treatment and also higher proportion of slum households in Outer slum (20.0 percent) in comparison to Inner slum (8.0 percent) use both allopathic and homeopathic treatment. The reason is that Government hospital or private allopathic clinics being far from the place of residence of households in Outer slum a few households depend on homeopathic treatment which is available in the area.

6.5: MONTHLY HOUSEHOLD INCOME AND SOURCE OF FINANCE FOR MEDICAL EXPENDITURE OF SLUM HOUSEHOLDS

Table-6.5 (a) presents the relationship between monthly household income and source of finance for medical expenditure of slum households

Table-6.5 (a): Monthly Household Income and Source of Finance for Medical Expenditure of Slum Households

Slum Type	Household Income (in Rupees)	Source of finance for medical expenditure of slum households					Total
		Own income / saving	Borrowings	Both own income / saving and Borrowings	Assistance from friends/ relatives	Mortgaging of jewellery	
Inner	Up to 5000	3 (6.7) (8.8)	8 (17.8) (88.9)	29 (64.4) (55.8)	5 (11.1) (100)	0 (0) (0)	45(100) (45)
	5001-10000	23(50) (67.6)	1 (2.2) (11.1)	22 (47.8) (42.3)	0 (0) (0)	0 (0) (0)	46 (100) (46)
	Above 10000	8(88.9) (23.5)	0 (0) (0)	1 (11.1) (1.9)	0 (0) (0)	0 (0) (0)	9 (100) (9)
	Total	34(34) (100)	9 (9) (100)	52 (52) (100)	5 (5) (100)	0 (0) (0)	100(100) (100)
Outer	Up to 5000	2 (6.7)	1 (3.3)	26 (86.7)	1 (3.3)	0 (0)	30(100)

		(3.4)	(100)	(65)	(100)	(0)	(30)
	5001-10000	35(71.4) (60.3)	0 (0) (0)	14 (28.6) (35)	0 (0) (0)	0 (0) (0)	49 (100) (49)
	Above 10000	21(100) (36.2)	0 (0) (0)	0 (0) (0)	0 (0) (0)	0 (0) (0)	21 (100) (21)
	Total	58(58) (100)	1 (1) (100)	40 (40) (100)	1 (1) (100)	0 (0) (0)	100(100) (100)
Total	Up to 5000	5(6.7) (5.4)	9 (12) (90)	55 (73.3) (59.8)	6 (8) (100)	0 (0) (0)	75 (100) (37.5)
	5001-10000	58(61.1) (63)	1(1.1) (10)	36 (37.9) (39.1)	0 (0) (0)	0 (0) (0)	95 (100) (47.5)
	Above 10000	29(96.7) (31.5)	0 (0) (0)	1 (3.3) (1.1)	0 (0) (0)	0 (0) (0)	30 (100) (15)
	Total	92(46) (100)	10(5) (100)	92(46) (100)	6 (3) (100)	0 (0) (0)	200(100) (100)

Note: Figures in parentheses below the absolute figures indicate column percentages and figures beside the absolute figures indicate row percentages

Source: Field Survey

Among 200 households in 46 percent households medical expenditure is financed from 'own income' and also in same proportion (46 percent) of households it is financed from 'both own income or saving and borrowings' followed by 5 percent households which finance through borrowing only and 3 percent households that finance medical expenditure with assistance from friends or relatives. None of the slum households finance for medical expenditure by mortgaging of jewellery. Most of the slum dwellers being poor they cannot afford to take loan hence they try to meet their medical expenditure from their own income or meagre savings. In case of major illness the slum households are forced to borrow. The situation of slum households is better in Outer slum in comparison to Inner slum as in Inner slum among 100 households 9 percent households depend only on borrowing to meet their medical needs and 5 percent depend only on assistance from friends or relatives for the purpose whereas in Outer slum 1 percent households depend only on borrowing and 1 percent households depend only on assistance from friends or relatives to meet their medical expenditure.

Among 92 slum households having both own income or saving and borrowings as source of finance for medical expenditure highest (59.8 percent) households earn monthly household income up to Rs.5000 followed by 39.1 percent in the range of Rs.5001-Rs.10000 and 1.1 percent households that earn monthly household income above Rs.10000. Among 92 slum households having own income or saving as source of finance for medical expenditure major proportion (63.0 percent) of households earn monthly household income in the range of Rs.5001-Rs.10000, followed by 31.5 percent households that earn monthly household income above Rs.10000 and 5.4 percent households that earn monthly household income up to Rs.5000. Among 10 slum households having borrowings as the only source of finance for medical expenditure highest proportion (90 percent) households earn monthly household income up to Rs.5000, followed by 10 percent households earning monthly household income in the range of Rs.5001- Rs.10000 and none of the households earn monthly household income above Rs. 10000. Among 6 slum households having assistance from friends or relatives as the only source of finance for medical expenditure all (100 percent) households earn monthly household income up to Rs.5000. At the level of income above Rs. 5000 it is noticed that major proportion of households depend on own income as source of finance for medical expenditure.

At the highest range of income (above Rs. 10000), there are no slum households that have borrowing as the only source of finance for medical expenditure and only the slum households at the lowest range of monthly household income (up to Rs. 5000), have assistance from friends or relatives as the only source of financing medical expenditure. Therefore as household income increases there is less dependence of households on borrowing or assistance from friends or relatives and major proportion of households depend on own income as source of finance for medical expenditure. Among 9 households those finance medical expenditure through borrowing only, in Inner slum 88.9 percent households earn monthly household income up to Rs.5000 and 11.1 percent earn monthly household income in the range of Rs.5001- Rs.10000. In Outer slum all (100 percent) households finance medical expenditure through borrowing only earn monthly household income up to Rs.5000. All (100 percent) households in Inner

slum as well as in Outer slum that depend only on assistance from friends or relatives for medical expenditure earn monthly household income up to Rs.5000. Among 34 households in Inner slum having own income or saving as source of finance for medical expenditure major proportion (67.6 percent) of households earn monthly household income in the range of Rs.5001- Rs.10000 and among 58 households in Outer slum having own income or saving as source of finance for medical expenditure highest proportion (60.3 percent) of households earn monthly household income in the range of Rs.5001- Rs.10000.

The majority households that have to depend on borrowing for financing the healthcare expenditure are at the lowest income range or in certain case the amount for availing of the healthcare facility is very huge which is impossible for the households to pay off from the monthly household income and savings. The slum dwellers are too poor to mortgage their jewellery for availing of loan facility for healthcare.

Test of Hypothesis Six: There is significant relationship between monthly household income and source of finance for medical expenditure of slum households in Inner, Outer and Total (Inner and Outer) slum area.

Null Hypothesis: There is no significant relationship between monthly household income and source of finance for medical expenditure of slum households in Inner, Outer and Total (Inner and Outer) slum area.

Table-6.5 (b) represents the Chi-Square test for the association between the monthly household income and source of finance for medical expenditure of slum households.

Table-6.5 (b): Testing the relationship between monthly household income and source of finance for medical expenditure of slum households

Slum Type	Chi-Square (χ^2) Value	df	Asymp. Sig. (2-sided)
Inner	39.756	8	p<0.001
Outer	52.540	6	p<0.001
Total	94.835	8	p<0.001

Source: Computed from Field Survey Data

It can be inferred from the Table- 6.5 (b) that there is a highly significant relationship between monthly household income and source of finance for medical expenditure of slum households in Inner slum ($\chi^2=39.756$, $p<0.001$), Outer slum ($\chi^2=52.540$, $p<0.001$) and as well as taking together both the slums ($\chi^2=94.835$, $p<0.001$) and hence the null hypothesis is rejected.

In the Inner slum, Outer slum and Total (Inner and Outer) slum area it is found that as the monthly household income of slum households increases the dependence on borrowing and assistance from friends and relatives for medical expenditure decreases and reliance on own income and savings for the purpose increases.

6.6: COMMON DISEASES AFFECTING CHILDREN IN THE HOUSEHOLDS OF THE SLUM AREA

Common diseases affecting children in the households of the slum area is represented in Table-6.6

Table-6.6: Common diseases affecting children in the slum households

Slum Type	Common diseases affecting children in the slum households					Total
	Diarrhoea	Cold and cough	Fever	Measles	More than one cause	
Inner	0 (0.0)	13 (14.4)	0 (0.0)	0 (0.0)	77 (85.6)	90(100.0)
Outer	0 (0.0)	10 (10.8)	0 (0.0)	0 (0.0)	83 (89.2)	93(100.0)
Total	0 (0.0)	23 (12.6)	0 (0.0)	0 (0.0)	160 (87.4)	183(100.0)

Note: Figures in the parentheses are in percentage

Source: Field Survey

Among 200 households 8.5 percent households in the slum area do not have children. In Inner slum 10 percent households and in Outer slum 7 percent households do not have children. Among 183 households, in 12.6 percent households the common diseases affecting children in the slum households is cold and cough and in 87.4 percent households the children suffer from more than one disease mentioned. Thus in majority

of households in the slum area children are prone to all the diseases like diarrhoea, cold and cough, fever and measles. In majority of households in Inner slum 85.6 percent and in Outer slum 89.2 percent children suffer from more than one cause of common diseases mentioned. Overall health condition of children is similar in both the slums.

6.7: CAUSES OF DEATH OF SLUM DWELLERS

The causes of death reveal the health situation of slum dwellers and the treatment facility available to them. Table-6.7 presents the causes of death of the slum dwellers in the last two years.

Table-6.7: Causes of death of the slum dwellers in the last two years

Slum Type	Cause of death of slum dwellers in last two years			Total
	Asthma	Cancer	Heart attack/CVA	
Inner	1 (33.3)	1 (33.3)	1 (33.3)	3 (100.0)
Outer	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Total	1 (33.3)	1 (33.3)	1 (33.3)	3 (100.0)

Note: Figures in the parentheses are in percentage

Source: Field Survey

The Table-6.7 above reveals that there are only 3 cases of death in three different households in the surveyed slum area in last two years. All the three cases of death were in the Inner slum. 33.3 percent death was due to asthma, 33.3 percent death was due to cancer and 33.3 percent death was due to CVA (Cerebrovascular accident) or stroke. It suggests that the deaths in the slum area are results of lifestyle diseases; no vector borne diseases have resulted in the deaths. It is also noticed that Outer slum has better health situation in comparison to Inner slum as deaths have taken place in Inner slum only during the last two years.

6.8: HEALTH PROBLEMS OF SLUM DWELLERS

6.8.1: Response regarding Health Problems in Slum Households

Table-6.8.1 presents the data regarding the response of the slum households whether their family members are affected with any health problem in the last one year.

Table-6.8.1: Response of the Slum Households whether their family members are affected with any health problem in the last one year

Slum Type	family member affected with any health problem in the last one year	Total
	Yes	
Inner	100 (100.0)	100(100.0)
Outer	100 (100.0)	100(100.0)
Total	200 (100.0)	200 (100.0)

Note: Figures in the parentheses are in percentage

Source: Field Survey

It is noticed in Table-6.8.1 that family member in all the slum households are affected with health problem in the last one year.

6.8.2: Short term Ailments

Table-6.8.2 presents the descriptive analysis of the short term ailments prevalent in the slum households during the last one year.

Table-6.8.2: Descriptive Analysis of Short term Ailments prevalent in the Slum Households during the last one year

Short term Ailments	Slum type	Sum	Mean	Std. Deviation	Minimum	Maximum
Fever	Inner slum	373	3.73	1.613	1	9

	Outer slum	424	4.24	1.859	1	11
	Total	797	3.99	1.755	1	11
Cold and cough	Inner slum	431	4.31	1.692	1	10
	Outer slum	474	4.74	2.068	2	13
	Total	905	4.53	1.897	1	13
Diarrhoea	Inner slum	234	2.34	1.273	1	6
	Outer slum	262	2.62	1.204	1	6
	Total	496	2.48	1.244	1	6
Headache	Inner slum	167	1.67	0.711	1	5
	Outer slum	187	1.87	0.800	0	4
	Total	354	1.77	0.762	0	5
Malaria	Inner slum	0	.00	0.000	0	0
	Outer slum	0	.00	0.000	0	0
	Total	0	.00	0.000	0	0
Cholera	Inner slum	0	.00	0.000	0	0
	Outer slum	0	.00	0.000	0	0
	Total	0	.00	0.000	0	0
Jaundice	Inner	0	.00	0.000	0	0

	slum					
	Outer slum	2	.02	.141	0	1
	Total	2	.01	.100	0	1
Gastric	Inner slum	18	.18	.435	0	2
	Outer slum	26	.26	.525	0	2
	Total	44	.22	.482	0	2
Eye	Inner slum	36	.36	.578	0	2
	Outer slum	23	.23	.489	0	2
	Total	59	.30	.538	0	2
Skin	Inner slum	245	2.45	1.067	0	6
	Outer slum	278	2.78	1.501	0	8
	Total	523	2.62	1.310	0	8
Pneumonia	Inner slum	0	.00	.000	0	0
	Outer slum	0	.00	.000	0	0
	Total	0	.00	.000	0	0
Anaemia	Inner slum	5	.05	.261	0	2
	Outer slum	5	.05	.297	0	2
	Total	10	.05	.279	0	2

Weakness	Inner slum	109	1.09	.996	0	4
	Outer slum	94	.94	.763	0	3
	Total	203	1.02	.888	0	4
Pain in body	Inner slum	65	.65	.657	0	2
	Outer slum	45	.45	.609	0	2
	Total	110	.55	.640	0	2
Other short term ailments	Inner slum	9	.09	.321	0	2
	Outer slum	4	.04	.197	0	1
	Total	13	.07	.267	0	2

Source: Computed from Field Survey Data

During the last one year among a population of 911 slum dwellers 797 slum dwellers suffer from fever; minimum number of person affected in slum household is one and maximum number of persons suffering from fever in slum household is 11, mean number of members affected in slum household is 3.99 and standard deviation is 1.755.

905 slum dwellers suffer from cold and cough; minimum number of person affected in slum household is one and maximum number of persons suffering from cold and cough in slum household is 13, mean number of members affected in slum household is 4.53 and standard deviation is 1.897.

496 slum dwellers suffer from diarrhoea; minimum number of person suffering from diarrhoea in slum household is one and maximum number of persons in slum household is six, mean number of members suffering from diarrhoea in slum household is 2.48 with standard deviation 1.244.

354 slum dwellers suffer from headache; minimum number of person suffering from headache in slum household is zero and maximum number of persons suffering is five,

mean number of members suffering from headache in slum household is 1.77 with standard deviation 0.762.

Two slum dwellers suffer from jaundice; minimum number of person suffering from jaundice in slum household is zero and maximum number of person suffering from jaundice in slum household is one, mean number of members suffering from jaundice in slum household is 0.01 with standard deviation 0.100.

44 slum dwellers have gastric problem; minimum number of person suffering from gastric problem in slum household is zero and maximum number of person suffering from gastric problem in slum household is two, mean number of members suffering from gastric problem in slum household is 0.22 with standard deviation 0.482.

59 slum dwellers have eye problem; minimum number of person suffering from eye problem in slum household is zero and maximum number of person suffering from eye problem in slum household is two, mean number of members suffering from eye problem in slum household is 0.30 with standard deviation 0.538.

523 slum dwellers have skin problem; minimum number of person suffering from skin disease in slum household is zero and maximum number of person suffering from skin problem in slum household is eight, mean number of members suffering from skin problem in slum household is 2.62 with standard deviation 1.310.

10 slum dwellers suffer from anaemia; minimum number of person suffering from anaemia in slum household is zero and maximum number of persons suffering is two, mean number of members suffering from anaemia in slum household is 0.05 with standard deviation 0.279.

203 slum dwellers complain of weakness of body; minimum number of person complaining of weakness in slum household is zero and maximum number of such persons is four, mean number of members having weakness in slum household is 1.02 with standard deviation 0.888.

110 slum dwellers complain of pain in body; minimum number of person complaining of pain in body in slum household is zero and maximum number of such persons is two, mean number of members having pain in body in slum household is 0.55 with standard deviation 0.640.

13 slum dwellers suffer from other short term ailments which are caused due to accidents like fracture or burn injury or measles or chicken pox or kidney or gallbladder stone problem; minimum number of person suffering from such ailments in slum household is zero and maximum number of persons suffering is two, mean number of members affected in slum household is 0.07 with standard deviation 0.267.

None of the slum dwellers suffered from pneumonia, malaria and cholera during the last one year. During the last one year the highest proportion of slum dwellers suffered from cold and cough. Fever, skin problem and diarrhoea are other diseases which are vector borne disease that large proportion of slum dwellers suffered.

This implies that slum dwellers do not have adequate knowledge of health and hygiene. The Outer slum has highest proportion of slum dwellers in comparison to Inner slum in respect of some ailments: fever, cold and cough, diarrhoea, headache, jaundice, gastric and skin whereas the Inner slum has higher proportion of slum dwellers in comparison to Outer slum in case of suffering from ailments like eye problem, weakness, pain in body and other short term ailments. In case of anaemia equal number of slum dwellers suffers from this ailment in both slums.

6.8.3: Long term Ailments

Table-6.8.3 presents the descriptive analysis of the long term ailments prevalent in the slum households during the last one year

Table-6.8.3: Descriptive Analysis of Long term Ailments prevalent in the Slum Households during the last one year

Long term Ailments	Slum type	Sum	Mean	Std. Deviation	Minimum	Maximum
Diabetes	Inner slum	4	.04	.197	0	1
	Outer slum	0	.00	.000	0	0

	Total	4	.02	.140	0	1
Heart	Inner slum	6	.06	.278	0	2
	Outer slum	2	.02	.141	0	1
	Total	8	.04	.221	0	2
Tuberculosis	Inner slum	2	.02	.141	0	1
	Outer slum	0	.00	.000	0	0
	Total	2	.01	.100	0	1
Gynaecology	Inner slum	1	.01	.100	0	1
	Outer slum	2	.02	.141	0	1
	Total	3	.02	.122	0	1
Hypertension	Inner slum	12	.12	.356	0	2
	Outer slum	6	.06	.239	0	1
	Total	18	.09	.304	0	2
Cancer	Inner slum	3	.03	.171	0	1
	Outer slum	0	.00	.000	0	0
	Total	3	.02	.122	0	1
Leprosy	Inner slum	0	.00	.000	0	0
	Outer	0	.00	.000	0	0

	slum					
	Total	0	.00	.000	0	0
Asthma	Inner slum	9	.09	.321	0	2
	Outer slum	4	.04	.243	0	2
	Total	13	.07	.285	0	2
Tumour	Inner slum	3	.03	.171	0	1
	Outer slum	2	.02	.141	0	1
	Total	5	.03	.157	0	1
Thyroid	Inner slum	2	.02	.141	0	1
	Outer slum	1	.01	.100	0	1
	Total	3	.02	.122	0	1
Other long term ailments	Inner slum	12	.12	.327	0	1
	Outer slum	3	.03	.171	0	1
	Total	15	.08	.264	0	1

Source: Computed from Field Survey Data

During the last one year among 911 slum dwellers four slum dwellers suffer from diabetes; minimum number of person suffering from diabetes in a slum household is zero and maximum number of persons suffering from diabetes in slum household is one, mean number of members suffering from diabetes in slum household is 0.02 with standard deviation 0.304.

Eight slum dwellers suffer from heart problem; minimum number of person suffering from heart problem in a slum household is zero and maximum number of persons suffering from heart problem in slum household is two, mean number of members suffering from heart problem in slum household is 0.04 with standard deviation 0.221.

Two slum dwellers suffer from tuberculosis; minimum number of person suffering from this disease in a slum household is zero and maximum number of persons suffering in a slum household is one, mean number of members suffering from tuberculosis in slum household is 0.01 with standard deviation 0.100.

Three slum dwellers suffer from gynaecological problem; minimum number of person suffering from gynaecological problem in a slum household is zero and maximum number of persons suffering from gynaecological problem in slum household is one, mean number of members suffering from gynaecological problem in slum household is 0.02 with standard deviation 0.122.

18 slum dwellers suffer from hypertension; minimum number of person suffering from hypertension in slum household is zero and maximum number of persons suffering from hypertension in slum household is two, mean number of members suffering from hypertension in slum household is 0.09 with standard deviation 0.304.

Three slum dwellers suffer from cancer; minimum number of person suffering from cancer in a slum household is zero and maximum number of persons suffering from cancer in slum household is one, mean number of members suffering from cancer in slum household is 0.02 with standard deviation 0.122.

13 slum dwellers suffer from asthma; minimum number of person suffering from asthma in a slum household is zero and maximum number of persons suffering from asthma in slum household is two, mean number of members suffering from asthma in slum household is 0.07 with standard deviation 0.285.

Five slum dwellers suffer from tumour; minimum number of person suffering from tumour in a slum household is zero and maximum number of persons suffering from tumour in slum household is one, mean number of members suffering from tumour in slum household is 0.03 with standard deviation 0.157.

Three slum dwellers suffer from thyroid problem; minimum number of person suffering from thyroid problem in a slum household is zero and maximum number of persons suffering from thyroid problem in slum household is one, mean number of members suffering from thyroid problem in slum household is 0.02 with standard deviation 0.122.

15 slum dwellers suffer from other long term ailments like arthritis or enlarged liver or kidney problem or mental problem or handicapped (deaf and dumb); minimum number of person suffering from other long term ailments in a slum household is zero and maximum number of persons suffering from these health problems in slum household is one, mean number of members suffering from other long term ailments in slum household is 0.08 with standard deviation 0.264.

The highest proportion of slum dwellers suffers from hypertension, a lifestyle disease among the long term ailments. No slum dwellers are suffering from leprosy. Higher proportion of slum dwellers of Inner slum suffered from long term ailments in comparison to Outer slum. Other than gynaecological problem in all other long term ailments proportion of slum dwellers of Inner slum suffering from these ailments is higher than their counterpart in Outer slum. None of the slum dwellers of Outer slum suffer from diabetes, tuberculosis and cancer.

It can be inferred that health situation of Outer slum is better in comparison to Inner slum. This is due to better living condition in respect of financial condition and living space or housing of Outer slum households in comparison to Inner slum households.

6.9: SUMMARY

Health is a vital parameter to determine the living condition of households. The chapter reveals the health situation of the slum dwellers of sample households of Siliguri Municipal Corporation area.

Majority of households in Inner slum are located nearer to the Government hospital in comparison to the households in Outer slum. Majority of slum households approach private hospital or nursing home or dispensary or clinic for treatment. The proportion

of slum households those approach the private health facilities is higher among the Outer slum households compared to the Inner slum.

As monthly household income of slum households increases the proportion of households availing of health facilities from only Government hospital decreases and also the more and more households avail of the facilities of private health facilities. The highest proportion of slum dwellers those who solely do not depend on Government health facilities reveal that they are averse to going to the Government health facilities as much time is consumed to get the service from these facilities and also the treatment is not good. The Government hospital been located at a greater distance from Outer slum households is a cause for not availing of this facility by Outer slum dwellers.

Allopathic treatment is used by majority of slum households in both the Inner and Outer slums. It is found in the slum area that with the increase in monthly household income dependence of households on borrowings and assistance from friends and relatives decreases. There is statistically significant relationship between monthly household income and source of finance for medical expenditure of slum households in Inner, Outer and Total (Inner and Outer) slum area.

Majority of children suffer from more than one disease while only a small proportion suffer only from cold and cough. It is found that the deaths in the slum area during the last two years are caused only by lifestyle diseases- Asthma, Cancer and Heart attack/CVA (Cerebrovascular accident) or stroke, none of the deaths are caused by vector borne diseases and all deaths have occurred in the households of Inner slum. All slum dwellers were affected with health problem in the slum area during the last one year. Major proportion of slum dwellers suffered from short term and vector borne diseases compared to long term and lifestyle diseases. Among the short term ailments prevalent in the slum area large proportion of slum dwellers suffered from cold and cough, fever, skin problem and diarrhoea which reveals that the slum dwellers lack sufficient knowledge of health and hygiene. Larger proportion of Inner slum dwellers compared to Outer slum dwellers suffer from long term and lifestyle diseases. Among the long term diseases Hypertension is prevalent most among the slum dwellers.