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Health related problems of slum people at Hooghly city beside the bank of River Ganga

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Abstract

The main purpose of this study is to find out the health related problem of slum people at Hooghly beside Ganga River. 178 people were the subject and the age group was from 20-60 years. All the 178 people were belonging from both genders and they all were married. Female subjects were house wife but few were engaged with some temporary job like house servant. For the interest, benefit, and social concept, I took help from my female students (research associate). During this investigation, I found that the people of this area were suffering a lot not only from health related problem but also from socio-economic and environmental problem. The main health related problems were 1. The slum people of the Hooghly city beside Ganga River were suffering from many severe communicable and non-communicable diseases. 2. Females especially those were married were suffering from overweight and obesity like disease. 3. High blood pressure and arthritis were also common. We gave them some valuable suggestion to maintain their normal life and cure as soon as possible from health related diseases.

Keywords: Health related problems, slum people, bank, River Ganga

Introduction

Basically poor people live in the slum area of Hooghly city near Ganga river bank (kwon as Chawkbazar slum). Their life style is not similar to the other people (who live in hygienic society) because the density of people is more as compare to other side of this city. It has been observed that, when tide (river tide) come, the every house holder leaved their house and take shelter up side of the river temporarily, when water level come down then the people of this region come to take position of their own resident. This type of situation happened repeatedly in the rainy season but in the other season or month it has been observed twice in a month. Wet like weather always surrounding them from the first day of the year to last. Such type of weather is not really good for their health as well as for their normal life, but they have to survive any way because no option is there. For their unhealthy life style and environment they were suffering from lots of diseases like Asthma, Arthritis, skin problem and some communicable diseases like Malaria, cough and cold, Hepatitis in the regular basis.

Really it was shocked to see the condition of slum area near a healthy, hygienic and more civilized society. I went through some studies on world known slum area and got some pictures like "Migrants from impoverished hinterlands, living without security, public health, and, often, clean water in the shantytowns of São Paulo, Lagos, Karachi, Dhaka, and Jakarta, have as much in common with each other as "People Like Us"—the global class of businessmen, journalists, academics, and anti-terrorism experts—do among themselves." – Pankaj Mishra, Bombay: The Lower Depths, New York Review of Books, November 18, 2004.

They are known in English as slums in Brazil, Kenya, India, Turkey, Egypt, Peru, Malaysia, and Sri Lanka, respectively ^[1]. In year 2000, the United Nations Millennium Declaration pledged to tackle the challenge of setting specific goals of achieving "significant improvement in the lives of at least 100 million slum dwellers by the year 2020" ^[2]. This historic declaration formally recognized the existence and need to improve the lives of a large group of people living in places in what are likely to become central to this century's most expensive health crisis. Today, nearly 1 billion people, or 32% of the world's urban population are estimated to live in slums ^[3]. In 30 years, this population is projected to increase to about 2 billion ^[3, 4].

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Thus, "achieving significant improvement in the lives of at least 100 million slum dwellers" in the next 13 years, if achieved, is not likely to make much of a dent in this global health challenge.

The United Nations Expert Group at a meeting held in Nairobi in 2002 operationally defined a slum as a human settlement that has the following characteristics: 1) inadequate access to safe water; 2) inadequate access to sanitation and other infrastructure; 3) poor structural quality of housing; 4) overcrowding; and 5) insecure residential status [3]. Currently, these characteristics describe communities that comprise 43% of the combined urban populations in all developing countries, and 78% of the urban population in least developed countries [3]. Thus, in many developing countries, life in slum settlements has already become the norm of urban human existence.

A recent report noted that 72% of the total global burden of disease in adults 30 years or older are due to chronic diseases [5]. In India and China, chronic diseases account for 53% and 80% of all nationally reported deaths, respectively [6, 7]. These diseases receive the greatest amount of attention in developed countries or wealthy sectors of developing countries in terms of dollar amount spent for research, treatment, and prevention. We also know that education and prevention efforts for these diseases are effective and not costly [5, 8]. These diseases are certainly not neglected. But what happens when they occur in neglected urban slum populations of the world? Here, we discuss how these social cluster-slums-creates health problems distinct to these communities that are not well recognized by the formal health sector, and how their further neglect could lead to economically disastrous consequences for nations with large urban slum populations.

When we (with some female students known as research associate) visited that place, we noticed that among 178 slum people, women were suffering a lot from health related problems as compared to men. But interesting matter was that, when we went through some common test of the people of that slum area, we observed that near about 52% married women were suffering from overweight in which 27% were obese. We really confused about the reason of overweight because many of them were suffering from poor nutrition and unhealthy environment. That is why; this region was penetrated me to find out their living related problems.

Objective of this study

Objective of this study was to find out the health problems of people and also find out the total scenario of the living status of the slum area beside the bank of river Ganga.

Rationality of this study

In this investigation, it is necessary to ensure the good health status as well as good living environment to each and every individual of the society. With ignorance of required healthy life style of any people of our country is live in open condition that mean, we all are avoid such type of severe social problem in our country. And certainly, we lead our country towards darkness. We have to find out such type of unhealthy slum living environment, uplift their living status and lead them towards good and healthy life.

Delimitation of the study

This study is delimited to the slum area of Hooghly city near the bank of Ganga River, the subjects will be from male and female both and age group was in between 20years to 60.



Methodology

The main purpose of this study is to find out the health related problem of slum people at Hooghly beside Ganga River. 178 people were the subject and the age group was from 20-60 years. All the 178 people were belonging from both genders and they all were married. Female subjects were house wife but few were engaged with some temporary job like house servant.

Collecting Data

In the month of March and April 2018, when the weather and other environmental condition were favourable (usually

people live better), I decided to collect the information regarding health condition of slum people and started the survey work with my female students. All health related problems which I wanted to collect were reported by the slum people (farther not verified by any other medical test). There will be random method to collect the data of the slum area of the bank of river Ganga. And the place of that city is taken by purposive sampling.

Discussion of Findings

I. The living place of the slum beside Ganga River was not maintaining minimum standard of living status.

- II. The bank of the Ganga River was not given the any certainty to the slum people of that place for permanent settlement.
- III. The certainty of the people life style was not acceptable at any cost from any angle of the Human Society.
- IV. The slum people of the Hooghly city beside Ganga River were suffering from many severe communicable and non-communicable diseases. Like
 - **Chronic non-infectious diseases:** Hypertension Stroke; cardiovascular events, including myocardial infarction, congestive heart failure; kidney failure
 - **Asthma Respiratory infection, respiratory failure:** Mental illnesses Consequences of attempted suicide or homicide; violence; intractable behaviour; restricted self-care
 - **Acute infectious disease with chronic outcomes:** Skin lesion and super infection Bacterial super infection; kidney failure due to post-streptococcal glomerulonephritis
 - **Untreated bacterial pharyngitis:** Acute rheumatic fever Post-streptococcal rheumatic heart disease requiring valve replacement
 - **Behaviour and habits:** Tobacco use, cardiovascular diseases, cancer, Alcohol abuse, Liver failure, cirrhosis, unintentional injuries. Females especially those were married were suffering from overweight and obesity like health problems.

From the above I can say that the total scenario of the slum area of Hooghly Chawk Bazar is not good at all.

Government Policies: Government takes many policies (The West Bengal Slum Areas (Improvement And Clearance) ACT, 1972.) to improve the slum's life and do work as required as but one think is very crucial that, the density of population of this state particularly in such type of slum area is very high, so the requirement of service according to situation is not fulfil the required demand. Beside the government plan, few social welfare committees also take action to improve the standard of living style of slum area in West Bengal particularly the slum beside Ganga River, but still, which is not the enough for them.

Suggestions and recommendations

- I. Accommodation of the slum people should be in uniform and scientific manner, destroy the small tent like house and build concrete and multi-storeyed building, vacant the rest place for park, cultivation and garden.
- II. Education should be mandatory for each and every slum people.
- III. Regularly check their health (already government program is going on) and aware them instantly about their health problem.
- IV. Participation in games and sports should be in regular basis.
- V. Club activity should be motivated and found out such people who can serve voluntarily.
- VI. Try to mix them up with more civil society.

References

1. Neuwirth R. Shadow cities: a billion squatters, a new urban world. London, Routledge; 2005, 335. [Google Scholar]
2. United Nations. In: United Nations Millennium Declaration. Assembly TG, editor. United Nations, 2000.

- [Google Scholar]
3. United Nations Human Settlements Programme. The challenge of slums: global report on human settlements 2003. London and Sterling, Earthscan Publications Ltd; 2003, 310. [Google Scholar]
 4. Sclar ED, Garau P, Carolini G. The 21st century health challenge of slums and cities. *Lancet*. 2005; 365:901-903. doi: 10.1016/S0140-6736(05)71049-7. [PubMed] [CrossRef] [Google Scholar]
 5. Strong K, Mathers C, Leeder S, Beaglehole R. Preventing chronic diseases: how many lives can we save? *Lancet*. 2005; 366:1578-1582. doi: 10.1016/S0140-6736(05)67341-2. [PubMed] [CrossRef] [Google Scholar]
 6. Reddy KS, Sha B, Varghese C, Ramadass A. Responding to the threat of chronic disease in India. *Lancet*. [Google Scholar], 2005
 7. Wang L, Kang L, Wu F, Bai Y, Burton R. Preventing chronic diseases in China. *Lancet*, 2005.
 8. Epping-Jordan JE, Galea G, Tukuitonga C, Beaglehole R. Preventing chronic diseases: taking stepwise action. *Lancet*. 2005; 366:1667-1671. doi: 10.1016/S0140-6736(05)67342-4. [PubMed] [CrossRef] [Google Scholar]
 9. Terreri MT, Ferraz MB, Goldenberg J, Len C, Hilario MO. Resource utilization and cost of rheumatic fever. *J Rheumatol*. 2001; 28:1394-1397. [PubMed] [Google Scholar]
 10. Secretaria de Combate à Pobreza e às Desigualdades Sociais/SECOMP Mapamento da Pobreza em áreas urbanas do Estado da Bahia. CD-ROM, 2005.
 11. Ko AI, Reis MG, Dourado CMR, Johnson WD, Riley LW. Salvador Leptospirosis Study Group, Urban epidemic of severe leptospirosis in Brazil. *Lancet*. 1999; 354:820-825. [PubMed] [Google Scholar]
 12. Fiscella K, Williams DR. Health disparities based on socioeconomic inequities: implications for urban health care. *Acad Med*. 2004; 79:1139-1147. doi: 10.1097/00001888-200412000-00004. [PubMed] [CrossRef] [Google Scholar]
 13. Vlahov D, Gibble E, Freudenberg N, Galea S. Cities and health: history, approaches, and key questions. *Acad Med*. 2004; 79:1133-1138. doi: 10.1097/00001888-200412000-00003. [PubMed] [CrossRef] [Google Scholar]