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ASSESSMENT OF HEALTH PROFILE AND PERSONAL HABITS AMONG SLUM DWELLERS RESIDING IN SELECTED URBAN SLUM AREAS: PUNJAB

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Abstract: Urbanization in India has rapidly increased over the past few decades, leading to the unplanned growth of cities and the expansion of slum settlements. A slum is defined as a residential area characterized by physical and social disintegration, where maintaining an acceptable standard of family life becomes difficult. According to UN-Habitat (2020), slums are areas with non-durable housing, insecure tenure, lack of safe water, inadequate sanitation, and overcrowding 1.These conditions collectively create an environment conducive to ill-health and social vulnerability.

INTRODUCTION:

Slum dwellers face multiple health challenges due to environmental degradation, poor sanitation, overcrowding, and lack of access to health services. Overcrowded living spaces, choked drains, inadequate garbage disposal, and poor personal hygiene are hallmarks of urban slums in India 2. Such conditions contribute to a high burden of communicable diseases like respiratory infections, diarrheal diseases, and vector-borne illnesses, as well as non-communicable diseases linked to unhealthy lifestyles such as smoking, alcohol consumption, and poor diet 3.
Studies conducted in Indian slums have shown that low literacy, poverty, and substance abuse contribute to poor health outcomes 4. Many residents adopt unhealthy personal habits such as tobacco use, alcohol intake, and irregular eating and sleeping patterns due to stress and limited health awareness 5. Community-based data on the health profile and personal habits of slum dwellers are essential for planning targeted nursing and public health interventions.
Punjab, being a rapidly urbanizing state, has several urban slum pockets where living conditions are substandard. However, limited research exists on the health profile and behavioural patterns of people residing in these areas. Therefore, the present study is undertaken to assess the health profile and personal habits among slum dwellers residing in selected urban slum areas of Punjab. The findings will help in identifying health risks, developing community-based interventions, and improving the overall quality of life of slum residents.
Keywords: Health Profile, slum dwellers , personal habits
Objectives:
1.To assess the health profile of slum dwellers in selected urban slum areas
2. To assess the personal habits among slum dwellers in selected urban slum areas

MATERIAL AND METHODS:

The present cross-sectional study has been carried out 200 slum dwellers in selected areas of Punjab. Structured checklist and rating scale was used for data collection. For Health profile clinical examination was done. Data was collected by interview schedule.

RESULT:

Data collected from 200 slum dwellers out of which 80 (40.0%) of subject were staying in slums from 6-10 years. Among children maximum 90 (45%) were underweight. Whereas in adults 29 (14.5%) were having normal weight. Majority 174 (87%) of subjects had normal vision followed by 26 (13%) had low vision. Among adults 34 (75.5%) belonged to normal range of blood pressure followed by 09 (20%) belonged to pre hypertension stage and 02 (4.5%) belonged to stage I hypertension. Whereas in adolescents, all 60 (100%) belonged to normal range. Majority 181 (90.5%) of subject were non-smoker followed by 19 (9.5%) slum dwellers were smokers.

Table 1: Frequency and percentage distribution as per history of smoking
n=19

History of smoking	f	%
Duration of smoking (in years)		
1-5	13	68.4
6-10	06	31.6

Frequency of smoking per day		
1-4	13	68.4
5-6	05	26.3
7-10	01	5.30
Type of smoke		
Biddi	16	84.2
Cigarette	03	15.8

Table 1 depicts that Among 19 smokers, majority 13 (68.4%) of subject were smoking from last 1-5 years followed by 06 (31.6%) were smoking from 6-10 years. Majority 13 (68.4%) were smoking 1-4 biddi/cigarettes per day followed by one fourth 05 (26.3%) were smoking 5-6 biddi/cigarettes and 01 (5.30%) subject were smoking 7-10 biddi/cigarettes per day. Majority 16 (84.2%)subject were smoking biddi and 03 (15.8%) were cigarette smokers. 182 (91%) of subject were non-alcoholic followed by 18 (9%) subject were alcoholic.

Table 2: Frequency and percentage distribution as per history of alcohol
n=18

History of alcohol	**f**	**%**
Duration of alcohol taking (in years)		
1-5	16	88.8
6-10	02	11.2
How much quantity per episode (in ml)		
90	03	16.6
150	05	27.8
350	05	27.8
750	05	27.8
Frequency of alcohol		
Daily	05	27.8
Alternative day	03	16.6
Once a week	01	5.60
Once a month	09	50.0
Type of alcohol		
Beer	05	27.8
Desi	13	72.2

Table 2 depicts that Among 18 alcoholic majority 16 (88.8%) of subject were consuming alcohol from 1-5 years. Among alcoholic 03 (16.6%) were consuming 90ml alcohol, similar number of subjects i.e. 05 (27.8%) were consuming 150 ml, 350 ml and 750 ml alcohol per episode respectively. Half of the 09 (50%) subject were consuming alcohol once a month, More than one fourth 05 (27.8%) were consuming alcohol daily followed by 03 (16.6%) were consuming alternative day and 01 (5.60%) subject were consuming alcohol once a week. Majority 13 (72.2%) of slum dwellers were consuming desi alcohol followed by 05 (27.8%) were consuming beer.

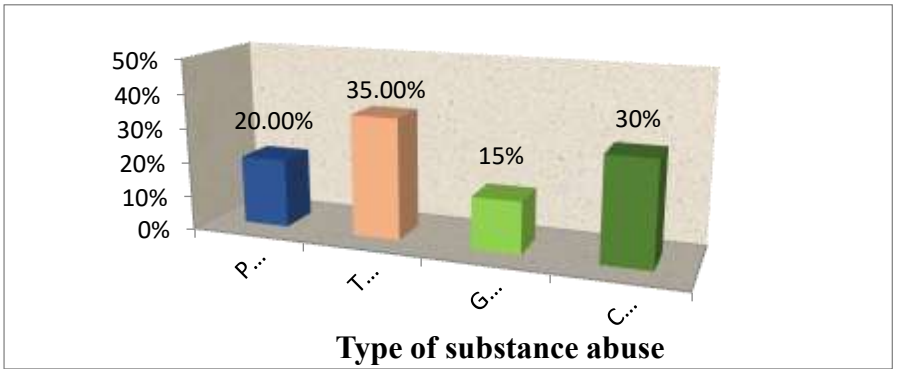

Figure 1: Percentage distribution as per type of substance abuse

Figure 1 depicts that more than one third 07 (35%) of subjects were taking tobacco followed by 06 (30%) subject were taking chaini-khaini, 04 (20%) subject were taking pan and 03 (15%) were taking gutkha.

CONCLUSION:

The present study on the assessment of health profile and personal habits among slum dwellers residing in selected urban slum areas of Punjab revealed that the majority of the slum population lives in overcrowded and unhygienic

environments, which significantly impact their health status. A considerable proportion of children were underweight, indicating poor nutritional status and possible food insecurity. Although most adults had normal vision and were non-smokers, a notable minority engaged in unhealthy habits such as smoking, alcohol consumption, and tobacco chewing. The findings highlight that substance use, poor hygiene, and inadequate living conditions contribute to adverse health outcomes among slum dwellers. There is a pressing need for community-based health education programs focusing on personal hygiene, nutrition, and the prevention of substance abuse. Strengthening primary healthcare services and improving environmental sanitation in urban slums are essential to enhance the overall health and quality of life of slum residents.

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