

CHILD HEALTH CARE SCENARIO- TIRUPATI SLUM AREAS

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Abstract

World health organization (WHO) described health as a “State of complete physical, mental and social well being and not merely are absence of disease or infirmity”. This definition is subsuming individual and curative and rehabilitation dimensions. The present paper attempt to interpret the right to health care, in terms of Community Development Programmes and health problems and the methods for preventing and controlling them: promotion of food supply and proper nutrition: and adequate supply of safe water and basic sanitation: maternal and child health care, immunization against major infection diseases: prevention and control of locally endemic diseases: appropriate treatment of common diseases and provision of essential drugs. According to 2011 census India consists 41 per cent of children population. The paper is based on primary data. Random sampling is selected for the study.

Key words: community, nutrition, rehabilitation, immunization, child health care

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Introduction:

Children are main backbone citizens to the country. So childcare is an important aspect for future human generation. Community developmental programmes place a major role for mother and child care. Maternity hospital, RUYA Hospital and DWACRA mainly extend their health service to the poor and needy in slum area of Tirupati people.

Health visitors visit door to door and provide medicines in the slum areas. They enquire about the children who are below five years regarding pulse Polio vaccines, the data collection of the sample was 250 children who are below 15 years and collection of the sample was of Sundaraiah Katta, LB Nagar, Indira Nagar, Ashok Nagar, SV Nagar, Yashoda Nagar, Pachigunta areas of Tirupati. The environment is polluted with garbage and drainage in these slum areas. They lack proper ventilation in the houses and housing structure is in rigid manner. The children below 15 year are suffering from Kwashiorkor and Marasmus, fever, Motions, Malaria, Typhoid, Dengue, Chicken Guinea and skin diseases. Due to severe rain in the month of November 2015 number of children affected by viral fevers and Typhoid, Malaria and Dengue. The houses are filled with dirty water due to rain in slum areas. This area comprises 250 children who are below 15 years out of that 136 are male and 114 are female children.

Table.1 Children Population below 15 Years

S.No	Gender	Total
1	Male	136
2.	Female	114
Total		250

The area comprises children who are below 15 years out of that 250 are Male and 136 are Male and 114 are Female children.

Education Background of the Children:

When we take the history of the education before 10 years only 15 per cent of the children have education. But now 40 per cent of the children have education. Free and compulsory education below 14 years is applicable here because TTD schools are very nearer to this slum area and joined their children. Many of the persons in slums began their life as hawkers, auto drivers and daily wage workers and their female partners also work as servant maids and vendors. Women self-help groups somewhat enhanced their economic status and few joined their children at private English medium schools.

Table: 2 below 15 years Education Background

S.No.	Type of Education	Male	Female	Total
1	Infants	30	25	55
2	Angamvadi schools	13	12	25
3	1 st to 10 th Class	39	34	73
4	Drop Outs	10	15	25
5	Private English medium schools	40	20	60
6	Illiterate	04	08	12
	Total	136	114	250

Table 2 consists of 250 children out of that infants male are 30 and female are 25, anganvadi school going male are 13 and female are 12, 1st to 10th Class school children male are 39 and female are 34. Private English medium school education children male are 40 and female are 20 and 25 members are dropouts and 12 members are illiterates.

Table 3 comprises 136 male and 114 female. Out of 40 children, 20 male and 20 female are suffering from Kwashiorkor and Marasmus. Out of 25 children 15 male and 10 female suffering with scabies, 40 members equally male and female suffers frequently from Fever. Out of 25 children 11 male and 14 female suffering from Diarrhea. Out of 80 children 10 male and 8 female are suffering from Typhoid. Out of 15 children 8 male and 7 female affected with Malaria. Out of 12 children 5 are male and 7 are female severely affected with Dengue. The reasons behind this are mainly lack of sanitation and Hygiene in the family environment. Lack of balanced diet leads to Marasmus. This is a common deficiency disease in India. The first sign of malnutrition among the children is failure to gain weight and much worse is loss of weight. Diarrhea and other disease also make the condition still worse. Some of the early sign of malnutrition include: the muscles look wasted and the child looks thin; the belly looks prominent; the child is listless and does not respond when the mother plays with him; the child looks short for his age; and the hair looks light or reddish instead of dark. To put short, failure to gain weight every treatment at this stage. Due to lack of systematic research investigation very little information on dietary habits and nutritional status of slums are available. Malnutrition is common among slums and affects the general physique of the slums and lowers the ability to

resist infections and leads to chronic illness. In the post-waning period it leads to permanent brain impairment. Among most of the slum population the staple diet is rice. Diets are deficient in calcium, Vitamin-a, Vitamin-c, Riboflavin and animal protein. In some south Indian people the diet is deficient in calories and protein.

The Dengue casus reported at SVRR Hospital and Children are admitted for platelets transfusion. Number of children from middle and high income families affected with Dengue fever joined at Triveni Hospital and Ravi Kumar Hospital. SVIMS also playing major role in helping Dengue patients (*The Hindu*, 25th July 2015).

Table 3 Health Composition of the Children below 15 Years

S.No	Type of Disease	Male	Female	Total
1	Kwashiorkor & Marasmus	20	20	40
2	Skin Disease	15	10	25
3	Fever Frequently	20	20	40
4	Diarrhea	11	14	25
5	Healthy children (Absence of disease)	35	30	65
6	Typhoid	10	8	18
7	Malaria	8	7	15
8	Dengue	5	7	12
	Total	136	114	250

Problems of the Disease Prevention and Control:

Symptoms of Marasmus include: greatly retarded growth; the skin become loose as in case of old people because there is little fat underneath the skin; flabby muscles on thighs and buttocks and the child is always hungry crying a lot.

Kwashiorkor symptoms include: retarded growth; swelling on the feet and legs; the child appears' moonfaced; the hair often turns red or gray and is easily pulled out; and the child has no

appetite and is difficult to feed. Kwashiorkor normally occurs in children above one year. It is due to an imbalanced diet containing foods which are low in protein.

- Balance diet given to the children
- Anganvadi food supplement should provide to this children
- Peanuts, milk, egg, vegetables and meat added in the diet which provides more proteins.

Vitamin: 'A' Deficiency 'A' Vitamin is necessary for the normal function of the of the eyes. Deficiency of Vitamin 'A' leads to loss of vision and eventually to blindness. We can prevent it by taking leafy vegetables carrot, Lever and Papaya which are Rich in Vitamin 'A'. The micro nutrients which place growth and development need more to adolescent girls. The maternal and child care centres provides milk powders, and variety of pluses powder rich in vitamins and also supply threptin biscuits.

Photos:

Stagnation of water in slum area in Tirupati:



kwashiorkor and Marsmus:



Fevers are of different kind caused y malaria, typhoid and viral infections. A person has fever when the body temperature is more than 37°C or when the body is too hot. Proper

diagnosis and medication necessary for treatment by A qualified phusician. In this slum area one year back majority of the people

Prevention and control of Typhoid:

Typhus Rickettsia which cause the disease are transmitted to humans by lice

Incubation Period: 7-10 days

Symptom: fever, often up to 104 F; poor appetite, general malaise fever, headache, vomiting.

Rash and stupor

Time Period: 1 to 2 months

Treatment: typhoid fever is treated with antibiotics which kill the *Salmonella* bacteria, several antibiotics are effective for the treatment of typhoid fever. Chloramphenicol was the original drug of choice for many years.

Prevention and control of Malaria

Malaria was disease caused by Plasmodium vivax and Plasmodium falciparum

Symptoms: shaking chills that are moderate to severe, high fever, profuse sweating, headache, nausea, vomiting, diarrhea, anemia.

Time Period: 1 to 2 months

Treatment: The most commonly used medications are chloroquine (Aralen), doxycycline (Vibramycin, Oracea, Adoxa, Atridox), quinine (Qualaquin), mefloquin (Lariam), atovaquone/proguanil (Malarone).

Prevention and Control of Dengue:

Dengue fever is caused by Aedes Aegypti Mosquito

Symptoms: Rash, fever, Chills, fatigue, fever break bones, joint pains, headache.

Time Period: 4 to 5 days

Treatments: Platelet transmission, adequate hydration, acetaminophen (Tylenol), Codeine, Paracetamol

Regular use of Mosquito nets.

Papaya and Pomegranates, fruits are good diet for Dengue patients

Max elisa test, RDT test and platelets test are the three tests to diagnose Dengue.

Problems and solutions:

The New Health Policy (NHP) unveiled in Jan 2015 on nutrition medical education and program on communicable and non-communicable with a goal “ accessible, equitable and affordable health care. This health step was taken by BJP Govt. May 2015. Integrated child development services provided supplementary nutrition, immunization, health check up and referral services to children in age group of 0-6 years and also to pregnant and nursing mothers in the slum areas with a population of 700 persons and Anganwadi can be set up. A number of MCH Schemes have been initiated by Government of India to provide maternal” and child health care and to reduce mortality and morbidity among the population.

The schemes should be continued in Extension with some more development with health care:

- A. Health awareness
- B. Medical termination of pregnancy
- C. Rajiv Gandhi scheme for empowerment of Adolescent Girls (RGSEAG)
- D. Kishor Shakti Yojana
- E. Rastriya Balkosh
- F. Prophylaxis against nutritional anemia
- G. Prophylaxis against blindness due to Vitamin-A deficiency
- H. Universal immunization
- I. 2020 Health Vision
- J. Child health-care services especially in slum areas have to reach poor and needy
- K. Tirupati is Vatican city Mosquito pesticides should spray regularly
- L. Safe drinking water system should be provided
- M. Hygienic environment proper sanitation and well clean bath rooms should be maintained in the urban communities

Conclusion:

The ministry of health and family welfare provided centrally sponsored schemes for control of Kwashiorkor and Marasmus, Malaria, Typhoid, Dengue, Blindness and viral fevers Govt. of India launched a National Goiter Control Programme (NGCP) to control Goiter among urban population. The above schemes enrich the health status in urban slum communities. *If children are healthy the community will be ever greenery and the County is always wealthy.*

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