



HEALTH STATUS PROFILE OF SLUM AREA IN JIND CITY

Ms. Poonam Lohan¹, Ms. Ritu Saini²

¹Assistant professor, Department of Geography, Chaudhary Ranbir Singh University, Jind

²Student, Dept. of Geography, Chaudhary Ranbir Singh University, Jind

Corresponding Author- Ms. Poonam Lohan

Email- poonam@crsu.ac.in

Abstract

We cannot define health only by disease or weakness, but we can also define health in term of physical and mental condition. When a person is disease free, healthy, there is no stress; all these define the health of a person. According to WHO "A state of complete physical, mental and social wellbeing and not merely the absence of disease of infirmity." Due to unhygienic condition, open sewers and dumping stations, the health facilities in the slum area are very poor, there is malnutrition and vitamin deficiency among the children. Health related problems are increasing day by day in the slum area. Respiratory disease is increasing due to lack of ventilation facilities in the house and due to breathing in the garbage places. Not only children people living there also have to face disease like Asthma, Cancer, BP, Sugar and Thyroid etc. because of this healthy population is negligible in that area, due to which a good social environment is also not available. Even due to not taking proper diet, they are facing health related disease for which there are many reasons. The health status in the slum area is poor mostly because there is a low level of income due to which the people living there are unable to get their treatment and are not health conscious. Most of Male Drinking Alcohol that effect their liver and lungs so they are also facing other health related diseases.

Keyword: Health, Slum, Sanitation, etc.

Introduction:

Slum means a heavily populated and unplanned area in the city and dirty place with unhygienic condition. It is the circle of poverty as well as backward in perspective of socially and economically. Health facilities are very poor, Nutrition level of population are very low and create many health problems like Anemia deficiency of vitamin and malnutrition. The diets and nutritional status of slum children is very poor. The problems faced by the people living in the urban areas of India have become major concern for the government. They are facing different types of problems like health, hygiene, level of income, poor housing conditions and amenities. Slum is the one of the negative standard of the development. Day by day urban centers is increasing in India because of country has large population size that become very dense urban areas. Unhealthy living conditions of the slums are the result of poor services, open sewers, poverty of pathways, uncontrolled dumping Station, polluted environments and unorganized building etc. Healthy people can build-up the healthy nations. Due to low level of the economic conditions of the slums they are

not able to consume the Healthy and nutrition foods. So the malnutrition is shown in the slum area children and women. Health conditions of the slum area are not good. They are affected by the several type of disease. Due to the increase in the urban population, the piles of garbage are increasing in the cities, which are having a bad effect on the environment and human health. Health is considered the most important factor. The people living there are having a bad effect on their health due to lung disease, mental illness and polluted environment. According to the 2011 Census of India, 65 million people in India live in urban slums spread across the country. According to Article 21 of Indian Constitution, Health is a basic right for every human being, despite their socio-economic and cultural status. Due to unhygienic condition, open,' sewers and dumping stations, the health facilities in the slum area are nutrition and vitamin deficiency among the children. Health related problems are increasing day by day in the slum area. Respiratory disease is increasing due to lack of ventilation facilities in the house and due to breathing in the garbage places. Not only children people living there also have to face

disease like Asthma, Cancer, BP, Sugar and Thyroid etc. because of this healthy population is negligible in that area, due to which a good social environment is also not available. (The world Health Report 2000: Health Systems: Improving Performance.), the status of health in India is much below the standard benchmark. History of slums: Dharavi slum was founded in 1884 during the British Colonial Era. The development of Dharavi slum is due to the migration of rural people to Mumbai. Dharavi is the largest slum in India with a population of 1 lakh. The economy of Dharavi slums is estimated informally to be worth \$1bn a year. Dharavi suffered many epidemics and disasters, including the plague epidemic in 1896. The problem of cleanliness remains in the slums. In the 18th century, Dharavi was an island consisting mainly of mangrove swamps. Before the end of the 19th century, it was a sparsely populated village, inhabited by Koli fishermen. In India, Slums are known by different names such as Basti in Kolkata, Jhuggi-Jhopri in Delhi, Jhopar Patti, Chawl, Bela in Mumbai and Cheri in Chennai.

Research Gap:

Till now, all the research done regarding health in slums has been done only in big metropolitan cities like Delhi, Mumbai, Kolkata and Faridabad etc. The social problems were not highlighted by the health of the people living in the slums in small towns, so we have tried to bring out their problem by researching the slums of Jind city urban area. The cause of non-communicable diseases in the slums of Faridabad district of Haryana is said to be tobacco, alcohol, diet and physical activity. Till now no work has been done on slums in Jind city of Haryana so that their condition can be exposed, so we have taken Jind city and told the condition of people living in slums in Jind city, living in slums area People told that the health issue because unhygienic condition, open sewers and dumping stations.

Objective:

- 1) To analysis the health conditions of study areas.
- 2) To study the challenges to address the issue related to health in study area.
- 3) To show the comparison between health status and socio-economic conditions in slums area

Literature Review:

Sanitation Facility in Urban Slum Area, Dr. Ankita Kathiriya, June, 2021. VOL.13. ISSUE NO. 2(589-597) This survey is based sanitation Facility of urban slum area. Main

causes of this survey to understand sanitation facility available to the urban slum dwellers and impact of sanitation Facility on health. People are moving from rural areas to urban areas for employment and education, due to which the space problem is increasing in Urban areas. According to WHO 2 billion people in world don't have basic sanitation and washroom facilities. Nutritional status in children of urban slums Rajasthan, Dr. Sneha Maheswari, Dr. Monica Sindhu et.al (Dec.2017), Vol 16(90-92) The study was urban slum of Jodhpur City 5year old children. Children selected from different slum of simple random sampling out to the 416 participant, 234 children found malnutrition and 182 children are not good health. Hygiene conditions are very bad and dirty drinking water 48-59 month of age most of children found malnourished. Most of illiterate children found malnourished. The purpose of the study was to find out the nutritional level of slum children's in Jodhpur city in western Rajasthan. Non-communicable diseases in Urban slums of Faridabad, K. Anand, Bela Shah Vol. 20, No. 3, 2007 (115-120) Questions related to Tobacco, alcohol, diet and physical activity. This study is based on 2500 individual interview and 250 interview based on 10year old children. A bar diagram has used to show the age group. 36.5% of men smoke more than 7% of women. About 13.6% of men and 22% of women smoke hookah. 68.9% tobacco and 31% Gutkha is used by men and 1/3 part used by women. Hygiene and Sanitation Practices among Slum Dwellers Residing in Urban Slums of Pokhara Sub-Metropolitan, Nepal, Priyanka Acharya, Surya Bahadur Thapa et.al, Vol.5; Issue: 5; (May 2015) PP(298-303) This study is based on the sanitation and Hygiene condition of slums in Pokhara Sub-Metropolitan. At first 7 Slums were selected randomly out of 41 Slums in Pokhara metropolitan. The cleanliness in the slums of Pokhara metropolitan was said to be satisfactory. His health is a cause of concern by the government. Health related functions should be organized there to increase awareness. A Cross sectional study of knowledge and practices about reproductive health among Adolescents in an urban slum of Mumbai, Parteek Sudhakar Bobhate, Saurabh R Shrivastava et.al, Vol.5 PP(199-126) Dec.2011. The objective of this research is to study the knowledge about reproductive health among adolescents and their treatment-seeking behavior in relation to reproductive health problems in an urban slum in Mumbai. Adolescents in India constitute approximately one of the country's total

population is the third part. Knowledge about AIDS was assessed. 87% of girls reported that she did not attend religious functions during menstruation and 17% of girls reported that there were no restrictions on them. Adolescents should be given proper knowledge about sexual health. A study on smoking habits among slum dwellers, Dipika Sur, SP Mukhopadhyay, Vol.No 105(9) PP(492-498) (2007). This research has been done to assess the effect of smoking on health with economic impact. Due to smoking, they have to face many diseases like cold, BP, heart disease etc. A 3-fold difference in average annual spending and an 8-fold difference in working days were found between households of smokers and non-smokers. Smoking causes bad effects on health. There is a bad effect on the health of self as well as others. The Impact of Growth and Development of Slums on the Health Status and Health Awareness of Slum Dwellers, Tabrez Uz Zaman, Yamin Hassan et.al 2018, 7(3): 55-65. The nutritional condition of school going slum children and diarrhea coition should be taken care. Health awareness in Assam was less compared to the national level and the slum dwellers didn't know healthcare facilities. The poor sanitary conditions in the crowded urban neighborhoods and the inadequate waste Disposal were favorable for the spread of infectious diseases like tuberculosis, pneumonia, and diarrhea. These people lacked the basic amenities Open and uncovered domestic wastes were hazardous to Health.

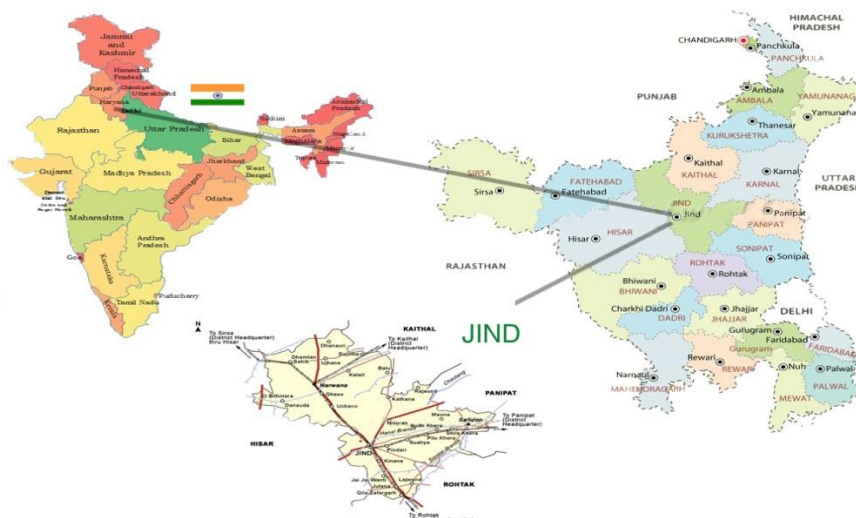
Data collection: The present study is based on primary data. Primary data was collected with the help of a structured schedule questionnaire. All the questions included in the schedule questionnaire prepared for the survey were close ended. Secondary data also collected from municipality offices but this study more focus on primary data collection.

Methodology: The questionnaire included questions related to socio-economic structure of the family, Education and health status, Covid-19. A total of 56 households in the study area were surveyed. In order to analyze the collected data, Cross tabulation and percentage method is used to draw conclusion of the table. Result analysis also represented in different geographical diagrams.

Statement of the Problem: According to the 2011 Census of India, 65 million people in India live in urban slums spread across the country. The slum area improvement and clearness Act 1956 defined the slum are where the building are unfit for human habitation by reason of dilapidation, overcrowding, faculty arrangement of street, lack of ventilation, light and sanitation condition of slum area is very bad. They face many problems related to health, socio-economic, education and water supply etc.

Study Area

Origin of Jind district-It is said that this city was established during the time of Mahabharata. The city of Jind grew up around the temple and was named Jayantpuri (Jayanti Devi) residence, which later came to be known as Jind.



Location: The district is located in Haryana between 29° 03' and 29° 51' North latitude and 75° 53' and 76° 47' East longitude. **Climate:** The climate of Jind district can be classified as tropical steppe, semi-arid and hot air, which is mainly dry with very hot in summer and cool in winter, except in the monsoon season when sea

moist air is present in the district enters. **Rainfall:** The average rainfall in the district is 55 cm, it generally increases from south or south-west to east or northeast. More than 70% of the annual rainfall is received during July to September. On 11 July 1953, Jind recorded 225.5 mm of heavy rainfall in 24 hours. **Temperature:** There is no

meteorological observatory in Jind. The temperature rises sharply from the beginning of March to June which is the hottest month. The temperature during June is 41 °C and the minimum is around 27 °C. **Humidity:** The relative humidity is high during the monsoon season, from July to September. Which is higher in the morning and more in the afternoon? April and May are the driest months of the year. **Geomorphology:** Jind district is geographically situated on the north central part

of Haryana, Spread from North West to South East direction. It is a part of the Punjab-Haryana plain, which is largely flat and featureless, alluvial deposits of the Pleistocene and Indo-Gangetic systems. The action of wind in the past and the role of man in the recent past shaped the district. has played an important role. This is evident from the fact that the general elevation of the district ranges from 218 m to 239 m above sea level.

Result Analysis

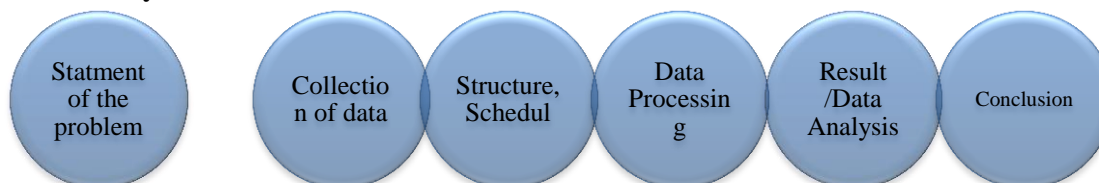


Table No.1 Demographic Profile of Study Area

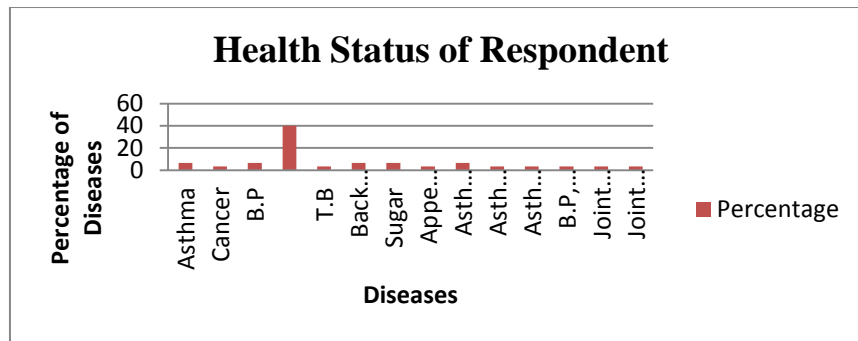
Sex	Number of family member	Percentage	Education level	Sex Ratio
Sex	Number of respondent	Percentage	Education level	Sex Ratio
Male	54	33.54	25(46.29)	335.40
Male	45	80.4	11(24.4)	803.57
Female	107	66.46	32(29.90)	664.6
Female	11	19.6	1(2.22)	196.4
Total	161	100	57	-
Total	56	100	12	-

Interpretation: We have study about the Demographic Profile of Study Area in slum area and we found that the male sex ratio of 335.40%

and female sex ratio of 664.6% in family member and male sex ratio of 803.57% and female sex ratio of 196.4% in family respondent.

Table No.2 Health Status of Respondents in study area.

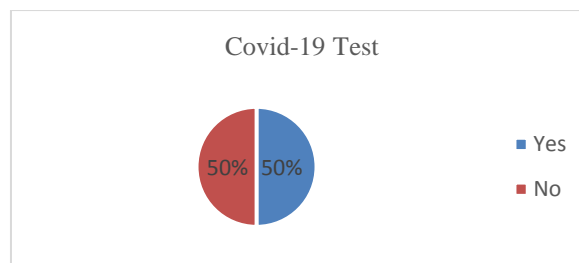
Health Status	Number of respondent	Percentage
Asthma	2	6.67
Cancer	1	3.33
B.P	2	6.67
Joint Pain	12	40
T.B	1	3.33
Back Pain	2	6.67
Sugar	2	6.67
Appendix	1	3.33
Asthma, B.P	2	6.67
Asthma, B.P, Joint Pain	1	3.33
Asthma, B.P, T.B, Joint Pain, Sugar	1	3.33
B.P, Joint Pain	1	3.33
Joint Pain, Brain tumor	1	3.33
Joint Pain, Sugar	1	3.33
Total	30	100

**Figure1.2**

Interpretation: We have study about the health status of slum areas and we found that most of the people affected from disease. Maximum (40%) people affected from Joint Pain and 60% people affected from other disease.

Table No.3 Covid-19 Test of respondent in study area.

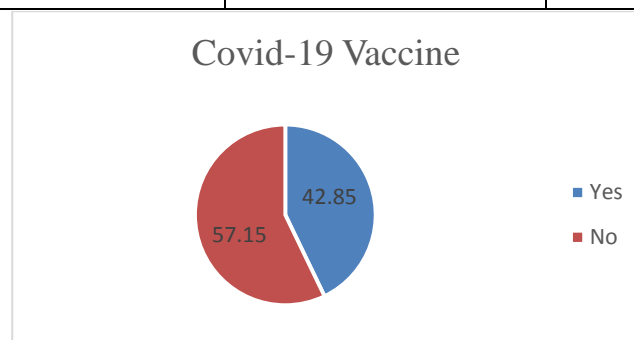
Covid-19 Test	Number of respondent	%
Yes	28	50
No	28	50
Total	56	100

Figure1.3

Interpretation: During Covid-19 Pandemic they are also affected by this virus and we have study on their covid-19 infection and their test to show their positive and negative test report, so our study show that 50% of respondent have done their test as well as 50% are not do that so, the percentage ratio of covid-19 test is equal ratio

Table No.4 Covid-19 Vaccine respondent in study area

Covid-19 Vaccine	Number of respondent	Percentage
Yes	24	42.85
No	32	57.15
Total	56	100

**Figure1.4**

Interpretation: During Covid-19 Pandemic they are also affected by this virus and we have study on their covid-19 infection and their vaccine, so

our study show that 42.85% of respondent have done vaccinated as well as 57.15% are not do that.

Table No.5 Habit of intoxicate respondent in study area.

Habit of intoxicate	Number of respondent	Percentage
Yes	30	53.57
No	26	46.43
Total	56	100

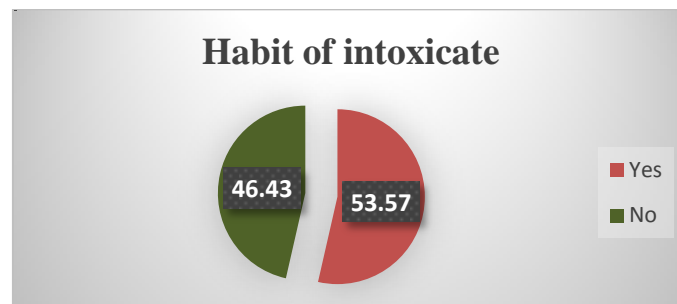


Figure1.5

Interpretation: We have study about the Habit of intoxicate in slum areas and we found that

53.57% of people taking intoxicate and 46.43% of people do not intoxicate.

Table No.6 Habit of intoxicate respondent study area.

Habit of intoxicate	Number of respondent(%)
Drinking Alcohol	3(10)
Bidi	4(13.3)
Hookah	21(70)
Drinking alcohol/Bidi	1(3.33)
Bidi/Hookah	1(3.33)
Total	30(100)

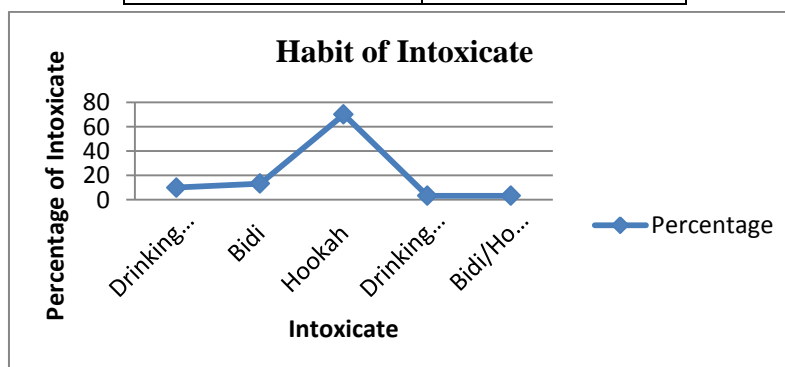


Figure 1.6

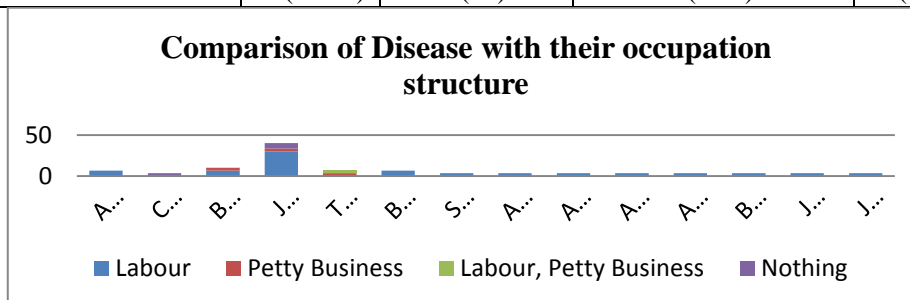
Interpretation: We have study about the Habit of intoxicate in slum areas and we found that, 70% maximum male and female people smoking

Hookah and 13.3% people smoking Bidi, because hookah and Bidi is good for digestions power, 10% people drinking alcohol.

Table No.7 Comparison of Disease with their occupation structure in study area.

Disease	Labour	Petty Business	Labour, Petty Business	Nothing	Total
Asthma	2(6.67)	0	0	0	2(6.67)
Cancer	0	0	0	1(3.33)	1(3.33)
B.P.	2(6.67)	1(3.33)	0	0	3(10)

Joint Pain	9(30)	1(3.33)	0	2(6.67)	12(40)
T.B.	0	1(3.33)	1(3.33)	0	2(6.67)
Back pain	2(6.67)	0	0	0	2(6.67)
Sugar	1(3.33)	0	0	0	1(3.33)
Appendix	1(3.33)	0	0	0	1(3.33)
Asthma, B.P	1(3.33)	0	0	0	1(3.33)
Asthma, B.P, Joint Pain	1(3.33)	0	0	0	1(3.33)
Asthma, B.P, Joint Pain, Sugar, T.B	1(3.33)	0	0	0	1(3.33)
B.P, Joint Pain	1(3.33)	0	0	0	1(3.33)
Joint Pain, Brain tumour	1(3.33)	0	0	0	1(3.33)
Joint Pain, Sugar	1(3.33)	0	0	0	1(3.33)
Total	23(76.67)	3(10)	1(3.33)	3(10)	30

**Figure1.7**

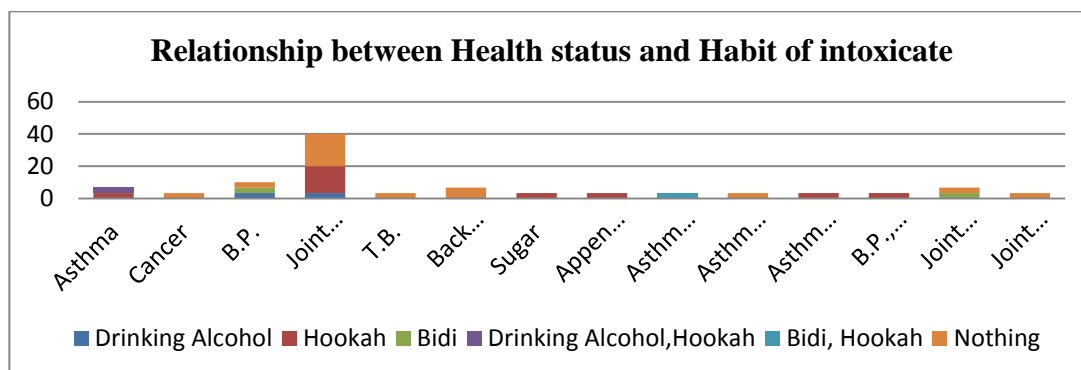
Interpretation: During Covid-19, we have study about the disease and occupation structure. we Comparison of Disease with their occupation structure and we found that 76.67% people suffer from Joint pain and they are working the wage of

labor and 3.33% people suffering from T.P and they are working the wage of labor and Petty business. The worst disease is to those who do labor work.

Table No.8 Relationship between Health status and Habit of intoxicate in study area.

Disease	Drinkin g Alcohol	Hookah	Bidi	Drinking Alcohol, Hookah	Bidi, Hookah	Nothing	Total	%
Asthma	0	1(3.33)	0	1(3.33)	0	0	2	6.67
Cancer	0	0	0	0	0	1(3.33)	1	3.33
B.P.	1(3.33)	0	1(3.33)	0	0	1(3.33)	3	10
Joint Pain	1(3.33)	5(16.67)	0	0	0	6(20)	12	40
T.B.	0	0	0	0	0	1(3.33)	1	3.33
Back pain	0	0	0	0	0	2(6.67)	2	6.67
Sugar	0	1(3.33)	0	0	0	0	1	3.33
Appendix	0	1(3.33)	0	0	0	0	1	3.33
Asthma, B.P.	0	0	0	0	1(3.33)	0	1	3.33
Asthma, B.P., Joint Pain	0	0	0	0	0	1(3.33)	1	3.33
Asthma, B.P., Joint Pain, Sugar, T.B.	0	1(3.33)	0	0	0	0	1	3.33
B.P., Joint Pain	0	1(3.33)	0	0	0	0	1	3.33

								3
Joint Pain, Brain tumour	0	0	1(3.33)	0	0	1(3.33)	2	6.67
Joint Pain, Sugar	0	0	0	0	0	1(3.33)	1	3.33
Total	2(6.67)	10	2(6.67)	1(3.33)	1(3.33)	14(46.67)	30	100

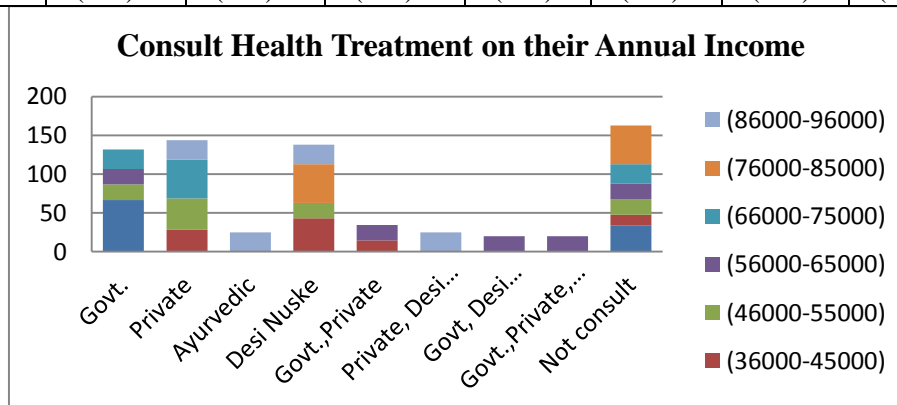
**Figure 1.8**

Interpretation: We have study about the health disease and habit of intoxicate in slum area and we comparison the health disease and habit of intoxicate. Among 40% of people who consume

alcohol and hookah are suffering from disease Joint pain. 3.33% people are suffering from cancer and they are not taking any intoxicate.

Table No.9 Consult Health Treatment on their Annual Income

	(25000-35000)	(36000-45000)	(46000-55000)	(56000-65000)	(66000-75000)	(76000-85000)	(86000-96000)	Total
Govt.	2(66.66)	0	1(20)	1(20)	1(25)	0	0	5(16.66)
Private	0	2(28.57)	2(40)	0	2(50)	0	1(25)	7(23.33)
Ayurvedic	0	0	0	0	0	0	1(25)	1(3.33)
Desi Nuske	0	3(42.85)	1(20)	0	0	1(50)	1(25)	6(20)
Govt.,Private	0	1(14.28)	0	1(20)	0	0	0	2(6.66)
Private, Desi Nuske	0	0	0	0	0	0	1(25)	1(3.33)
Govt, Desi Nuske	0	0	0	1(20)	0	0	0	1(3.33)
Govt.,Private,Desi Nuske	0	0	0	1(20)	0	0	0	1(3.33)
Not consult	1(33.34)	1(14.28)	1(20)	1(20)	1(25)	1(50)	0	6(20)
Total	3(100)	7(100)	5(100)	5(100)	4(100)	2(100)	4(100)	30(100)

**Figure1.9**

Interpretation: First of all, we study about the annual income and collect the data. Study about the consult disease the different health department. 66.6% people earning between 25000-35000 get their treatment in government

hospitals because low level of income and 50% people earning between 76000- 85000 get their treatment in Desi Nuske. Most of population gets their treatment in govt. and private hospital.

Table No.10 Consult different Healthcare Institution of respondent in study area.

Consult health Treatment	Number of respondent	Percentage
Govt.	6	20
Private	6	20
Desi Nuske	7	23.33
Govt./Private	2	6.66
Govt./Private/Desi Nuske	1	3.33
Govt./Desi Nuske	1	3.33
Private/Desi Nuske	1	3.33
Ayurveda	1	3.33
Not Consult	6	20
Total	30	100

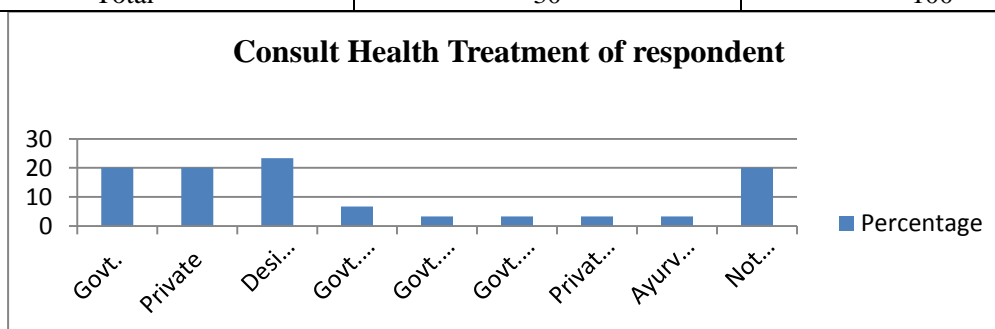


Figure1.10

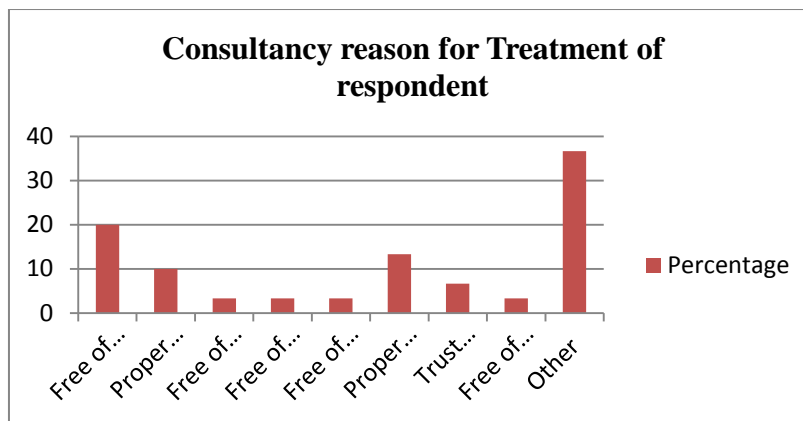
Interpretation: We have study about the consult different healthcare institution of respondent study area and we found that maximum 23.33 people use Desi Nuske and 20% people consult

health treatment in govt. hospital and 20% people use Private Hospital, because lack of basic amenities and economic condition is very low.

Table No.11 Consultancy reason for Treatment of respondent in study area.

Figure1.11

Consultancy for treatment	Number of respondent(%)
Free of cost(G)	6(20)
Proper care(G)	3(10)
Free of cost(G)/Proper care(P)	1(3.33)
Free of Cost/Proper Care/Emergency(G)	1(3.33)
Free of cost/Trust factor(G)	1(3.33)
Proper Care(Private)	4(13.33)
Trust Factor(Govt.)	2(6.66)
Free of cost(G)Best health Expert service(G)	1(3.33)
Other	11(36.67)
Total	30(100)

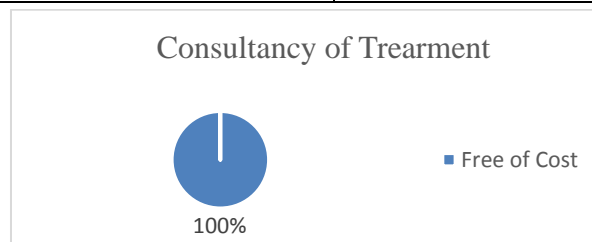


Interpretation: Acc. to this study of slum area and we found that, 36.67% people consultancy for treatment in other because free of cost and 20% people consultancy for treatment in Govt.

hospital because of free of cost, 13.33% people consultancy for treatment in Govt. hospital because free of cost and trust factor.

Table No.12 Covid-19 Consultancy Reason of Treatment of respondent in study area Figure1.12

Consultancy of Treatment	Number of respondent
Free of cost	56(100)
Total	56(100)

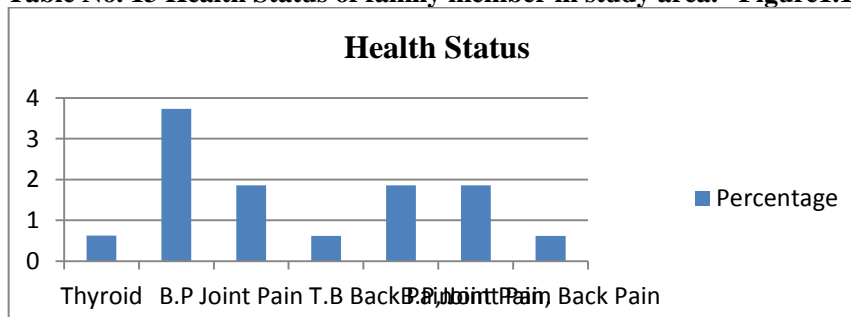


Interpretation: We have study about the Consultancy Reason of Treatment of respondent in study area and we found that 100 percent

people consultancy of treatment in government hospital because government hospital provide facility free of cost.

Health Status	Number of family member
Thyroid	1(0.63)
B.P	6(3.73)
Joint Pain	3(1.86)
T.B	1(0.62)
Back Pain	3(1.86)
B.P, Joint Pain	3(1.86)
Joint Pain, Back Pain	1(0.62)
Total	18(100)

Table No. 13 Health Status of family member in study area. Figure1.13

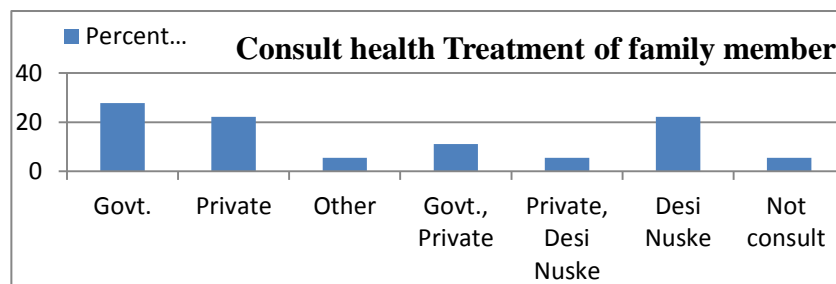


Interpretation: During Covid-19, we have study about the health status of respondent in slum area and we found that 0.63% people have thyroid disease, 3.73% people have BP disease, 1.86%

people have Joint pain, 0.62% people have TB, 1.86% people have back pain, 1.86% people have BP, Joint pain, 0.62% people have Joint pain and back pain.

Table No.14 Consult different healthcare Treatment of family member in study area Figure 1.14

Consult health treatment	Number of family member
Govt.	5(27.8)
Private	4(22.22)
Other	1(5.55)
Govt., Private	2(11.11)
Private, Desi Nuske	1(5.55)
Desi Nuske	4(22.22)
Not consult	1(5.55)
Total	18(100)

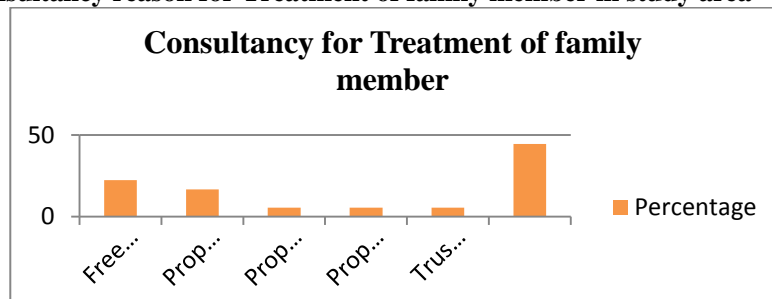


Interpretation: We have study about the Consult different healthcare Treatment of family member, we found that maximum 28.7% people have consult health treatment in govt. hospital

because free of cost and 5.55% people consult treatment in private and Desi Nuske because low level of income

Consultancy for treatment	Number of Family member(%)
Free of cost	4(22.22)
Proper Care	3(16.67)
Proper care, Free of cost	1(5.55)
Proper care(P)	1(5.55)
Trust factor(P)	1(5.55)
Others reason	8(44.44)
Total	18(100)

Table No.15: Consultancy reason for Treatment of family member in study area Figure 1.15



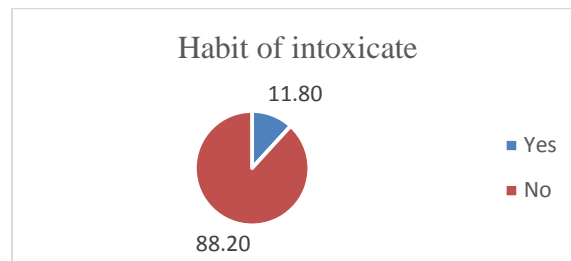
Interpretation: We have study about the Consultancy reason for Treatment of family

member and we found that 22.22% people consultancy for treatment reason in free of cost

in Govt. hospital and 5.55% people consultancy care and trust factor.
for treatment in private hospital reason of proper

Table No. 16 Habit of intoxicate of family member in study area Figure1.16

Habit of intoxicate	Number of family member (%)
Yes	19(11.80)
No	142(88.20)
Total	161 (100)

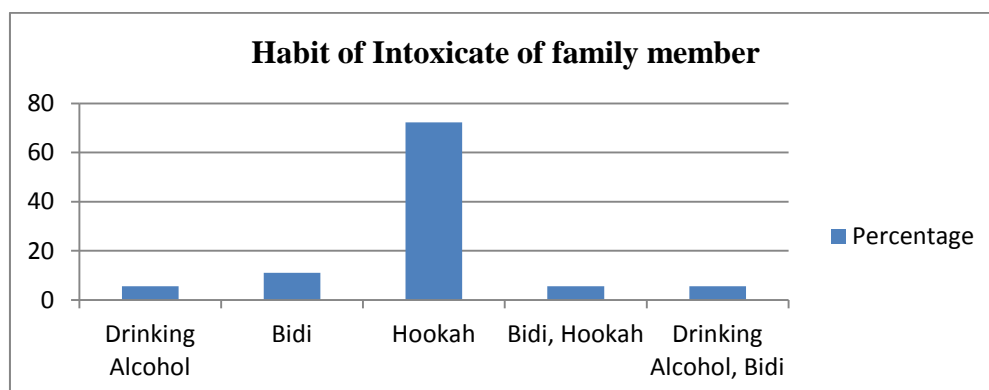


Interpretation: We have study about the Habit of intoxicate in slum areas and we found that 11.80% of people taking intoxicate and 88.20% of people do not intoxicate.

Table No.17 Habit of Intoxicate of family member in study area.

Figure1.17

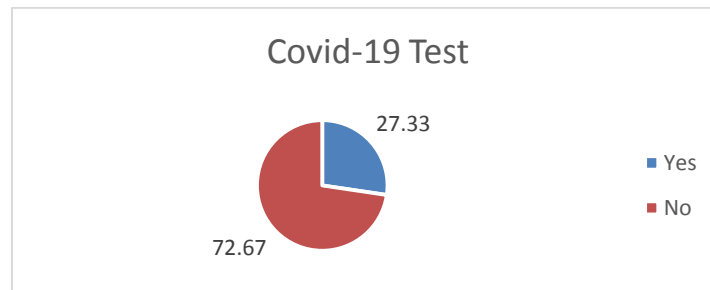
Habit of intoxicate	Number of family member(%)
Drinking Alcohol	1(5.55)
Bidi	2(11.11)
Hookah	13(72.22)
Bidi, Hookah	1(5.55)
Drinking Alcohol, Bidi	1(5.55)
Total	18(100)



Interpretation: We have study about the Habit of intoxicate in slum areas and we found that, 72.22% maximum male and female people smoking Hookah and 11.11% people smoking Bidi, because hookah and Bidi is good for digestions power, 5.55% people drinking alcohol

Covid-19 Test	Number of family member	%
Yes	44	27.33
No	117	72.67
Total	161	100

Table No.18 Covid-19 Test of family member in study area
Figure1.18



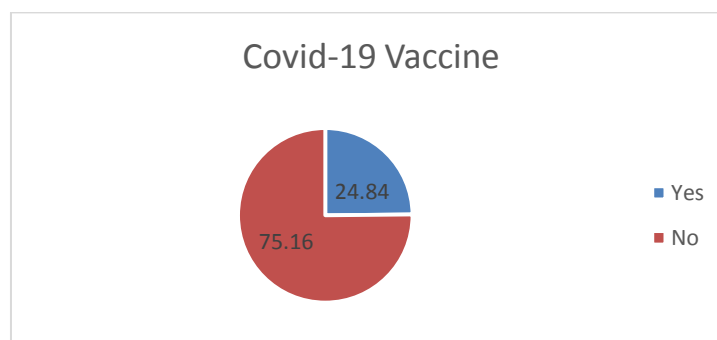
Interpretation: During Covid-19 Pandemic they are also affected by this virus and we have study on their covid-19 infection and their test to show

their positive and negative test report, so our study show that 27.33% of respondent have done their test as well as 72.67% are not do that.

Table No. 19 Covid-19 Vaccine of family member in study area

Figure1.

Covid-19 Vaccine	Number of family member	%
Yes	40	24.84
No	121	75.16
Total	161	100



Interpretation: During Covid-19 Pandemic they are also affected by this virus and we have study on their covid-19 the percentage ratio of covid-19 vaccine.24.84% people take vaccine covid-19 and 75.16% people not take vaccine of covid-19.

Conclusion:

The present study represents Health Care and Health Status of slum area in Jind City. We cannot define health only by disease or weakness, but we can also define health in term of physical and mental condition. When a person is disease free, healthy, there is no stress; all

these define the health of a person. Present study is based on the primary data collected using a structured questionnaire data was calculated. We have study about the Demographic Profile of Study Area in slum area and we found that the male sex ratio of 335.40% and female sex ratio of 664.6% in family member and male sex ratio of 803.57% and female sex ratio of 196.4% in family respondent. Maximum (40%) people affected from Joint Pain and 60% people affected from other disease. During Covid-19 Pandemic they are also affected by this virus and we have

study on their covid-19 infection and their test to show their positive and negative test report, so our study show that 50% of respondent have done their test as well as 50% are not do that so, the percentage ratio of covid-19 test is equal ratio. Almost all the countries have faced the hardship of COVID-19, in which migrants have face the most difficulties, due to the lockdown, the daily wage laborers (urban poor and migrant laborer) were left with no work. At the same time, the restrictions of the lockdown banned the movement of buses and trains. With factories and workplaces shut due to the nationwide lockdown, lakhs of migrant worker faced loss of income, food shortages and uncertainty about their future many people also faced police violence when they came out of their homes. In this people have to face many challenges of health facilities, high poverty rate etc. Rural migrants faced many social impacts during COVID-19, especially during the lockdown as rural migrants resorted to home remedies to cope with the hardship related to COVID-19. COVID-19 has affected the social-economic conditions to a great level. On 20 June 2020, the government launched “Garib Kaylan Rozgar Abiyan” for the welfare of migrants. Despite the encouragement, many laborers are hesitant to back to urban areas. Due to migration in urban areas, along with the increase in population in the cities, slums are also formed. Due to the increase of population in cities, ground water gets depleted, air pollution due to more vehicles, noise pollution etc. have a bad effect on the environment. Due to the increase in the urban population, the piles of garbage are increasing in the cities, which are having a bad effect on the environment and human health. Natural disasters are becoming the cause of migration in some areas. Due to migration in urban areas, pollution is also increasing, due to which there is a deep impact on the environment.

Suggestions

Awareness about health facilities and rights in slums areas: Basic health facilities should be providing because they are also related to urban area that reflect the health status of particular city/ urban space. Some basic rights, likes education, better health facilities, house conditions and other resource also available to them.

Authorized place should be available from Municipal Corporation: Municipal corporation develop for residential for slum area there should be authorized by the slum area. A separate fund should be created for their development. Unauthorized slum area built Dumping stations.

Motivate them to study and what is the value of education:

Awareness about the disease: Awareness about the govt. Schemes and awareness about the healthcare and health facility.

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