

# A Study on Educational Status and Level of Health Awareness of the Children of Urban Slums

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## Abstract

Education means an all-round development of an individual i.e. body, mind and soul. Education is the creation of sound mind in a sound body. A sound body means a good health. A good health is the production of Education. Without a good health one can't live in peace and happiness. Health is the level of functional or metabolic efficiency of a living organism. In humans it is the ability of individuals or communities to adapt and self-manage when facing physical, mental or social challenges. Health is a subject of universal concern. According to the World Health Organization, the main determinants of health include the social and economic environment, the physical environment, and the person's individual characteristics and behaviors. Education is a top most determinant which includes in person's social environment which forms individual characteristics and behavior through which people can learn to live healthy. India is a vast country with a large population and due to lack of awareness and inadequate health care facilities, a wide spectrum of diseases occurs. Factors such as clean water and air, adequate housing, food, pollution, sleeping habits, mental condition, sunlight, safe communities and roads, all have been found to contribute to good health, especially to the health of children. Haphazard mushrooming of industrial units, market places and new settlements have made Guwahati a congested city and burgeoning of slum cluster with problems of serious health diseases. It is seen that those who are literate and educate they are very aware about health issues and they know how to keep themselves healthy. So, it is the responsibility of the government to provide better education and health facilities to the children of slum areas. Therefore, this paper seeks to explore the educational status and level of health awareness of the student's living in urban slum areas of Guwahati city, and it also tries to find out the ways and means through which positive vibrations could be established to solve problems related to educational and health issues in urban slum areas.

**Keywords:** Education, Health, Awareness, Children, Urban slums,

## 1. INTRODUCTION

It's fairly well known that people with higher levels of education tend to be better off than those who left school with low- level or no qualifications. Education might have a direct effect on health and healthy behaviors, because people may learn about the consequences of unhealthy behaviour at school, college or university. Also, more educated people tend to be better able to grasp the basic consequences of unhealthy living, even if they don't understand the complex biology behind it. Education impacts on health in two ways; firstly through teaching that enables children to learn specifically about health and

secondly through the educational process as a whole which provides skills such as critical thinking and making choices that enable children to opt for healthy lifestyles. The impact of the latter is seen particularly in the overall impact of education on the spread of HIV. Education and health have a considerable impact on individual well-being, as well. The wealth of nations is to a large extent determined by the educational attainment and the health status of its population. According to the 2003 Human Development Report, “Education, health, nutrition and water and sanitation complement each other, with investments in any one contributing to better outcomes in the others” (UN, 2003, p. 85).

It has been noticed that the people living in slum areas don't have adequate knowledge on health because maximum number of people of slum areas is uneducated; therefore they are facing various problems related to health. The poor in most urban settings live in overcrowded and unsanitary slums and squatter settlements. They lack good health facilities, housing and services. A **slum** is a heavily populated urban informal settlement characterized by substandard housing and squalor. While slums differ in size and other characteristics from country to country, cities to cities -most lack reliable sanitation services, supply of clean water, reliable electricity, timely law enforcement and other basic services.

Many children in these urban slums have little access to education and often end up on the street begging, sweeping etc. for living. Both the central and state Government has been taking various steps to provide better education and health facilities to the children (age group 6-14) all over the India. But education of the underprivileged deprived children living in these slum areas continues to remain a challenge. They suffer from malnutrition, poor accommodation, poverty, hunger etc. again they continue to live under the umbrella of disease, inadequate health service, unfavorable living environment etc. Hence, the study is conducted by the investigator to explore the educational and health status of the children living in urban slum.

## 1.2. DESCRIPTION OF THE STUDY AREAS

This study was carried out in the city Guwahati, the capital of Assam and the only metropolitan city in the entire North Eastern Region of India. It is also the entry point for the South East Asian Region. According to a survey done by a UK media outlet, Guwahati is among the 100 fastest growing cities of the world, and is the 5th fastest growing among Indian cities. Only two slum areas of Guwahati are selected for this study. These areas are-

**Islampur:** It is situated at the north eastern part of Guwahati City located at Ulubari. Most of the people belong to Shikh and Punjabi Community. Almost 2000 peoples are resided there and each family has minimum of 10 members. Only one girl is getting Higher Education at Gauhati University. Maximum numbers of people are studied up to 10<sup>th</sup> class. There is a primary school named Sri Guru Nanak L.P School. There is a NGO collaborated with SSA which provide education to dropout, working and over aged students to track back them to the mainstream. There is no primary health center. They get supply water only two times in a day and there is a solar water plant for providing drinking water. No person is employed in government service.



**A classroom of a school of Islampur**

**Solapara:** It is a slum congested area located at the Paltan Bazar. Almost 1500-2000 people are living there and it is a highly populated area. Majority of the people belong to Bihari community (Basfor). There is no primary health center and school in this area. Maximum number of people studied up to class X only. Only 5 toilets are there for almost 2000 people. No drinking water facility is available in this slum area. No one is employed either in government or company.



**A house in Solapara**

### 1.3. NEED AND SIGNIFICANCE OF THE STUDY

The study has several areas of significance. Many of the studies of urban poverty in India are done in bigger cities but the characteristics of the urban poor areas in these cities may not be same for those in the medium sized cities such as, Guwahati. The findings and solutions to urban poverty in bigger cities may not be appropriate to the medium or small sized cities. Therefore, the theoretical significance of the study lies in the understanding of multidimensional urban poverty at the micro-level, i.e., at the local level. The 86<sup>th</sup> Amendment of the Indian Constitution recognizes elementary Education as a fundamental right. Even though Government has introduced various policies and programmes for

improving health and education of slum children, yet in reality it is far away from the expectation. Therefore this study tries to highlight the present educational and health status of the children of urban slums of Guwahati city as we know that education and health are depend on each other.

#### 1.4. STATEMENT OF THE PROBLEM

The present study has been entitled as-“A Study on Educational Status and Level of Health Awareness of the Children of Urban Slums”

#### 1.5. OBJECTIVES OF THE STUDY

1. To study the educational status of the children living in urban slum of Guwahati City.
2. To study the awareness of children of slum areas towards health issues.
3. To study knowledge of parents of the children of slum areas towards educational and health issues.
4. To suggest measures to enhance awareness of children of slum areas towards education and health issues.

#### 1.6. DELIMITATION OF THE STUDY

The study is delimited only to the following-

- The study is delimited only to Guwahati city.
- The study is delimited only to two slum areas- Islampur and Solapara.
- The study is delimited only to the children of the age group of 6-14 year.

### 2. METHODOLOGY

In this study descriptive survey method is applied. The descriptive method is the most popular and the most widely used research method in education. The descriptive method used both qualitative and quantitative methods to describe what is describing, recording analyzing and interpreting condition that exists.

In the present study, the researchers surveyed two areas to know the educational status and health awareness of the children living in urban slum areas of Guwahati. In this research study this method has helped us in all respect while gathering necessary and sufficient data regarding our research project.

#### 2.1. POPULATION OF THE STUDY

All the items in any field of enquiry constitute a ‘Population’. By population we mean the aggregate or totality of subjects or individuals regarding which inferences are to be made in a sampling study. It means all those people or documents etc. which are proposed to be covered under the scheme of study. A population is any group of individuals that have one or more characteristics in common that are of interest to the researcher. In this research study due to the lack of time it is not possible to undertake survey on the whole population. The population of this study covers all the children under the age group of 6-14 years living in urban slums of Guwahati.

#### 2.2. SAMPLE USED

The representative proportion of population is called a sample. In this study, total 120 samples were selected. For this purpose, 100 children and 20 parents were randomly selected from 2 urban slum areas of Guwahati City. Simple random sampling technique has been used for select sample for this study.

Sl No	Name of the slum area	Sample
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1	Islampur	50(children) 10(parents)
2	Solapara	50(children) 10(parents)

## 2.3. TOOLS USED FOR DATA COLLECTION

Each tool is appropriate for certain source of data, tools merely identify the presence or absence of certain aspects of a situation. Some tools are useful for collecting qualitative data and some are for quantitative data. In this study Questionnaire tool is used as tool for collecting data.

**Questionnaire:** Questionnaire is a form prepared and distributed to source responses to certain questions. It is a device for securing answers to questions by using a form which the respondent fills by himself. It is a systematic compilation of questions that are submitted to a sampling of population from which information is desired. It is that form of inquiry which contains a systematically compiled and organized series of questions that are to be sent to the population samples. It is an important instrument in descriptive survey research. Questionnaire is of two types- Closed and Open type. In Closed type, the respondent needs to answer in 'yes' or 'no' type or in a limited number of given choices. In the Open type, the respondent needs to think and write. It consists of open questions that require free responses on the part of the respondent. Questionnaire must be prepared very carefully so that it may prove to be effective in selecting the relevant information.

In this study, close type of questions are included in the questionnaire for collecting data. A self-structured questionnaire was applied for collection of data from the slum children.

**Interview schedule:** - The interview is an oral questionnaire. It is a process by which the investigator gathers data directly from others in face to face contact. In interview schedule, questions are prepared for parents. After the objectives are properly explained face to face interview is conducted with parents and ask them to answer the questions which are prepared for them. The replies of answer of the parents are recorded by the researchers.

## 2.4. STATISTICAL TECHNIQUE USED

The investigators used simple percentage and graphical representation for the analysis of collected data.

## 3. DATA ANALYSIS AND INTERPRETATION

Data analysis and interpretation deals with the results of simple percentage of statistical method which carried out for the treatment of collected data and their interpretations with keeping in mind the objectives of the study.

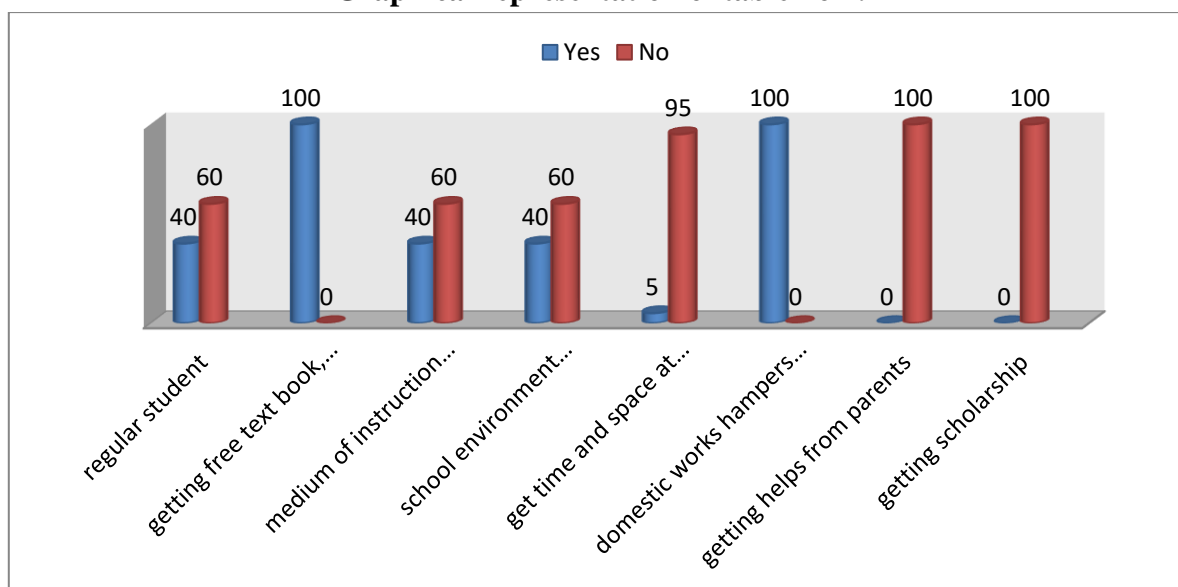
Objective No. 1: To study the educational status of the children living in urban slum of Guwahati City.

**Table No 1: showing the analysis of items related to status of Education**

SL No	Item Content	Response option	Percentage of responses
1	Regular student	Yes	40%
		No	60%
2	Students getting free textbook, uniform etc.	Yes	100%
		No	0%

3	Medium of instruction in school hamper the study of the students	Yes	40%
		No	60%
4	School environment attractive	Yes	40%
		No	60%
5	Students get time to study at home	Yes	5%
		No	95%
6	domestic works hamper study	Yes	100%
		No	0%
7	Getting help from their parents for studies	Yes	0%
		No	100%
8	Getting scholarship for their study	Yes	0%
		No	100%

**Graphical representation of table no 1:**



**Interpretation of Table No. 1**

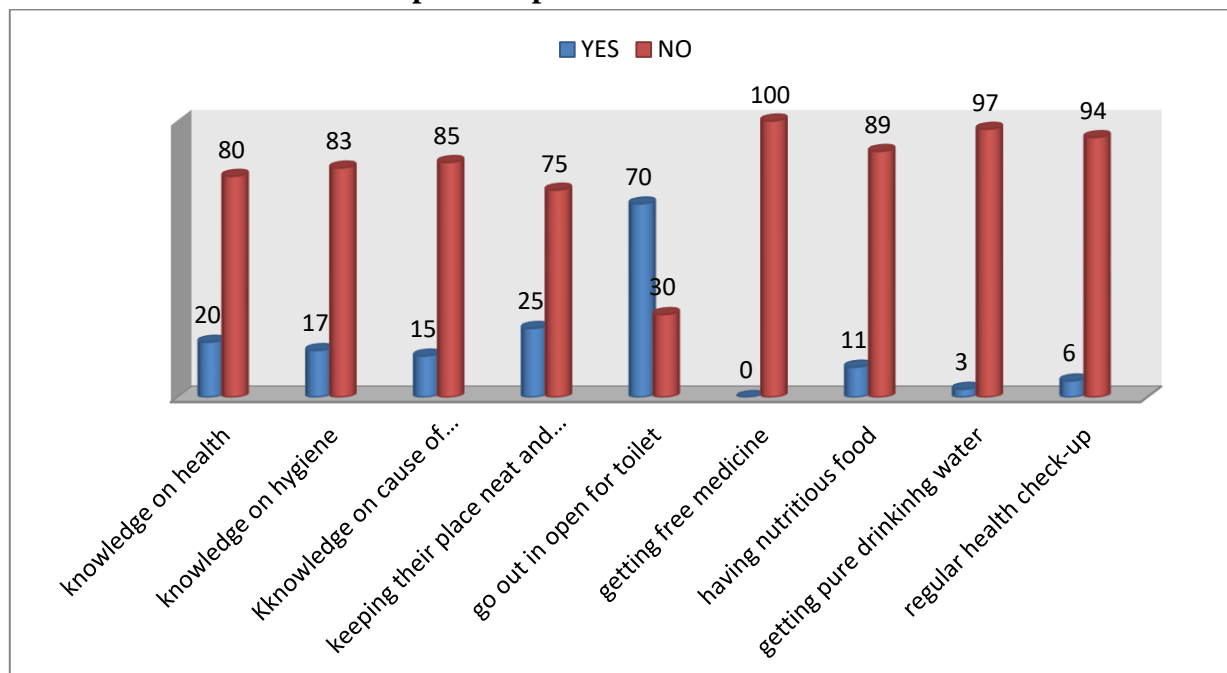
After analyzing the data gathered through different items of the questionnaire prepared for the children, the investigators came to know that only 40% children are regular student. Some children are not regularly going to school but take admission in school only for getting free text book, uniform, bag and mid-day meal provided by SSA. 100% children are getting free text book and uniform. 40% children/students find that medium of instruction hampers their study. 60% children don't get attraction towards the schools as the condition of the school is not good. 100% children are in view that they must have to do domestic work. Almost 95% children don't get time and space for study at their home and 100% children are not helped by their parents in their study. No students get any scholarship for their study as they are unaware about government policies.

Objective No.2: To study the awareness of children of slum areas towards health issues.

**Table 2: Showing the analysis of Items related to Health Issues**

Sl. No	Item Content	Response Option	Percentage of responses
1	Knowledge on health	Yes	20%
		No	80%
2	Knowledge on hygiene	Yes	17%
		No	83%
3	Know ledge on causes of various diseases	Yes	15%
		No	85%
4	Keeping their place clean	Yes	25%
		No	75%
5	Go out in open for toilet	Yes	30%
		No	70%
6	Getting free medicine and vaccine time to time	Yes	0%
		No	100%
7	Getting nutritious food at home	Yes	11%
		No	89%
8	Getting pure drinking water	Yes	3%
		No	97%
9	Regularly go for health check-up	Yes	6%
		No	94%

**Graphical representation of table no. 2**



**Interpretation of Table No. 2**

After analyzing the data the investigator found that only 20% students have knowledge on health and only 17 has knowledge on hygiene. 15% know the causes of various diseases. Regarding the item no 4,

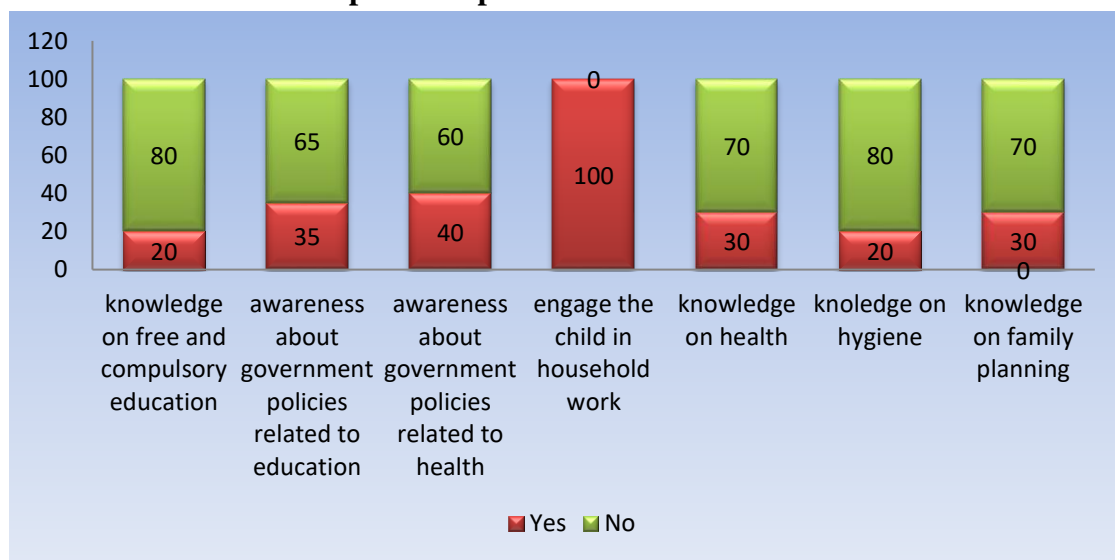
whether they want to keep their place neat and clean, 75% students respond to “No”. 70% students go out in open for toilet. No students get any free medicine and vaccine from the government. Only 11% get nutritious food at their home. Only 3% children get pure drinking water as there is no drinking water facility is given by the government in these areas. The above table also reveals that only 6% children often go for regular health check-up.

Objective No.3: To study knowledge of parents of the children of slum areas towards educational and health issues

**Table No:3-Showing analysis of Interview schedule of the parents:**

Sl. No	Item content	Yes	No
1	Knowledge on free and compulsory education	20%	80%
2	Awareness about government policies related to education	35%	65%
3	Awareness about government policies related to health	40%	60%
4	Engage the child in household work	100%	0%
5	Knowledge on health	30%	70%
6	Knowledge on hygiene	20%	80%
7	Knowledge on family planning	30%	70%

**Graphical Representation of Table No 3**



**Interpretation of Table No.3**

After analyzing the data gathered through different items of the interview schedule prepared for the parents, the investigator observed that only 20% of parents of the slum children know that primary education is free and compulsory in our country. Only 35% of parents are aware about government policies which are related to education and 40% of parents are aware about government policies related to health. 100% of parents engage their children in household activities. It is also observable that 30% of parents have knowledge on health and only 20% have knowledge on hygiene and 30% have knowledge on family planning.



#### 4. FINDINGS OF THE STUDY

The investigator has collected the data and information needed for this study in a systematic manner through descriptive survey method using questionnaire and interview as tools. After the analysis and interpretation of collected data, the investigator is able to find out the result of the study. The major findings drawn from the study are as follows:-

1. It has found from the study that the children of urban slum of Guwahati city are getting free textbook and uniform as well as mid- day meal.
2. Few numbers of children found as regular students and they get mid-day meal at school. But those who are not regular students they also get free text book, uniform etc. It is also found that medium of instruction also hampers in their study.
3. It is observed that children do not like to go to the school because the school environment as well as infrastructure is not able to attract the children.
4. Most of children work for livelihood and they don't get time and space at their home for their study. Their parents do not help them in their study.
5. It is also observed that less number of children has knowledge on health.
6. A few numbers of children has the knowledge on hygiene.
7. Maximum numbers of children do not have any idea on the causes of various diseases.
8. No children are getting good toilet facility and facility of drinking water and nutritious food.
9. It has found that no one get any free medicine and vaccine from the government.
10. From the study it is found that children of urban slums don't have sufficient knowledge on how to keep their place neat and clean because they are not aware about health and hygiene.
11. From the interview with the parents it is cleared that most of them have no idea about free and compulsory education.
12. Only few numbers of parents are aware about government policies which are related to education and health.
13. It has also found that the most of the parents of children of urban slums do not have knowledge on health, hygiene and family planning etc.
14. It has found that all the parents engage their children in household activities.

#### 5. SUGGESTIONS

As a responsible citizen and social worker we all people have some responsibilities towards the development of our society. If we all work together it will help the children and the parents of urban slums to overcome the problems related to education and health. Our little steps can improve their education and health. For this purpose following suggestions are provided by the investigator-

1. The schools should be supervised regularly.
2. Primary school should be established in slum areas as per the section (6) of Chapter III of the Right of Children to Free and compulsory Education Act(RTE)
3. Awareness campaign should be organized in slum areas on educational policies of government.
4. Awareness campaign should be organized in slum areas on facilities and programmes related to health provided by government.
5. Adult literacy programmes should be organized for the parents of slum children.
6. Slum children should be involved in any kind of social, educational and cultural programmes organized by society, government and NGO's.

7. Free vaccination camp should be organized in slum areas.

## 6. CONCLUSION

It can be summed up that concerted efforts will be needed to provide free and compulsory education in these slum areas. Constant school supervision should be made and parents' teachers meet should be organized tactfully in a way that parents will come to the school willingly. Awareness meeting and programme on free and compulsory education should be organized in these areas. Lack of education is the reason behind children's health related problems. Therefore, free health care facilities should be made accessible to them and government schemes should be implemented properly for all round development of slum children.

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