SUMMARY

1. One third of the urban population in India lives in slums. The living conditions in slums are substandard. The health culture of these slum is viewed as sub-cultural complex of their entire way of life. The main objective of the present study was an attempt to focus upon the dynamics of health culture of the slum dwellers of Gwalior city and to explore how these are determined by the larger socio-economic patterns of the people. Within this broader framework our endeavour was confined. The Objectives of this research were:
- to study the existing perception, behaviour and action in health seeking process and culturally determined attitude towards use of different system of medicines;
- to study the socio-economic and political background of the slums;
- to find out the facilitating or inhabiting factors responsible for the accessibility to, availability of, and affordability for health care institutions and to compare the variability in acceptance of health
services on account of community's socio-economic background's;
- to identify critical factors that are most amenable for improving the utilization patterns of the existing health services in the light of above objectives.

2. Sampling Design:- For the attainment of the objectives, a field survey was conducted in two slums of Gwalior city. Sample size of the survey was a total of 300 households i.e., 200 households from the unauthorised slum Muriya Pahar and 100 households from the authorised slum Kampoo, every fourth and every sixth households were selected respectively on the basis of systematic random sampling from the list of the total households. The main tools of data collection were interview schedules and check-list. And the techniques of the data collection were interview, group discussion, case reports and observation.

2.1. To accomplish the study objectives all possible parameters of selective variable on the subject concerned were undertaken as data requirement. For the implication of health in the slum situation, they are broadly confined as social history, physical structure
demographic profile, socio-economic and political structure and social transitions. Besides the emerging health problems, health institution, perception about health and illness, health behaviour etc. were also dealt in detail.

3. From the analysis of data, the study reveals that health behaviour of the slum dwellers pertains to its historical, social and political dimensions within the larger socio-economic environment. There is no variation or significant differences between the people in the slums.

3.1. The social history of Muriya Pahar and Kampoo concentrations shows them as a typical slum augmentation in Gwalior city. Such a prevailing nature is profound upon the existing basic structure and the surroundings of slum settings. As a result, most of the houses (75.3%) are pacca and they are mostly owned by the slum residents themselves (87.3%). Similarly more than half of the households have got their electricity and latrine facilities. Furthermore, a large number of the dwellers (89.6%) have their own water taps facilitated by the municipal corporation.
After all, these can be considered as good indicators well as regarded to positive health and health behaviour of the slum dwellers.

3.2 Irrespective of the different castes and social classes, a number of educational institutions - specially middle level private schools have locally been established in these slums over a period of time. A significant indicator, business of education implies that the slum dwellers were quite aware of the outcome or benefit of education which in turn, influenced their knowledge, attitude and practices of health care activities to a large extent. For example, greater use of sanitary latrine, personal ownership of water tap and a good number of families having a graduate and above qualifications.

3.3. Socio-economic determinants, apart from social and educational inputs in the slum life pattern, were major instrumental means and ways in improving the quality of life and health care activities as well. In this context it is observed that more than half of the slum households were engaged in their settled occupational activities such as services (both govt. and private),
professionals (doctors, engineers and lawyers), and stable small scale business. Alongwith the skilled and semi-skilled labourers, most of the residents have purchasing power. In addition, some residents have also initiated small scale local entrepreneurship like making "Carpet", 'Bidi' and 'Shoe'. These different forms of economic determinants have given the shape of existing health status and behavioural pattern of slum dwellers by incorporating other social and historical determinants.

3.4. Furthermore, the socio-economic development has also been penetrated by some other socio-political actions undertaken by the slum dwellers over a period of time. They are basically social movements such as mass mobilization, formal and informal organisations and community involvement to the improvement of slum life pattern. In this regard, the key and influential persons have played a crucial role as the local decision makers within the slums.

3.5. Taking into account the nature and the extent of health problems and health care activities existing in and around the slum areas, all the factors mentioned
above involved in the slum life pattern have formed the basis or the state of health and dynamics of health culture. Thus, the process and content of health culture has also been influenced by some external forces such as watching television programmes, listening to radio, reading newspapers, getting information through the interpersonal communication and personal development etc. Commensurate with these forces, health culture as a sub-cultural complex of their entire way of life has been further conditioned by the availability and accessibility of different health care institutions in the slum areas.

3.6. The existence of health institutions is the manifestation of social change including socio-economic and socio-political development. In this light, the slum dwellers have in turn, developed a sense of direction in fulfilling their health needs depending upon the accessibility and availability of health care services. Thus, the diffusion of health culture is perpetuated by some of the determinant factors as configurations of health institutions constituted both at the local set up and of a wider network of health services.
3.7. As believed by the respondents the doctors of government hospitals exploit people in the sense of advising patients to come over to their private clinic and make money. For availing hospital care this negative attitude of the dwellers is further attributed by the experiences of the residents due to long waiting and standing on the queue, distance, traveling and loss of wages. But at the same time, for immunisation and conducting delivery they usually prefer to avail hospital services because of reliability and effectiveness of medical equipments and safety measures. In case of corporation dispensary services it is viewed like govt. hospitals. Despite negative attitude, dwellers have made their visits to the dispensary for some health care services on account of economic reasons i.e., less or free of cost, simple procedure of delivery services, less time and distance, uniform class structure of patients.

On the other hand, in spite of positive attitude towards locally available qualified medical practitioners and RMPs, utilization pattern of their services among the slum-dwellers considered to be very low in comparison with dispensary. It was due to high price of medicine and fees charged for services.
Besides, a small part of the residents still believe local quacks and traditional healers for specific diseases like Jaundice, bone setting, measles, and chicken pox etc.

3.8. For some specific health problems dwellers who took actions made visit to the different health institutions irrespective of the system of medicine. Concerning Kampoo slum, minor ailments and heart problems were not found during last one month due to possibly non existence of local establishment of qualified medical practitioners who could be easily approached for such problems in comparison with Muriya Pahar. Anyhow, actions taken for health problem are less among the poor than economically better off sections. The main reason of such action is that poor people were forced to suppress their health problems due to economic factors while better economic status people have got greater awareness and can take health action.

3.9. The concept of healthy person was perceived by the dwellers as the fulfillment of certain basic requirements. As believed by the majority it depends upon their good economic conditions and their
educational status which are perceived as additional inputs. However, most of the residents precisely internalised the necessity of food, clothing and shelter as prerequisites for healthy persons. For the child health, parents education is most important. Some believed, early age at marriage of girls and their child bearing practices causes ill health for the women. Most of the residents believed that age at marriage of a girl should not be less than 18 years.

3.10 The cultural attitude towards girl child and the belief system over women's health are boosted by socio-economic conditions and available and accessible health care services which have in turn, conditioned the health status of women at the slum areas. For the utilization and adaptation of family planning, most of the dwellers did not practice any contraceptive. The lower economic groups in these slums are very much receptive to the adaption of tubectomy and use of nirodhs than the high income groups in these slums which is very interesting and unusual finding of the study. Most of the dwellers preferred to have two to three children in the family.
3.11. Majority of the slum dwellers believed that breast feeding is good for the children. Therefore, half-of the mothers practiced breast feeding upto twelve months of child's age. Immunisation coverage for the children is quite low. The higher economic groups have availed immunisation facilities much more than lower economic groups. (This data was collected before pulse polio programme started).

3.12. The slum dwellers perceived their health problems and diseases in such a way where the external environment of the organic system of human being becomes imbalance when the system itself lacks required inputs. Negligence and lack of awareness about health and hygiene are some of the causative factors for frequent prevalence of some diseases such as 'haiza' (cholera), diarrhoea, malaria, etc. For all communicable diseases, majority of the dwellers considered that physical environment of the slum which is man made is main causative factor. They believe that prevention of these diseases could be done by improving socio-economic conditions of the people and by increasing literacy rate.
3.13. For the slum dwellers tuberculosis is quite value
loaded disease locally known as "Chut Ki Bimari". Half
of the dwellers perceived it as untouchable and
believed in social isolation of the patient. But all
most all believed, doctors should be consulted for this
TB disease. Leprosy is also viewed in the same manner
but majority of the respondents did not know what
should be the appropriate measure for this disease. In
case of diarrhoea, beside contamination of water, food
poisoning is also causative factor. Apart from use of
ORS some people believe, banana should be given to
control diarrhoea. Furthermore, some traditional
beliefs are still existing for measles and chicken pox.
But people are coming forward to the modern system of
medicine by changing their traditional belief system.

4. It can finally be concluded that the slum situation of
Gwalior city demonstrates a typical nature. The
development of health culture of the slum environment
has been examined as a sub-cultural complex of the
entire way of life. There are a number of forces
perculated from the larger socio-economic environment
and directed through the attributes of historical,
social and political dimension to the development of
the pattern of their health culture in the given slum settings of Gwalior city.

This slum situation greatly accentuates the major public health, these problems, since of local concerns, can be dealt with in all their aspects effectively by increasing community involvement, need based planning of local authorities of slums including Nagar Nigam or Municipal Committees. Health problems of slum are therefore, a national responsibility of high priority - specifically interms of the decentralised planning of resource allocations and regulation. Furthermore, the problems of health and sanitation are the direct result of neglect, ignorance and weak health administration, what is required is a strong determination to take action in fulfilling felt needs by providing an integrated package of inputs into the determining factors of health culture of the slum dwellers. If these are done, the quality of life will be much better as an outcome of the effective health programmes.