

Letter to the Editor

Health status of Children at Bhit Island: need for Governmental

Madam, Bhit Island is located 6-7 kilometers away from Kemari, Karachi. It constitutes a population of about 12,000. There is no major health facility available for the residents of the island. As a part of NGO services, the Child Health Foundation, in addition to its regular five clinics at different Katchi Abadis, recently conducted a free health camp in Bhit Island.

In addition to other general medical and surgical services (minor surgical procedures and circumcision), pediatric outpatient services were offered to the community. Three qualified pediatric consultants conducted the primary health care based clinic at the premises.

Approximately 350 children were seen in the clinic from 9 a.m. to 2 p.m. Among the problems encountered, skin disorders were noted to be of the highest frequency. Nearly 90 percent of the children were noted to be bare footed. Scabies was a common problem among the children of the island followed by anemia, ear infections and upper respiratory symptoms. General hygiene was also poor.

The health status of children is of great concern. Scanty water supply was blamed to be one of the major contributors to the poor health status among the children of the island. The population of Bhit Island mainly consists of fishermen. There is no water supply. They have to buy water and then carry it in their boats to their residence. With the lack of basic services, our children are becoming the target of depri-

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References

1. Tabassum F, Baig LA. Child labour a reality: results from a squatter settlement of Karachi. *J Pak Med Assoc* 2002;52:507-10.
2. Golden MH, Samuels MP, Southall DP. How to distinguish between neglect and deprivation abuse. *Arch Dis Child* 2003;88:105-7.

vation. Their basic right has been exploited. This is highlighted recently by Tabassum and Baig.¹ They have shown the problems of children residing in slum areas with child labor as the major concern.

Although we cannot label the child health problem seen in Bhit Island as child abuse but child neglect should be considered. In a recent article, Golden et al², have expressed the concern on non-active, unaware neglect of children in mothers with lower education and poverty. The mothers show an unintentional, uncontrollable negligence of the children, manifested by malnutrition. Similarly, we attributed the health problems in Bhit Island to the low level of understanding of the mother regarding the health hazards and conditions rather than the child abuse.

We have performed only one day service to the community. In view of the above problems, we would like to re-emphasize on the need for more doctors in the area, good water supply and more contributions from the philanthropist. There is a need for appropriate and timely intervention at governmental level. We hope that our writing of this report will not go in vain and we will soon see some actions taken while our quest to improve community child health at under-served areas all over Karachi continues.

