

A combined Study of status of health of both the authorized and unauthorized slum dwellers of Kolkata city

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Abstract

India is emerging as one of the rapid developing countries with many globally identified metropolitan cities like Mumbai, Kolkata, Delhi, Chennai etc. India's growth over the last two decades has resulted in one of the largest human migrations in history – from the Indian countryside to its growing metros. The massive influx of people has strained India's urban systems to the point of breaking, creating massive slums with inadequate housing, sanitation, basic services and security including a higher incidence of violent crime due to lack of attention from local law enforcement, a higher incidence of disease due to poor sanitation and access to healthcare facilities, the dominance of the informal economy and political bosses, and a higher incidence of child labor, prostitution, and substance abuse. The slums of Kolkata represent a contrasting picture that is reflected in terms of poverty and disorganization surrounding the communities. The slum dwellers of Kolkata live in conditions that are not actually fit for their rehabilitation. As a result of which they suffer from various general health problems to chronic diseases. Therefore, this paper attempts to examine the status of the health & hygiene of the families in the slums of Kolkata district of West Bengal.

Keywords: Metropolitan cities, human migration, sanitation, healthcare, prostitution, slum, chronic diseases

1. Introduction

According to (UN-HABITAT) report, April 2007^[3], India is a third world country that suffers from poverty, malnutrition, diseases, unhealthy conditions, and more in Indian slums. India alone is responsible for more deaths of children than any other country in the world. Due to the dramatic rise of slums after India's independence in 1947, its population has tripled. (UN-HABITAT, report, April 2007)^[3]. Most of India's population is currently living in slums. Every year, hundreds of thousands of men, women, and children die around the world and India alone is responsible for 25% of the deaths. By 1980, slum-dwellers were half of India's entire population. (SOURCE: CENSUS OF INDIA 2011 - CIRCULAR No. 8)^[7]. Slum-dwellers constantly deal with issues such as: lack of clean water, constant migration at slums, no sewage or waste disposal facilities, pollution, and unsanitary living conditions. High levels of pollution, lack of basic needs, and room-crowding are some of the basic characteristics of slum housing.

As per the Census of India 2011^[7], 14 Million households comprising of approximately 69 million people live in slums in India which constitutes 18% of the total urban population of the country. In West Bengal 22% of the total population are slum dwellers (6.4 million people). The sex ratio for the slum population is 1000 (Males): 876 (Females).

Origin of Slums in Kolkata: From Past to Present

The slums of Kolkata can be categorized into three groups: the oldest ones, up to 150 years' old, in the heart of the city, are associated with early urbanization. The second group dates from the 1940s - 1950s that emerged as an outcome of industrialization-based rural-urban migration, locating themselves around industrial sites and near infra-structural arteries. The third group came into being after the

independence of India and took vacant urban lands and areas along roads, canals and on marginal lands.

The development of slums appears to be an entirely organic phenomenon which occurs when poorer countries that have under-developed urban management, governance structures and poor infrastructure undergo rapid industrialization and urbanization and fail to minimize the disparity of prosperity between the urban and rural population.

In 2001, 1.5 million people, or one third of Kolkata's population, lived in 2011 registered and 3500 unregistered slums.

Identification of Slums: Registered & Unregistered

In Kolkata, there are two broad categories of slums: those that are officially authorized are designated as *bustees* in Kolkata. Most of them sprang up in response to the housing needs of the urban poor. *Bustees* are legally recognized settlements that the Kolkata municipal corporation supplies with services such as water, latrines, trash removal and electricity (occasional). They are basically permanent in structures which are not under any demolition allowing *bustee* communities to develop a sense of permanency and focus on issues of poverty beyond shelter availability.

There are also a large number of squatter settlements, which are not authorized and popularly known as *shanties*. These squatter settlements have grown up by the side of canals, large drains, garbage dumps, railway tracks and roads. The living conditions of the people living in these shanties are the worst. They do not have proper access to any basic amenities such as sanitation or water. There is always a stench in these areas, with many people usually being involved in rag picking, with garbage dumped outside their houses. In other words, this type of settlement not only faces tremendous problems regarding basic facilities but also causes environmental pollution.

Health

The “Health” popularly explained as the physical and the mental wellbeing of an individual is an issue of serious concern these days. Whether it be the mental pressure of survival in today’s world or the growing pollution due to rapid urbanization and the compact settlement has all contributed to the deteriorated health conditions of the people. However, it becomes worst when we talk of the people dwelling in slums as they lack proper ventilation and sanitation facilities. As we know that Kolkata is well spread with slums both registered and unregistered and these slums at times resemble the breeding grounds of various health issues and violation of basic human rights and entitlement rights. Therefore, the researcher through the current study tries to examine the health status of Households in slums.

2. Research Methodology

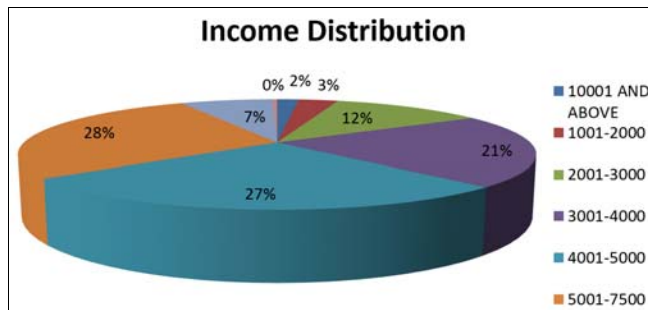
The current study is primarily based on Descriptive cum Diagnostic Research Design. In this study the purposive sampling was adopted, the total sample being 830 HHs. The “City of Joy” Kolkata, the capital of West Bengal which is one of the top cities with maximum slums was chosen as the universe of study. The various authorized and unauthorized slums were the targeted area. The sample size of the study is 830 Households. The unit of study included the Households. Both field as well as documentary sources was used for the collection of data. Among the quantitative data collection tools, the interview schedule was used to understand the current situation across 830 households.

3. Overview of the Profile of Respondents

3.1 Monthly Income

The income distribution of the respondent helped in understanding the affordable capacity of the Households and thus helped in noting the general financial status of the people

residing in the slums. As the figure below shows that, 28% of the total 830 households (HHs) have an income between 5001-7500, 27% HHs earn between 4001-5000 and about 21% of the HHs have 2001-3000 INR. While the other small percentage of HHs have an income below 2000 INR which is extremely less to survive in metro city like Kolkata.



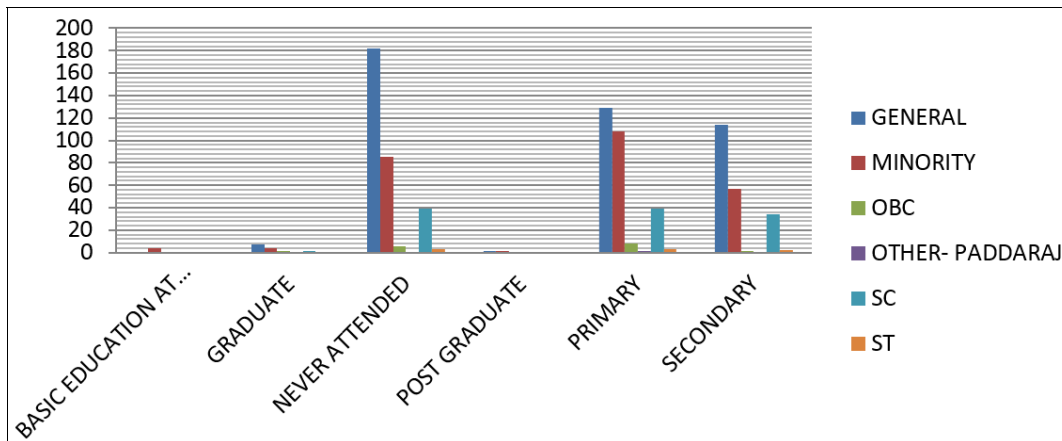
3.2 Religion and Caste

Of the total interviewed respondents; majority i.e. 68.07% is Hindu followed by 31.69% Muslims and the negligible i.e. 0.24% were Christians.

The caste distribution was analyzed which shows that majority of the respondents i.e. 52.23% belonged to general category followed by minority comprising of 31.24% of the respondents followed by SC constituting nearly 13.63%. The least category represented in the entire sample was OBC i.e. 1.93% and 0.97% STs formed the negligible representation.

3.3 Education level against Caste Distribution

The analysis of the education status sex wise shows that of the 148 male respondents 29% have never attended the schools and 40% of females of 682 respondents interviewed have never gone to schools.



In order to understand the level of education across the caste distribution among the respondents, the data against each caste group was analyzed (shown in Table above) and despite of the assumption that backward caste people remain illiterate or do not attend school, the data shows both minority community as well as the general community possess people who have never attended school. Majority of the respondent across all the caste seems to have attended primary school. Certain

female muslim respondents have only learnt to read their holy book at home, which is considered enough by their respective families.

4. Sanitation & Hygiene Status

The slums present the worst forms of health conditions. Their deplorable environmental and economic conditions result in malnutrition among children.

4.1 Usage of Toilets

Open defecation and lack of proper sanitation facilities has been an important observation across all slums, and it is found necessary to understand the persistence of the same and how far it has been resolved. Through the current study, it is found out of the 830 HHs 40% of the households have toilets at home and this includes own toilet, common toilet for multiple families.

However of the other 60% families that do not have toilets at home, 28% families defecate in open while the other 72% have access to community toilets or public toilets and very negligible percentage of families pay and use.

4.2 Washing Hands

It is a proven fact that a major share of stomach related diseases can be avoided if one washes one’s hand with soap at proper intervals. Analysis shows, 78% of our respondents wash their hands with soap after defecation, 17% with ash/mud and 6% still wash their hands with just plain water.

4.3 Cleaning of House

Larger share of the respondents claimed that they cleaned their houses and surroundings on a daily basis. Extremely higher i.e. 98% of the respondents claimed that they clean their houses daily and 92% of the respondents clean their surroundings daily as such. But 3% of the population, who claimed to clean their surrounding regularly, was witnessed to be living in an unhygienic condition.

4.4 Source of drinking water

Larger share of the HHs that is 65.06% consume tap as source drinking water followed by 33.73% of the HHs using tube

well and the other 1.21% HHs use River water for drinking.

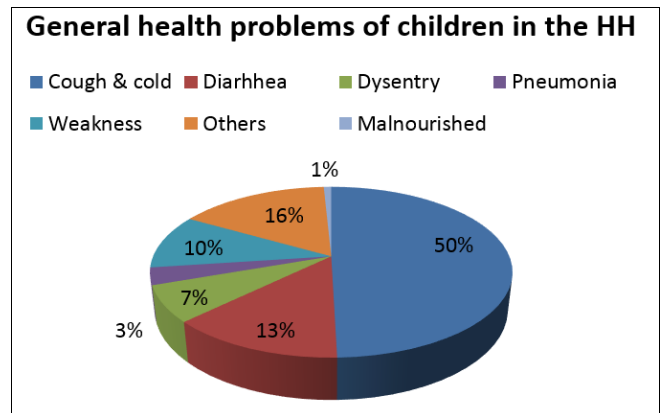
Most of the respondents drink water from tap and tube wells; hence they do not consider it necessary to purify the water once again. Only 4 % of the total 830 respondents purify their water and drink it.

Among the few handful people who do filter the water before drinking it, most of them use water filter equipment’s to filter their drinking water. Boiling is also used by some to filter the water. Very few seem to be using alum or zeoline to purify their water before drinking. In some cases the water is being boiled and filtrated only for the children present in the household and other family members drink the water without filtering it. Few families also use sunlight to filter the water they drink.

5. General Health Problems of Children

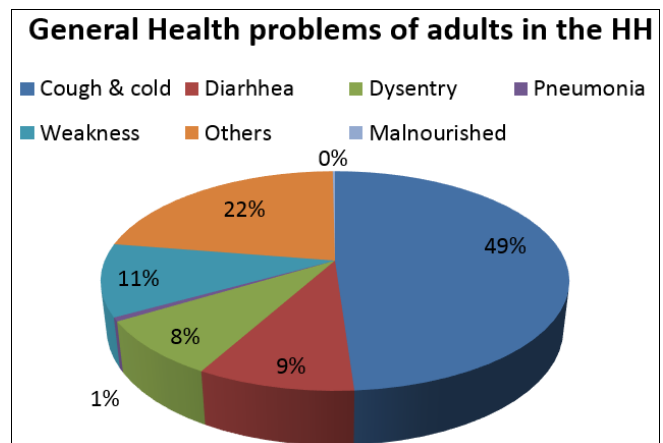
When dealing with health issues in general, it is important to understand the general health issues that are faced by children dwelling in the slums. Through interaction with the parents, it was found that out of the total children covered in the 830 household, 50% of them suffer from cough cold, 13% suffer from diarrhea, 7% suffer from dysentery, 10% suffer from some kind of fatigue and weakness, 1% suffers from malnourishment, and 3% suffer from pneumonia. Other kind

of health problems range from constipation, acidity, eye problems, typhoid, fever, skin disease, malaria, measles, diabetes, fainting, vomiting, infections, to stomach problems etc.



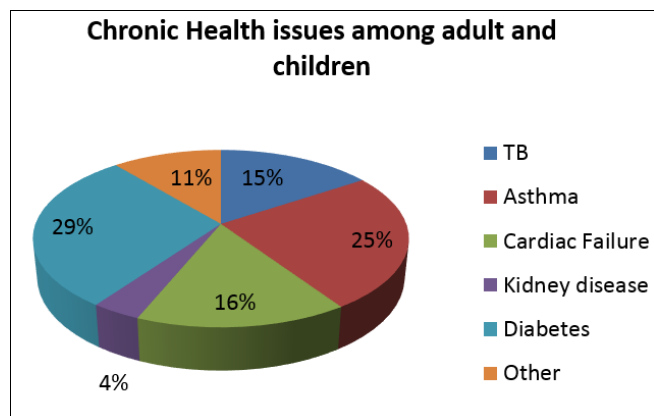
6. General Health Problems of Adults

An attempt was also made to analyze and understand the general health problems among adults in the 830 household. The following figure helped us to acknowledge the common general health problems. The 49% of the adults suffer from cough and cold, 11% suffer from weakness, 8% suffer from dysentery, 8% suffer from diarrhea and 22% suffer from other sort of health problems like fever, acidity, abdomen pain, arthritis, back ache, body ache, joint ache, chest ache, dengue, dental problems, ear and eye problems, gas and gastric issues, hepatitis, igh blood pressure, hyper tension, malaria, migrain, piles, RTI/STI, skin problems, spondylosis, tonsil, waist pain, tumor etc.



7. Chronic Health Problems of Adults and Children

The following figure helps us understand the chronic health issues that has been faced by the adults and children in the household. The analysis of the collected data shows that 29% of the people suffer from Diabetes, 25% suffer from asthma, 16% suffer from cardiac failure, and 15% still suffer from TB. Other chronic issues include cancer, breast tumor, Neurological problems, Blood Pressure and thyroid, with majority suffering from blood pressure.



The high incidence of Tuberculosis and Asthma are noted amongst the targeted population. Despite of availability of cheap and effective help from government health agencies to cure TB and asthma, there are still higher cases of the same.

8. Conclusion

In this clean and green city of India, Due to rising population, the number of slum dwellers is rising in Indian cities. An exhaustive study of Health Status of slum dwellers done with 830 Households has shown a marked improvement in the conditions of the families in relation to health entitlements, access to safe drinking water and body hygiene such as washing of hands and habit of cleaning rooms. However, the higher percentage of general health problems and the chronic diseases in the adults and the children is due to the unhealthy settlements around the railway tracks, across the roads and canals. As, the trains or the other vehicles passes by the plethora of sand and dust is blown which fills the swiped houses with dirt and the same is inhaled by the families which supports the growth of various respiratory diseases.

One root cause of a number of problems occurring in the slum areas has been the fact that the areas are unregistered. Owing to this, much of government entitlements cannot be accessed by the population even if they are aware of such entitlement. Sometimes government fails to address issues at short notice because of such reasons. As per the Census of 2001, 3.82 million people lived in 2011 registered and 3500 unregistered slums in Kolkata.

“Thus, the woes of these tenants of unregistered slum and authorized slums are much graver”

9. References

1. Collin Schenk W. *Slum Diversity in Kolkata*. Columbia Undergraduate Journal of South Asian Studies. 2010; (1)2.
2. *Census of India - Circular No. 2011*, 8.
3. United Nations Human Settlements Programme (UN-HABITAT) report. *Slum Dwellers to double by 2007-2030*.
4. *Affordable Housing Partnership Jnnurm Guidelines*, Government of India.
5. State of the World’s Cities 2010/2011 *Bridging the Urban Divide*, United Nations Human Settlements Programme, 2008.

6. UN-HABITAT (United Nations Human Settlements Programme), *the Challenge of Slums*. Global Report on Human Settlements London: Earthscan, 2003.
7. Census of India, Rural–urban distribution. In *Provisional Population Totals*, 2011; 1(1):1-19.
8. Dutt Ashok K, Mitra, Chandreyee, Halder, Animesh. *Slum Location and cycle of poverty*. Asian Profile, 1997; 25:419.