# " ENVIRONMENT ISSUES:- AND HEALTH PROBLEMS OF SLUM DWELLERS "

## SMT . VIJAYALAKSHMI. N. & NARAYANA SWAMY. A. M

Dept of Sociology, Govt. First Grade College, Gubbi, Karanataka state

### ABSTRACT

The major cause of most environmental problems is the rapidly growing human population. About 90 million babies are born each year. At this rate, by the year 2050, global population will reach 10 billion. The current world population is on average very young and has many years of reproductive life ahead. In developing countries where the urbanization is occurring most rapidly the technology is not high enough to take responsibility of water treatment and clean production. Many Western companies produce their products in developing countries because of more flexible environmental law and cheaper production costs. This puts extra pressure on the environment of the developing countries.

Environmental problems in most of the urban centers are evident. Environmentrelated diseases oraccidents remain among the major causes of illness, injury, and premature death. This is common in the poorer centers of urban areas. Most of these diseases are caused by pathogens in water, food, soil, or air. Burns, scalds, and accidental fires are common in overcrowded shelters,

The cities have two general categories of human environmental risk: those that directly affect health, such as pollution, and those that may not be less damaging, but operate indirectly by worsen the ecosystem that human life depends on. The link between environment and health is evident. Poor environment, housing and living conditions are the main reasons to the diseases and poor health. Contents- 1) Introduction 2) slums:- the indian scenario, 3) Housing and Homelessness ,4) caring for community dynamics of slums, 5) slum dwellers and disease, 6) emperical analysis , 7) conclusions , 8) References.

Urban planning should be based on integrated approaches to providing and maintaining basic services. This will enable addressing in a holistic manner the environmental, economic and social dimensions associated with environmental infrastructure in cities. adequate steps are not taken to prevent pollution and to improve the quality of life by providing more social amenities, life of slum dwellers of Bangalore agglomeration may become moremiserable which may be the cause of heath hazards and worst devastation.

### I. Introduction :-

The major cause of most environmental problems is the rapidly growing human population. About 90 million babies are born each year. At this rate, by the year 2050, global population will reach 10 billion. The current world population is on average very young and has many years of reproductive life ahead. In developing countries where the urbanization is occurring most rapidly the technology is not high enough to take responsibility of water treatment and clean production. Many Western companies produce their products in developing countries because of more flexible environmental law and cheaper production costs. This puts extra pressure on the environment of the developing countries.

Environmental problems in most of the urban centers are evident. Environmentrelated diseases or accidents remain among the major causes of illness, injury, and premature death. This is common in the poorer centers of urban areas. Most of these diseases are caused by pathogens in water, food, soil, or air. Burns, scalds, and accidental fires are common in overcrowded shelters.

The cities have two general categories of human environmental risk: those that directly affect health, such as pollution, and those that may not be less damaging, but operate indirectly by worsen the ecosystem that human life depends on. The link between environment and health is evident. Poor environment, housing and living conditions are the main reasons to the diseases and poor health.

### II. Slums:- The Indian Scenario :-

It is estimated that India would become 50% urban by 2020. The subsequent censuses have been showing a steady rate of growth. The percentage of urban population in the country shot up from 25.7% in 1991 to 27.8% in 2001. The cities are today the sprawling hubs of economic growth and attract millions from the rural hinterlands. The limited resources and amenities of the cities however fail to accommodate them. These where withal gradually turn to commodities available only for a price. The poor thus get pushed aside to congregations called slums.

Worryingly, 65.3% of the total slum population of the country is accounted by just five states- Maharashtra, Andhra Pradesh, Uttar Pradesh, West Bengal and Tamil Nadu. Maharashtra has the highest percentage of slums to urban population- 27.3%.

Take Mumbai for instance. The financial capital of the country has 15.2% of its population in slums and accounts for 36.6% of the slum population in million-plus cities. The report from other cities is not pleasant either. Just notice the fact that 41.6% people of the largest 27 cities live in slums (see figure 1 also). The cities are the face of the country's modernization and magnets that attract lumps of foreign investment. To actualise its development dreams, each city exploits the cheap labour offered by the slum dwellers. The transaction, however, becomes one of loss for the slum dwellers as they get neither a quality life nor security in return and live in deplorable environments.

These million human lives live in kuccha houses that face the perils of destruction during rains and floods and demolition, if built on encroached lands. The jhuggi-jhonparis of Delhi, keris of Bangalore, cheris of Chennai and chawls of Mumbai, all tell the same story of squalor. It is intriguing to note that none of the cities could escape the syndrome of slums.

The landlocked city of Bangalore is today a major business hub and a flourishing IT centre. It is estimated that about 4% of the population serves the IT sector and another 4% is engaged in the less projected IT Enabled Sector. The Bangalore Urban District is located at the southern most tip of the state and is surrounded on three sides by the Bangalore Rural district into which the city is fast expanding. The city is primarily governed by Bangalore Mahanagara Palike, the city corporation. The population of the city was 4,301,326 in 2001 and is estimated to have crossed 5 million in 2008 (*Source: Indiastat*).

The suburbs with the highest number of slums, Malleswaram, Jayanagar, Uttarahalli are located in three different corners of the city. The earliest notified slums are in Gandhinagar (Gous Land-1977), Binnypete (Kanakanagar slum-1974), Jayamahal (K G Bydarhalli- 1974) and Bharatinagar (Nagappa garden- 1974). The date of notification, however, cannot be taken as the right indicator of the age of the slums. Many of these slums were present either in the present form or as squatter settlements even before notification. The fact that complicates this statistical analysis is the lack of information on the history of inhabitation of these slums. It is not clear how much of this population have been living since the date of notification and how many are just seasonal migrants.

The process of urbanization is intricately associated with migration. The direction of migration becomes unidirectional when the vast numbers who arrive in the city from the rural lands become permanent settlers, thereby initiating the process of germination of slums. These lots who become squatters in the city, come with a hope to evade poverty in the village; but in the process, they end up in another cauldron devoid of the basic necessities that they would have otherwise enjoyed in the village.

### III. Housing and Homelessness :-

In the study regions between 33 to 67 per cent of the population live in housing units that are in poor condition. These houses are often made of temporary materials, which do not provide proper protection against temperature changes, winds or rain. The houses are often small and overcrowded and also lack facilities like; piped water supplies, the removal of excreta and solid wastes, drainage and roads.

The slum areas are common in the mega-cities in the developing countries. For poor people and migrants these areas are the major place to live. Usually these slums are situated either in the surroundings of the city where the land is cheap, deteriorated, polluted or then near factories or other work places. The facilities are non-existing in these areas. The location of the slum area is often hazardous for the health of the habitants. Governments do not want to increase the facilities, on the area trying to prevent people living there. These land properties are often owned by the governments. The living areas can be badly polluted, suffer from floods, and locate near polluting and hazardous facilities. These are the places where nobody wants to live. This gives an opportunity to poor people to have an accommodation. The location is important, near the working places, because poor people have no money to pay for the transportation. Also the lack of proper infrastructure policies gives opportunities for poor housing.

Because of homelessness many urban dwellers lack adequate protection from rain, flooding, cold, and heat. Their health and even their lives are threatened by contaminated water and inadequate sanitation. Shelter also takes the major part of the budget for most urban dwellers and informal settlements are often the only way for them to get roof on their heads. Anything is good building material for these people; cardboard, plastic sheeting, plywood, corrugated iron. In every bigger city there are areas for these kinds of settlements.

### IV. Caring for Community Dynamics of Slums :-

A slum is more often than not portrayed in the canvass of poverty, dirt and delinquency. While this is an outsider's view, a community member's outlook need not be very different. A slum contains within its silhouettes a miniature society with a web of social relations and practices. When a migrant family comes and resides in a slum, it

undergoes a give and take process of assimilation. Cultures get intermixed and new lifestyles emerge in the process. Any policy that aims to rehabilitate or redevelop a slum should, therefore, adequately heed to the group dynamics of slums.

Since a majority of slum dwellers have to sweat daily to get their bread, they hardly set aside any time to rebuild their lives. Each family is pre-occupied with its own internal affairs restricting their contribution towards the thoughts of upgrading the slum. However, we need to consider the role of neighborhood relations and binding practices in a slum to complete the functionalist picture. A place of worship, for instance, can become the venue of such binding practices. For that matter, even steps as trivial as making a group complaint for a water connection, can become a participatory activity.

Firstly, this calls for understanding the caste-class hierarchies, linguistic and religious polarities, economic inequalities existing within the slum. A look at the crime records and history of tensions within the slum can also help a policy maker in understanding the magnitude of intervention required. Secondly, the hazardous factors operating in the community should be suppressed and interdependence promoted by dint of suitable strategies.

One effective strategy would be to build community assets that the society members would have to look after together. This can also become a method of livelihood promotion. Employment opportunities that would utilize traditional skills of the residents can also help in bringing them together, especially the women.

Organizing self help groups of women has become a usual practice of poverty alleviation today. This strategy should be successfully replicated in slums as well. Women, if provided the space and opportunity can become active political participants which energy can be channelized in slum development programs.

# V. Slum Dwellers and Disease :-

A recent survey by the Directorate of Health Services of the Delhi government found that the slums are no more untouched by the diseases of the 'rich'. Lifestyle diseases such as hypertension and diabetes are spreading fast among the poor. At least 20 per cent of the slum dwellers screened by the DHS were found to be suffering from hypertension, and 10 percent from diabetes.

"Urban lifestyle does not impact only the rich; it affects the poor too. Stress levels at work are high for services performed by slum dwellers, leading to hypertension. Fast food items such as burgers are available at roadside stalls, resulting in diabetes," said DHS director Dr N V Kamat. However, a senior official in the union health ministry said the main issues in urban slums have not changed, with communicable diseases and illness due to bad drainage being the usual culprits. "The Capital's drainage system is arbitrary. The state government has finally decided to consult the Indian Institute of Technology-Delhi, to put its drainage system in place. But till now overflowing drains have been a major cause of disease in the poorer sections of the city," the official said. Slum dwellers say they face severe health issues, mostly during monsoon when open drains flow into and outside their shanties and kuchha houses. They are often infected with diseases such as malaria, jaundice, skin allergies, cough and cold. Weakness and nausea in summer are common complaints. "The sewage tank of public toilets in my locality was filled up two years ago. But it has not been cleaned. All the excreta and other filth from the toilets is overflowing

into the residential area," said Madhu Rani, a slum dweller in Jahangirpuri. She said children play in this water and fall ill. According to a political activist, children catch tuberculosis due to a dirty environment. "Though I cannot give exact figures, TB is rising in the city," he said. Medical aid is also not easily available, especially for lactating And pregnant women.

# Lack of sanitary conditions

Poor sanitary conditions and poor quality of water lead to illnesses like diarrhoea and other water borne diseases, affecting the life expectancy of slum dwellers. According to a recent case study, water and sanitation diseases are responsible for 60 per cent of environmental health. Among water borne diseases, diarrhoea disproportionately affects children under the age of five. Poor health among children adversely affects the attendance rate at schools.

In dense, overcrowded urban conditions it is often difficult for people to find space to build latrines. Many have to defecate in the open or share whatever limited facilities are available which tend to offer no privacy, safety or hygiene. Because of human waste and refuse collecting in stagnant pools spread disease and contaminate water sources. The problem is made worse during the rainy season when rubbish and excrement are washed in to cramped Living areas.

In these conditions it is virtually impossible to remain healthy and clean. Diseases spread rapidly among the crowded conditions and the little money that slum dwellers earn often has to be spent on medicines to help the sick recover. Often these settlements are unofficial and so, without any legal tenure, the people living there are not entitled to get connections to basic facilities like water and sanitation. These settlements are also vulnerable to demolition as governments reclaim the illegally occupied land for other usages.

# Role of the government and the NGOs.

NGOs can play a vital role in improving the existing conditions of slums. NGOs should work for the underprivileged in the slums. NGOs should work in close coordination with government and make sure that the following facilities are available to the slum dwellers:

- Counseling services to minimize crime and other problems.
- Basic amenities like schooling, proper sanitation, potable water, health facilities and common electricity with minimal charges.
- Free weekly medical and healthcare facilities.

Manifestation of income and other gaps in health, education, skills, etc. can be seen in slums and squatter settlements of most urban areas in developing countries. Slums are not 'problems' that have to be 'solved' - but are indeed results of lopsided and vested urban policies covering land ownership, infrastructure provision and maintenance, and other socio-economic issues. And for the poor, they represent a solution. The need of the hour is to find light in the darkest of the dark scenario and infuse life in the lives that are still waiting for the silver lining.

In a usual scenario a migrated laborer secures a job with security agencies, waste management service providers, contractors, householders etc. They usually employ slum dwellers as rag pickers, sweepers, construction labors, masons, carpenters, domestic helps

etc. For such migrating labors there should be a **centralized labor registration center** where they can register themselves and secure their labor ID number. These centers should have direct contact with prospective employers and they should try to find suitable jobs for these workers according to their skills. These migrated labors should also be allotted dwelling units and the accommodation expenses should be borne by their respective employers. The dwelling units should be located on the outskirts of the town and transport facilities should be made available to the workers in order to make commutation easy for them. Locating proper dwelling units on the outskirts would minimize the proliferation of dingy slums in the city. Along with these arrangements certain regulations should be made by the government:

- Computerized ID numbers should be allotted to the laborers for maintaining records.
- counseling services should be provided in dwelling areas.
- Strict rules should be formulated to prevent the misuse of funds.
- Import high volume construction machinery from China for the speedy construction.
- Factories with a workforce of more than 100 labors should have compulsory dwelling Units.
- The accommodation facilities should be made available before the commencement of any project.

# VI. Empirical analysis :-

To discern the role of political contact in accessing basic amenities and to identify factors that determine political contact, we refer to the slum survey that carried out by us in times of india,19 December 2004 and 6 January 2005. A three- stage stratified random sampling technique was followed. while capturing the issue of political contact in the survey, efforts were made to identify if the slum residents had received political help in securing tokens , voter's identity cards , ration cards , land tenure and basic amenities.

Most of the households are seen to be migrants (around 95%) if the concept of all duration migration is used as the criterion. The fact that a very large percentage of the sample households have been residing in the place of destination for more than 10 years, and can be treated as well as non-migrants, is indicative of the prevailing support derived from political parties.

With a rise in the duration of migration, the percentage of households with accessibility to sanitation, ration cards and voter's identity cards shows a steady increase. All this would tend to suggest accessibility to urban facilities is not necessarily always related to the duration of stay, though common sense would suggest that higher duration of stay in the place of destination makes information flow easier and helps the individuals attain access to these facilities. Factors such as political contact may facilitate the accessibility irrespective of the duration of stay, political contact grows.

Even with respect of some of the relatively difficult facilities like legal status of the land, around half of the sample households confirmed having it simultaneously with political contact. All this tends to substantiate our hypothesis that political contact is a crucial factor in accessing these facilities.

In determining political contact, we hypothesize that level of education increase the probability of becoming a group leader and thus the political association develops. Maleheaded households are more likely to have political contact compared to female-headed

households. The age of the household head is also a determinant, as the relatively younger ones are more dynamic and hence preferred by the political parties for propagating the parties' objectives and mobilizing the masses.

Social networks along the lines of caste, kinship or regional ties, though at times viewed as detrimental to national feelings play, on the positive side, a crucial role in reducing the element of isolation in an alien atmosphere by allowing homogeneity in a culture to grow. The first type of network includes all relatives; the second considers co-villagers and neighbors.

The empirical results tend to support the hypotheses. Education raises the probability of having political contact. Similarly, those who are literate or have studied until class show a probability of having political contact higher than that of the illiterate.

Though political contacts yield in terms of providing access to basic amenities or ownership of land, they do hamper the long-term interests of the slum households. Since the political objectives of using these households at election time are more impelling than any social or humanitarian interest, such favors tend to tie the beneficiaries to the benefactors forever with no genuine concern on the part of the latter for the sluminhabitants to experience upward mobility. On the other hand, social contacts or networks strengthen the basis in the slum-dwellers attaining self-sufficiency.

### VII. Conclusions :-

Urban planning should be based on integrated approaches to providing and maintaining basic services. This will enable addressing in a holistic manner the environmental, economic and social dimensions associated with environmental infrastructure in cities. adequate steps are not taken to prevent pollution and to improve the quality of life by providing more social amenities, life of slum dwellers of Bangalore agglomeration may become more miserable which may be the cause of heath hazards and worst devastation.

Not only does the number of slum dwellers in India persist at a high level, slum conditions either just managed to maintain the status quo or deteriorated in terms of most of the major amenities, including quality of structures, access to tap water, latrines, sewerage facilities, and garbage disposal. Only access to electricity exhibited marked improvement over time. Positive correlations between states shares in aggregate slums and slum conditions imply that states with more slums have better slum conditions, perhaps because larger slum populations draw the attention of more interested politicians.

# References

- 1. National Family Health Survey (NFHS-2), India, 1998-99. Mumbai: International Institute for Population Sciences and ORC Macro; 2000.
- Gopalan C. The Urban Challenge-Health/Nutrition Implications. *In:* NFI-Archives. Available from: URL: http://www.nutrition foundation of India.org ARCHIVES/ APR92 A. HTM. Accessed November 20, 2003.
- 3. National Nutrition Monitoring Bureau. Report on Urban Population. Hyderabad: National I Institute of Nutrition; 1984.
- Bhalani KD, Kotecha PV. Nutritional status and gender differences in the children of less than 5 years of age attending ICDS anganwadis in Vadodara city. Indian J Community Med 2002; 27: 124-129.

- Aneja B, Singh P, Tandon M, Pathak P, Singh C, Kapil U. Etiological factors of malnutrition among infants in two urban slums of Delhi. Indian Pediatr 2001; 38: 160-165.
- 6. Singh N, Mishra CP. Nutritional status of adolescent girls of a slum community of Varanasi. Indian J Public Health 2001; 45: 128-134.
- Swami HM, Thakur JS, Bhatia SP, Singh K, Bhan VK, Bhatia V. National immunization day to assess nutritional status of underfives in Chandigarh. Indian J Pediatr 2000; 67: 15-17.
- 8. Saxena N, Nayar D, Kapil U. Prevalence of underweight, stunting and wasting. Indian Pediatr 1997; 34: 627-631.
- 9. Awasthi S, Pande VK. Prevalence of malnutrition and intestinal parasites in preschool slum children in Lucknow. Indian Pediatr 1997; 34: 599-605.
- 10. Bhat IA, Amin S, Shah GN. Impact of sociomedical factors on pre-school mal-nutritionan appraisal in an urban setting. Indian J Matern Child Health 1997; 8: 5-8.
- 11. Sen PK. Nutritional status of underfive children in an urban slum community of Calcutta. Indian J Public Health 1994; 38: 113-114.
- 12. Dwivedi SN, Banerjee N, Yadav OP. Malnutrition among children in an urban Indian slum and its associations. Indian J Matern Child Health 1992; 3: 79-81.
- 13. Ray SK, Roy P, Deysarkari S, Lahiri A, Mukhopadhaya BB. A cross sectional study of undernutrition in 0-5 yrs. age group in an urban community. Indian J Matern Child Health 1990; 1: 61-62.
- 14. Kapil U, Bali P. Nutritional status of pre-school children of urban slum communities in Delhi. Indian Pediatr 1989; 26: 338-342.
- 15. Nutrition Foundation of India. Profiles of Under nutrition and Underdevelopment: Studies of Poor Communities in Seven Regions of the Country, NFI Scientific Report 8. New Delhi: Media Workshop; 1988.
- 16. Shah D, Sachdev HPS. Nutritional problems in children: Indian Scenario. Pediatr Clin India 2001; 36: 1-23.
- 17. Rao S, Joshi SB, Kelkar RS. Changes in nutritional status and morbidity over time among pre-school children from slums in Pune, India. Indian Pediatr 2000; 37: 1060-1071.
- 18. Gupta A, Kushwaha KP, Sobti JC, Jindal T. Breastfeeding and Complementary Feeding: Guidelines for Doctors. New Delhi: Breast-feeding Promotion Network of India; 2001.
- 19. Nutrition Foundation of India. Infant Feeding Practices with Special Reference to the Use of Commercial Infant Foods, NFI Scientific Report 4. New Delhi: NFI; 1984.
- 20. Chhabra P, Grover VL, Aggarwal OP, Dubey KK. Breast feeding patterns in an urban resettlement colony of Delhi. Indian J Pediatr 1998; 65: 867-872.
- 21. Govenment of Indian 2002 National Human development Report 2001, New Delhi, Planning Commission.
- 22. Aldrich, B.C. and Sandhu, R.S., Housing the Urban Poor: Policy and Practice in Developing Countries. New Delhi: Vistaar Publications, 17-33

360