A Study on the Living Conditions among Urban Slum Dwellers of Mumbai

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Abstract— Background: An extreme and rapid expansion of urban population, provision of basic living conditions and facilities is becoming a challenge; especially in slums. This is adversely affecting the health of the people living in such areas.
Objective: The study was conducted to determine the living conditions among respondents.
Methods: A community-based descriptive study was conducted among 264 slum households in Mumbai from February to March 2018 by interviewing one member from each household using a predesigned and pretested interview schedule.
Results: A majority 176 (66.7%) of slum households were living in owned houses; 243 (93%) had cemented housing structures: 233(88.3%) households had one room or multipurpose room; 231(87.5%) had separate kitchen facility; 152 (57.6 %) had ventilators in their houses.
Conclusion: The housing conditions and other civic amenities facilities are improved in recent years which is due to better infrastructural policies by urban housing authorities but it's not up to the mark. There is a need to provide proper shelter along with the basic needs like safe drinking water, underground drainage, solid waste disposal etc.in one package that can assure hygienic and habitable conditions to the poor slum dwellers.
Key words: Living Conditions, Urban Slums, Mumbai

I. Introduction

Globally, it is estimated that 828 million people lives in slum conditions, representing one-third of the world's urban population. This figure is set to grow in South Asia with urban populations projected to rise from 45% to 62% by 2050.[1] The United Nations Human Settlements (UNHS) gave a comprehensive global description of urban slum communities and attempted to identify different approaches to address this problem in order to achieve the United Nations Millennium Development Goals (MDGs).[2] India is drawing the world's attention, not only because of its population explosion but also because of it's prevailing as well as emerging health profile and profound political, economic and social transformations. A total of 65.49 million population living in 13.9 million households have been enumerated in slums of 2613 cities/towns spread across 31 States and Union Territories in the 2011 Census of India. The non-slum population was 311.61 million. The slum population enumerated constitutes 5.4 per cent of the total population of the country. The slum population constitutes 17.4 percent of the total urban population of all the States and Union Territories; 82.6 percent of the urban population was the non-slum population in 2011. NSS 58th round shows that, while nearly 70% of non-notified slums lack pucca houses, just over one-third of notified slums want these structures. Over half of non-notified slums have no latrine facilities versus 16.6% of notified slums.[3] The rapid pace of urbanization in developing countries is generating greater demand for shelter, especially among poor families who lack the income to pay for decent housing.

II. Objective

The study was conducted to determine the living conditions among respondents.

III. Materials & Methods

A. Study Type & Setting

The community-based, descriptive was conducted in the S ward slum households of Municipal Corporation of Greater Mumbai (MCGM) during a 2-month period from February to March 2018.

B. Study Population

The study population were all households in the slums for which consent could be obtained from the head of the household.

C. Sampling

The sample size was calculated using the formula [4]Z^2 P (1-P)/ d^2, taking a proportion of prevalence of diarrhoea in the urban slum as 22.36%, [5] 95% level of confidence, 5% absolute precision total sample size finally became 264. From all 24 wards "S" ward was selected in MCGM purposively. All 3 hilly areas were selected in S ward: Hilly area 1: Ramabai Nagar, Hilly area 2: Water tank road (Jamil Nagar), Hilly area 3: Surya Nagar. A sample Data collection tools and techniques

A predesigned, pretested interview schedule was introduced among slum households and all the respondent were questioned regarding their living conditions and other facilities.

D. Data Analysis

The collected data was compiled, coded and analyzed by IBM SPSS (Version 20; SPSS Inc., Chicago).

E. Ethical Considerations

The study participants were explained about the purpose of the study and informed consent was taken. of the household was selected by Systematic random sampling a method in which from each hilly area 88 samples were selected. One person was selected as a respondent from each household. First household respondent was selected purposively then every 11th household was selected till completion of 264 sample size from all three hilly areas

IV. RESULTS

This study revealed 30.3 % of the households were headed by females. About 36.4 % were casual labour,(28.8%) Private employee and 18.2 % were self-employed. Most of the study participants (73.5%) belonged to the upper-lower socio-economic class according to the modified Kuppuswamy scale.

During the recent study, it was found that the respondents had living conditions as ownership of house (66.7%) and Cemented house (92%).In this study, 88.3 % of respondents were living in one room or multipurpose, The family size of respondents was dominated by 2-4 members per family (51.1%), followed by 5 and above members and least were found less than 2 as a family member.The main source of water was a public tap (67%), Majority of respondents were availing the facility of the Common/Public toilet (93.9%).

Gender	
Male	184 (69.7%)
Female	80 (30.3%)
Age(in years)	
Below 30	26 (9.8 %)
31-45	137(51.9 %)
46-60	77(29.2 %)
Above 60	24(9.1 %)
Marital status	
Single	23(8.7%)
Married	226(85.6%)
Widowed/Divorced/Separated	15(5.7%)
Education status	
No formal education	30(11.4%)
Primary school	28(10.6%)
Secondary school	98(37.1%)
Higher Secondary (10+2)	88(33.3%)
Others	20(7.6%)
Religion	
Hindu	249(94.3%)
Muslim	14(5.3%)
Christian	01(0.4%)
Caste	
General	81(30.7%)
OBC	89(33.7%)
SC	79(29.9%)
Others	15(5.7%)
Nature of family	
Nuclear	193(73.1%)
Joint	71(26.9%)
Number of family member	
2-4	189(71.5%)
5 and above	75(28.4%)
Occupation	
Casual Labour	96(36.4%)
Private Employee	76(28.8%)
Government Employee	06(2.3%)
Self Employed/vendors	48(18.2%)
Others	38(14.4%)
Monthly household income (In ₹)	
< 6323₹	47(17.8%)
6327-18949 ₹	194(73.5%)
18953-31589 ₹	23(8.7%)
Living years	
0-1 Years	18(6.8%)
1-3 Years	60(22.7%)
3-5 Years	68(25.8%)
More than 5 years	118(44.7%)

Table 1: Demographic Characteristics of the Respondents

Ownership of house	
Owned	176(66.7%)
Rented	88(33.3%)
House structure	
Cemented	243(92%)
Semi cemented	21(8%)
Rooms availability	
One room or multipurpose	233(88.3%)
Two rooms	31(11.7%)
Separate Kitchen facility	
Present	231(87.5%)
Absent	33(12.5%)
Ventilators	
Present	152(57.6%)
Absent	112(42.4%)
Gas connection	
Yes	244(92.4%)
No	20(7.6%)
Source of water	
Tap with residence	87(33%)
Public Tap	177(67%)
Type of water fetching problems	
Less/Limited quantity supply	77(29.2%)
Long queue	06(2.3%)
No problem	181(68.6%)
Toilet facility availability	
Toilet within house	16(6.1%)
Common/Public toilet	248(93.9%)
Table Problems in using the toilet facility	
Unhygienic condition	144(39.3%)
Long queue	54(14.8%)
Far away	158(43.2%)
Mismanaged	06(1.6%)
Ashamed to go there	04(1.1%)

Table 2 Civic Ameneties Availability Wise Distribution of Respondents

V. DISCUSSION

Decent housing is a basic human need and a basic human right. But in many developing countries, the urban population continues to grow at a rapid pace and providing safe, sanitary, affordable housing and basic infrastructure for all citizens became an increasingly serious challenge for the policymakers. As recommended by Environmental and Health Committee (1947), the number of living rooms should not be less than two, the number and area of rooms should be increased according to size of family. The floor area of a living room-120 sq. ft. (12 m2) for more than one person,

every living room should be provided with at least 2 windows and one of them should open directly on to an open space and every dwelling house must have a separate kitchen.[6]The present study shows that majority of respondents had single room or multipurpose room which is insufficient, Ventillation facility was available but it was not as per standards.

The increase in the literacy level was seen due to the various schemes by Brihanmumbai Mahanagarpalika Education Department (BMED) schemes for poor, Availability of municipal schools in vernacular languages, mobilizing activity by various NGOs etc. Men said that their houses were sufficient for their families' but women complained that their houses were congested. The ownership of the house is associated with the work profile of the respondents. The proportion of semi-cemented houses are declining because as the government is supporting financially to built houses for those who live below the poverty line.

UNDP Human Development Report 2006 made an almost unbelievable estimate of one toilet for every 1440 people in Dharavi. It went on to describe the situation: "In the rainy season, streets, lacking drainage, become channels for filthy water carrying human excrement." "People in Dharavi rely on wells, tankers or unsafe sources for their drinking water. In a typical case, 15 families share one tap that works for two hours a day."[7] As per the present study, water facilities are still not available door to door and even government has not taken serious steps about water tap connection door to door. In case of water, both men and women said that water was supplied to them through public tap but on certain occasions, water was supplied to them by a water tanker. Sometimes they have to pay Rs. 5/- to Rs. 20/- for getting a gallon of water. This is either because applications for individual taps are pending approval with the municipal corporation or because the slum is on encroached land, which means that the civic body will not provide any services there. The main reason, as learnt from an MCGM official, is that the housing conditions and area, which is too small, does not favour the individual tap connection. Therefore the set criterion is five households per tap connection. But in reality, the number of households per tap is much higher.

According to the Society for the Promotion of Area Resource Centers (SPARC), an NGO working for urban poor, "Ideally, one public toilet seat should be built for 10 families — considering an average of 5 per family, that's one seat for 50 people. A BMC-approved 20-seater public toilet would cater to 200 families, or 1,000 people." PM Modi's Swachh Bharat mission set the benchmark at one seat for every 25 women or 30 men.[8]The main reason for not constructing a toilet within the house was people are not able to afford at a time. Since the toilets were situated little away from the main locality, women sometimes feel problem in utilizing the same while male responded that they never faced any problem in toilet use.

VI. Conclusions

The present study among the urban slum dwellers of Mumbai shows that the housing conditions and other civic amenities facilities are improved in recent years which is due to better infrastructural policies by urban housing authorities but its not up to the required standards which lead to overcrowding. Improper ventilation was one of the factor responsible for poor health conditions. The 5 household dependency per water tap connection was the main responsible factor for the insufficient water quantity faced by respondents'. The burden of toilet per household was found very high which arises a conditions of unhygienic and filthy toilets. This study also insight on the conditions of water fetching and toilet using problems which are arisen mainly due to unplanned sewage structure. Women and children are facing major difficulties due to poorly maintain far away locations of toilets.

VII. Recommendations

The response suggested that the slum dwellers do not want stricter pollution control measures to perceive the ecological balance and so on but they want pucca houses, the regular and adequate supply of water, toilet facilities and removal of accumulated garbage. Problems of the slums and slum dwellers can be dealt with by little initiative taken by the Government, NGO's and municipal employees.

One home-one toilet policy needs to be implemented immediately and effectively. The cost of construction of toilets within the house must be born by the civic authorities or it should be at a subsidized rate. For getting new water tap connection within the house the waiting time and the formal paperwork procedure must be minimized. The door to door garbage collection facility must be implemented.

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