

## **Living condition and life style of Mankhurd slum dwellers**

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### **Rationale**

Slum studies present a picture of slum dwellers' physical, demographic, economic and health conditions along with crowding conditions and distribution of residents according to place of origin and duration of residence. Piece meal efforts to improve the condition of slums in the past have brought about some improvement in the lives of the slum dwellers. The living condition of slum dwellers is still far from satisfaction. Slum dwellers have not received due attention in urban planning and have largely remained an area of neglect. Slum dwellers have been contributing significantly to the economy of any city by providing affordable labour for formal as well informal sectors of the economy. There is no denying fact that slums have become an integral part of urbanisation and in a way manifestation of overall socio-economic policies and planning in the country. Comprehensive information on the slums covering the different aspects of their life is essential for formulation of effective programmes and coordinated policies for improvement and rehabilitation of slum dwellers.

It is well known that the health status of the slum dwellers is greatly influenced by living condition they live in. Slum congestion, homeless families, street children, severe drainage shortage, air pollution, stinking water bodies, heaps of garbage, unhygienic working condition are all unique to urban environment. Bapat and Agrawal (2003) while studying Mumbai and Pune slums found that slum dwellers live in a variety of circumstances-on pavements, besides railway tracks, in swampy and on steep slopes and lack of proper income becomes the major factor poor housing. The overall situation is too alarming. The degraded environment in which they live takes toll on the physical, mental and moral health of the slum dwellers. Nijama et al (2003) found that due to lack of proper living conditions slum children are vulnerable to diarrhoea, typhoid, malaria and other such diseases. To improve the living condition of slum dwellers better facilities pertaining to water, sanitation and health education should be provided. A Mumbai slum study by Verma et al (2001) indicated that the health status of the slum dwellers is influenced by poor economic status of the household,

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awareness, availability and accessibility of health facilities etc. Sijbesma (2006) in a Mumbai study concluded that poor hygiene and sanitation, lack of safe drinking water contribute to health problems of the slum dwellers. A Brazil study (Reily et al 2007) indicated that chronic non-communicable and communicable diseases like hypertension, diabetes, intentional and unintentional injuries, tuberculosis, and rheumatic heart disease and HIV infection exist in slums. In the light of above it can be opined that the survival of low income households in an urban continuum is a matter of great concern.

The census of India defined slums as areas where buildings are unfit for human habitation for reasons such as dilapidation, overcrowding, and faulty arrangement of streets, and lack of ventilation, light or sanitary facilities. In other words slums are a group of buildings, or areas characterised by over-crowding, deterioration, unsanitary condition or absence of facilities or amenities which because of which these conditions or any of them endanger the health, safety or morals of its inhabitants or the community (Census 2001).

Slums are part of the city in many developing countries. But some countries deny their existence. The reasons behind the nonexistence of slums may be basic ideology held by these countries. The acute housing problem/condition and poverty are supposed to be major reasons for the mushrooming growth of the slums all over the world (Kaldate, 1989). Slums are addressed with different names in different parts of the world. In the United States the old ethnic slums are known as the “Kerry patch”, the “Ghetto”, “Little Italy” etc. In case of cities of Southeast Asia, slums are referred as “Indian quarter” in Rangoon, “Chinese quarter” in Singapore, “Samphonthawang” in Bangkok and “Kampong” in Indonesia. In India, slums have a variety of names. They are known as “Jhopadpatti” in Mumbai, “Jhuggi” in Delhi, “Bustee” in Kolkata, “Cheris” in Chennai and “Keris” in Bangaluru.

### **The Data and Methodology**

The data for this study was obtained by conducting a household interview among slum dwellers residing in Mankhurd slum, an eastern suburb of Mumbai city. Mumbai, the financial capital of India has around half of its population living in slums which are spread in all parts of the city and suburbs. Some wards/sections have very high population density. An attempt has been made here to know about various aspects of Mumbai’s slum population.

Multistage sampling design has been adopted to select the localities and the households. Mumbai city has been divided into 6 zones and each zone is further divided into wards while wards are divided into sections. One zone was randomly selected (Zone 5). In the next stage of sampling ward M (East) was again randomly selected. In the final stage Mankhurd section of ward M (East) was randomly selected. Again in Mankhurd there are many slums. One slum was randomly selected. From this slum/locality 229 households were selected by systematic random sampling after listing all the households of this section/locality. Information about the household, its members, living condition, and lifestyle was collected from the head of the household or a responsible member of the household through a well designed pre tested questionnaire.

### **Objectives of the study**

An effort has been made in this piece of research to study living condition and life style of slum dwellers living in Mankhurd slum of Mumbai. Living condition has been studied in terms of provision of water and sanitary facilities and occurrence of various types of illness while life style has been studied using variables such as entertainment, consumption of intoxicating item like bidi/cigarettes, pan/khaini/gutka and alcoholic drinks

### **Results and Discussion**

More than three fifth of the slum dwellers were aged less than 25 years. One out of every 7 person was aged 25-34 years while one out of every 5 person was aged 35-44 years. The median age of the slum dwellers was around 26 years. The sex ratio was in favour of males as there was only one female for every 3 males. Though less than one third slum dwellers was illiterate more than 40 percent had primary level education. It is evident from Table 1 that around eleven percent slum dwellers had higher secondary and above level education. Less than 10 percent were scheduled castes/ tribes. More than half of the residents of Mankhurd slum belonged to other castes. In case of religion it was observed that around three fourth persons living in Mankhurd slum were Muslims. The marital status distribution indicated that more than one third slum dwellers of Mankhurd were either never married or married but around one fourth were widowed/divorced/separated. This table further highlighted that more than half of the slum dwellers had age at marriage 15-19 years while another 40 percent had age at marriage 20-24 years. The median age at marriage of the slum dwellers hovered

around 19 years. Sixty percent of the households had 4 to 6 persons. Two of every five households had 5 and more persons in their households while another 51 percent households had 2-4 persons in their household, the average household size resulted as 5.5 persons. Sixty percent of the slum dwellers hailed from poor wealth quintiles

Table1: Distribution of Household Members According to Some Socio-demographic Characteristics, Mankhurd Slum, 2009

<b>Characteristics of Respondent</b>	<b>Categories</b>	<b>Percentage</b>
Age(in years)	Less than 25	62.9
	25-34	14.3
	35-44	18.3
	45 and above	4.5
Sex	Male	74.8
	Female	25.2
Level of Education	Non literate	29.5
	Up to primary	43.3
	Above primary-up to Secondary	16.5
	Secondary and above	10.7
Caste	Scheduled Castes and Tribes	9.5
	Other backward classes	40.3
	Others	50.2
Occupation	Non worker	20.3
	Worker	26.1
	Household Activity	20.0
	Student	33.6
Religion	Hindu	26.4
	Muslim	73.1
	Others	0.5
Marital Status	Never Married	36.4
	Married	39.6
	Widowed/Divorced/Separated	24.0
Age at Marriage(Years)	Less than 15	5.3
	15-19	51.7
	20-24	40.0
	25 and above	3.0
Household Size(Persons)	Less than 2	5.7
	2-4	51.3
	5 and above	43.0
Wealth quintile	Poorest	30.0
	Poorer	30.0
	Middle	15.0
	Richer	15.0
	Richest	10.0

In Mankhurd more than one third of the slum dwellers were students while one of every 5 slum dwellers were engaged in household activities or were non workers. It can be observed from Table 2 that more than one fourth of the slum dwellers were engaged in various types of activities. Around sixty percent of the slum dwellers were daily wage workers and less than one third slum dwellers were salaried workers (females were mostly working as housemaids).

Table 2: Distribution of Household Members According to Some Work Profile,  
Mankhurd Slum, 2009

<b>Work Profile</b>	<b>Categories</b>	<b>Percentage</b>
Current work status	Working	26.1
Work Profile	Daily wage worker	58.0
	Salaried worker*	29.8
	Own business	10.4
	Others	1.8
Working Hours	Less than 8	28.3
	9-11	43.3
	12 and above	28.4
Time taken to reach place of work(Hours)	Less than 1	65.5
	1-2	33.1
	More than 2	1.4

\*Includes Housemaids

Only one out of every ten slum dweller had his own business. Depending upon work profile the slum dwellers had varied working hours. It ranged from less than 8 hours to 12 hours and above. Around forty percent slum dwellers had to work for 9-11 hours while more than one fourth slum dwellers had working hours as less than 8 hours or 12 hours and above. In Mumbai the slum dwellers of Mankhurd did not spend enough time in travelling i.e time spent in reaching to place of work. It was observed that around two third slum dwellers spent less than an hour to reach their place of work because their duty place was not very far off and a quite significant proportion of them walked down to their place of work. Another one third slum dwellers spent 1-2 hours in travelling to their place of work who commuted by bus and or local train.

Though three fourth slum dwellers lived in their own house less than 5 percent lived in pucca houses (made of concrete, cement or asbestos etc.) while more than 90 percent in kaccha

houses (made of tin, mud, wood etc.) . Only one percent slum dwellers had water supply in their house through a tap and most of the slum dwellers got water from the nearby public tap

Table3: Distribution of Household Amenities, Mankhurd Slum, 2009

<b>Household amenities</b>	<b>Categories</b>	<b>Percentage</b>
Ownership of house	Owned	74.8
	Rented	25.2
Type of house	Kaccha	91.1
	Pucca	4.1
	Semi-Pucca	4.8
Source of light	Electricity	96.4
	Kerosene	3.6
Source of water	Tap with residence	1.0
	Public Tap	96.1
	Water Tanker	2.9
Toilet facility	Toilet within house	1.0
	Common/Public toilet	86.7
	No toilet facility	12.3

but due to scanty water supply a 20 litre vessel cost them Rs. 5. Drainage and road was occasionally cleaned by the corporation employees. They did not have toilet facility within the house so they used public/common toilet facility in their locality. Table 3 indicated that one out of every 8 household heads have observed that they did not have toilet facility in their locality. Now that public toilets were very few open airs defecation was quite common especially among men and children. In short, the sanitary and water condition in Mankhurd slum was very poor.

The slum dwellers residing in Mankhurd face a variety of problems pertaining to water and sanitation. Around 98 percent slum dwellers had problems pertaining to fetching water while around 97 percent had problems in toilet use. It is evident from Table 4 that the major problem faced either in case of fetching water or toilet use was long queue which amounted to more than 90 percent. The next prominent problem was location of the source of water or place where toilet was situated. It was far away in more than 80 percent in either of the cases. More than one fourth slum dwellers opine that fetching water is a time taking affair, may be due to irregular or less/ limited quantity of water supply. Similarly, one fourth slum dwellers opine that they feel ashamed to use the toilet due to its unhygienic condition or because it is

mismanaged. The slum dwellers had their kin (parents/in-laws/relatives) at the native place but very few had wives and children at the native place. They maintained connectivity with their kin at the native place as around 60 percent had sent remittances to them though frequency of sending remittances was not fixed. The kin also occasionally visited them.

Table 4: Distribution of Household Members by Type of Water and Sanitation Problems Faced, Mankhurd Slum, 2009

<b>Problem Faced</b>	<b>Categories</b>	<b>Percentage</b>
Proportion -faced problem in fetching water		98.7
Water fetching problems	Less/Limited quantity supply	68.0
	Long queue	94.1
	Far away	86.9
	Unclean water	77.9
	Irregular water supply	72.0
	Time taking	28.0
Proportion - faced problem in toilet use		97.4
Toilet use problems	Unhygienic condition	75.0
	Long queue	95.0
	Far away	81.0
	Mismanaged	70.1
	Ashamed to go there	25.0

The slum dwellers quite often change their place of residence due to various reasons such as removal of slum due unauthorised settlement or some administrative reasons. An idea about their duration of stay at the current place of residence by some background characteristics was obtained from the head of the household. The information has been tabulated in Table 5. It was observed that at least 80 percent of the slum dwellers irrespective of some background characteristics were staying in Mankhurd for more than 10 years. These proportions were substantially higher in case of slum dwellers aged 45 and above, having level of education secondary and above, schedule castes/tribe and belonging to other religion. Less than 10 percent of the slum dwellers expressed their duration of stay in Mankhurd as less than 5 years. Youngsters (aged less than 25 years), non literates, other backward classes and Muslims have dominated the scene in this category.

Table 5: Distribution of Respondents by some Background Characteristics and Duration of Stay, Mankhurd Slum, 2009

Background Characteristics		Duration of Stay(Years)		
		Less than 5	5 -10	More than 10
Age(Years)	Less than 25	7.4	11.1	81.5
	25-34	4.5	16.6	78.9
	35-44	6.9	10.1	83.0
	45 and above	5.8	2.0	92.2
Level of Education	Non literate	6.9	17.8	75.3
	Up to primary	3.7	15.0	81.3
	Above primary up to Secondary	2.1	13.2	84.7
	Secondary and above	1.9	8.1	90.0
Caste	Scheduled Castes/ Tribes	4.0	8.6	87.4
	Other backward classes	7.1	12.2	80.7
	Others	7.1	12.4	80.5
Religion	Hindu	5.2	10.3	84.5
	Muslim	6.7	15.8	77.5
	Others	2.0	5.7	92.3

Table 6: Distribution of Household Members by Type of Entertainment, Mankhurd Slum, 2009

Household amenities	Categories	Percentage
Proportion who go for entertainment		64.7
Type of entertainment	Visit to Movie	3.7
	Visit to a Mall	9.4
	Visit to a friend/relative	84.7
	Others	2.2
Accompanying person	None(Alone)	4.1
	Wife only	17.7
	Children	22.5
	Other family member	54.0
	Relative/Friends	1.7
Frequency of visit	Once in a Week	10.4
	Once in a fortnight	10.5
	Once in a month	21.7
	Not fixed	57.4

It has already been mentioned that majority of slum dwellers were daily wage workers/labourers but around two third of them used to go out for entertainment. More than eighty



percent slum dwellers visited their friends/relatives to entertain themselves with their family members (Table 6). Around 10 percent visited a Mall for entertainment but less than 5 percent visited a movie for entertainment. More than half of them were accompanied by other family member whenever they went out for entertainment. Less than one fourth were accompanied by their children while one out every five head of the household was accompanied by his wife whenever he went out for entertainment.

Studies have indicated that low level of literacy and low profile of wealth index often causes spousal violence. These things are very much prevalent among the slum dwellers. The husbands and wives were separately asked about the spousal violence occurring in the household. It is evident from Table 7 that in most of cases husbands/wives felt that spousal violence occurred when husband suspected wife-unfaithful and when wife disagreed with husband's opinion. In both the cases proportions were as high as 90 percent. It is interesting to note that only 2 percent husband opined that spousal violence takes place when wife does not bring enough dowry/gifts while 5 percent wives feel so. Similarly around 4 percent husbands are of the opinion that spousal violence takes place when wife goes out without husband's permission but 6 percent wives feel so. Around 7 percent husbands and wives agreed that spousal violence occurs when wife does not cook food properly.

Table 7: Percentage of Respondents by Reasons for Spousal Violence, Mankhurd Slum, 2009

Reasons for spousal violence	Percentage	
	Husband	Wife
Husband suspects wife-unfaithful	93.3	89.6
Wife does not bring enough dowry/gifts	1.9	5.4
Wife does not respect her in laws	5.5	3.1
Wife neglects housework or children	3.8	2.9
Wife goes out without husband's permission	3.7	5.9
Wife does not cook food properly	6.5	6.7
Wife disagrees with husband's opinion	96.7	94.7

Health and health facilities are not up to the mark in slums. In view of this an attempt has been made to know about illness details such as proportion of slum dwellers falling sick, type of illness occurring and duration of illness etc. It was observed that around half of the slum dwellers fell sick during the last 6 months. The most common illness was Viral fever (48.3

percent) followed by Malaria (16.7 percent), Gastroenteritis (13.7 percent) and Diarrhoea (7.1 percent). In cases of three fourth slum dwellers the duration of illness was less than a month. Though more than ninety percent of the patients suffering from various types of diseases have contacted Medical doctors for the treatment of their illness, some have contacted RMPs and Faith healers too. It can be seen from Table 8 that around 5 percent of the slum dwellers were hospitalised too. Further, 85 percent slum dwellers responded to the treatment given to them and got cured too while 13 percent were still under treatment.

Table 8: Percentage of occurrence of illness during last six months and treatment sought by household members, Mankhurd slum, 2009

Health indicators	Category	Percentage
Proportion fell sick		49.7
Type of illness*	Viral fever	48.3
	Gastroenteritis	13.7
	Dysentery	4.3
	Diarrhoea	7.1
	Malaria	16.7
	Asthama	3.8
	Jaundice	4.1
	Others**	9.0
Duration of illness	Less than a month	75.3
	More than a month	24.7
Treatment sought (from)	RMP***	5.1
	Faith healer	1.9
	Medical doctor	93.0
Proportion hospitalised		5.4
Current status	Cured	85.4
	Under treatment	13.1
	Relapsed	1.5

\* Multiple Responses \*\* Eczema, Chicken Pox and Tuberculosis etc \*\*\*Registered Medical Practitioner

Less than one fourth minor ailments were ignored which were back/body pain, cough /cold and head/ stomach ache. The major reason for ignoring the ailments was financial constraints.

Persons belonging to poor wealth quintiles were more vulnerable for falling sick than persons belonging to rich quintiles. More than sixty percent slum dwellers consumed intoxicating items and alcoholic drinks. Around half of the slum dwellers had a habit of using bidi/cigarettes while three fourth consumed pan/khaini/gutka and more than one fourth consumed alcoholic drinks. Majority of slum dwellers started consuming alcoholic drinks when they were aged 20 years and above. They consumed such drinks mostly during the weekend. Eighty percent slum dwellers consumed at least 2 pegs of drink mostly at the shop/bar. At least 80 percent were in a habit of consuming local/country made drinks and only one out of every 7 slum dwellers consumed English/ imported drinks. It was more prevalent among older persons, persons having primary and above level of education, scheduled castes/ tribes, other castes and those hailing from richer/ richest wealth quintiles. Most of the slum dwellers had come to Mumbai or this current place of residence with the help/support of friends/relatives/family members. Three of every five slum dwellers moved to Mumbai with the help of their relatives/friends and more than sixty percent faced housing problem which was still prevalent. They found living arrangement and social relationship better in Mumbai than at their native place.

The logistic regression indicated that richest slum dwellers were much more likely to go out for entertainment than the poorest slum dwellers. Other backward classes were 2 times more likely to go out for entertainment than the scheduled castes/tribes. But women were 70 percent less likely to go out for entertainment than men which is evident from Table 9. Slum dwellers hailing from higher wealth quintiles were very much more likely to go out for entertainment than those hailing from lower wealth quintiles.

Table 9: Odds Ratio for Going Outside for Entertainment: Mankhurd Slum, 2009

Characteristics of Respondent	Categories	Exp(B)
Age(in years)	Less than 25@	1.00
	25-34	0.95
	35-44	1.15
	45 and above	1.12
Sex	Male@	1.00
	Female	0.30**
Level of Education	Non literate@	1.00
	Up to primary	1.30
	Above primary and up to Secondary	0.95
	Higher Secondary and above	1.19
Caste	Scheduled Castes/Tribes@	1.00
	Other backward classes	1.95*
	Others	1.10
Religion	Hindu@	1.00
	Muslim	0.50
	Others	0.90
Work profile	Non worker@	1.00
	Worker	0.82
	Household Activity	1.20
	Student	0.70
Wealth Quintiles	Poorest@	1.00
	Poorer	9.45**
	Middle	13.15**
	Richer	14.74**
	Richest	15.94**

@ Reference Category

\*\* Significant at  $p < 0.01$ , \*  $p < 0.05$

It can be observed from Table 10 that slum dwellers living in Pucca houses were 35 percent less likely to suffer from illness than those living in Kaccha houses. Similarly slum dwellers having larger family size were at least 2 times more likely to suffer from any illness than those having smaller family size. The richer were 64 percent less likely to suffer from any illness compared to the poorest. Muslims were 5 times more likely to suffer from illness than Hindus during last six months. Wealth quintiles, caste, religion and type of house appeared to be significant predictors for illness.

Table 10: Odds Ratio for Anybody Suffering from any Illness: Mankhurd Slum, 2009

Characteristics of respondent	Categories	Exp(B)
Type of House	Kaccha @	1.00
	Semi Pucca	0.17
	Pucca	0.65*
Household size (Persons)	Less than 2	1.00
	2-4	1.78
	5 and above	2.13
Caste	Scheduled Castes/Tribes@	1.00
	Other backward classes	2.25*
	Others	1.54
Religion	Hindu@	1.00
	Muslim	5.01*
	Others	2.98**
Duration of stay in Mumbai(Years)	Less than 10	1.00
	10-19	1.09
	20 and above	1.15
Wealth Quintiles	Poorest@	1.00
	Poorer	0.24**
	Middle	0.29**
	Richer	0.36**
	Richest	0.89**

@ Reference Category

\*\* Significant at  $p < 0.01$ , \*  $p < 0.05$

### Nut shell

A study conducted among 229 slum households in Mankhurd located in eastern suburb of Mumbai, India indicated that average age of slum dwellers was 26 years. More than 40 percent had primary level education. The average household size was 5.4 persons. The sanitary condition was poor. Since the public toilets were very few open air defecation was quite common especially among men and children. They maintained connectivity with their kin at native place by sending them remittances though frequency of remittances was not fixed. Around three fourth went out for entertainment with the family. The logistic regression indicated that richest slum dwellers were more likely to go out for entertainment than the poorest one. Women were 70 percent less likely to go out for entertainment than men. They found living arrangement/ social relationship better in Mumbai than at their native place. Around fifty percent slum dwellers fell sick during last six months, the most common being viral fever and malaria. Minor ailments were mostly ignored due to financial constraints. The logistic regression indicated that slum dwellers

having larger family were more likely to suffer from any illness than those having smaller family. The richer were less likely to suffer from any illness compared to the poorest. Muslims were more likely to suffer from illness than Hindus. Wealth quintiles, caste and religion appeared as predictors for illness. There is an urgent need to improve the living condition of the slum dwellers that face severe water and sanitary problems.

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