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Accessibility to Basic Services in Slums of Five Urban Centres

—With Special Reference to Woman and Girl Child

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Bhawanipatna, Kanpur, Kumbakonam,
Madanrting and Rajkot

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Accessibility to Basic Services in Slums of Five Urban Centres

—With Special Reference to Woman and Girl Child

VOLUME II

Bhawanipatna, Kanpur, Kumbakonam, Madanrting and Rajkot

OPERATIONS RESEARCH GROUP
Baroda 390 007

1989

ORG

Dr. N. Bhaskara Rao
President

Foreword

Slums form an inseperable part of urban settlements today. The population of urban slums in countries like India is growing even faster than the overall urban ratio. The population pressure, low employment opportunities in the countryside and other factors force the relatively poor to migrate to cities in search of work, shelter and sometimes security and thus contribute to the growth of slums. Statistics show that, today around 32 to 40 million people of India live in slums and they constitute 23 per cent of the urban population. By the turn of the century, slum population may even account half of the urban population.

This unprecedented growth of urban slums is creating enormous pressure on the civic amenities of the town and cities and depriving the low income families crowding the slums with the basic services. Children and women are the first ones to suffer from such adverse environment. Deaths, morbidity, malnutrition are widespread in our slums taking heavy toll of precious lives. Studies indicate that nearly 50 per cent of the infant deaths occur in the first month of life mainly due to complications such as premature births and tetanus arising from maternal malnutrition and lack of sanitation and personal hygiene particularly in urban slums. Illiteracy, ignorance, low income and above all inaccessibility, non-availability of civic and health facilities are no doubt the prime reasons for the present state.

Considering the appalling situation, UNICEF since 1976 is making sustained efforts to support and strengthen the basic service component of the slum improvement programmes of the Government. Till the end of 1983, such UNICEF cooperation has been extended to over 40 urban projects in different parts of the country covering over 1.4 million people. It was, however, soon realised that the present urban crisis calls for renewed effort and that the slum improvement programme has to be expanded manifold in an integrated manner. It was with this realisation that, UNICEF and the Indian Government decided to merge the three main UNICEF supported urban schemes (namely Urban Community Development, Small and Medium Town Development and Low-cost sanitation) into one programme called the Urban Basic Services (UBS). This plan envisages to enhance the survival and development of children and women of the urban low income families in selected least developed districts and to cover these districts with improved basic services in a phased manner.

To accomplish these objectives the first order of requirement is a base on the status of women and children in those districts/streets. The present study, funded by UNICEF and carried out by ORG, Delhi,covered in all five urban centres covering 110 slums spread over 5 states. The findings of the study are revealing in many ways and bring out the appalling status of slum dwellers and the struggle which women and children in particular have to make for survivai. The findings go a long way, both for UNICEF and the programme managers in the Government, in revitalising prioriterising the scheme in operation. UNICEF deserve congratulation for its yet another indicative towards upgrading to living status of women and children.

At ORG, the study was carried out by a multidisciplinary team consisting of R Narasimhan, R.B. Gupta, C.V.S Prasad, A.K. Tamang, Ms.Bella C. Patel and Ms. R. Chandrasekhar and was coordinated by Dr. M.E. Khan

N. Bhaskara Rao
President

ACKNOWLEDGEMENT

The report provides an indepth assessment of the appalling condition of urban poor. The members of the study team feel that the project provided an exciting opportunity to observe and learn about the sufferings of people, particularly women and children, living in slums of small towns and big cities of different states of India. Number of people living under such conditions is rising rapidly and according to an estimate, by the turn of century it will constitute fifty per cent of the total urban population. Need not to emphasize that something has to be done urgently and effectively.

On behalf of the research team, I take this opportunity to thank UNICEF, particularly Mrs. S. Gururaja, incharge Women and Development Activities for encouraging us to undertake this study and providing requisite fund. Her comments on the questionnaire and methodology at the planning stage of the study and on the presentation of the draft report were very useful. We are also thankful to various officials of the Municipal Corporation of the selected five cities, specially those involved in slum upgradation programmes. They provided all requisite information about the slums and extending full support in carrying out the field work.

At ORG, Mr. M.B. Nalavade took the initiative for planning and developing the pictorial presentation of the findings. We also appreciate the hard work put in by Mr. A.M.K. Samy in providing all secretarial assistance in bringing out this report.

Baroda
January 15 1990

M.E. Khan
General Manager

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- M. E. Khan — Coordinator
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- R. B. Gupta
- C. V. S. Prasad
- A. K. Tamang
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- A. S. Dey

FIELD SUPPORT

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- V. Samayaraj

Contents

Foreword

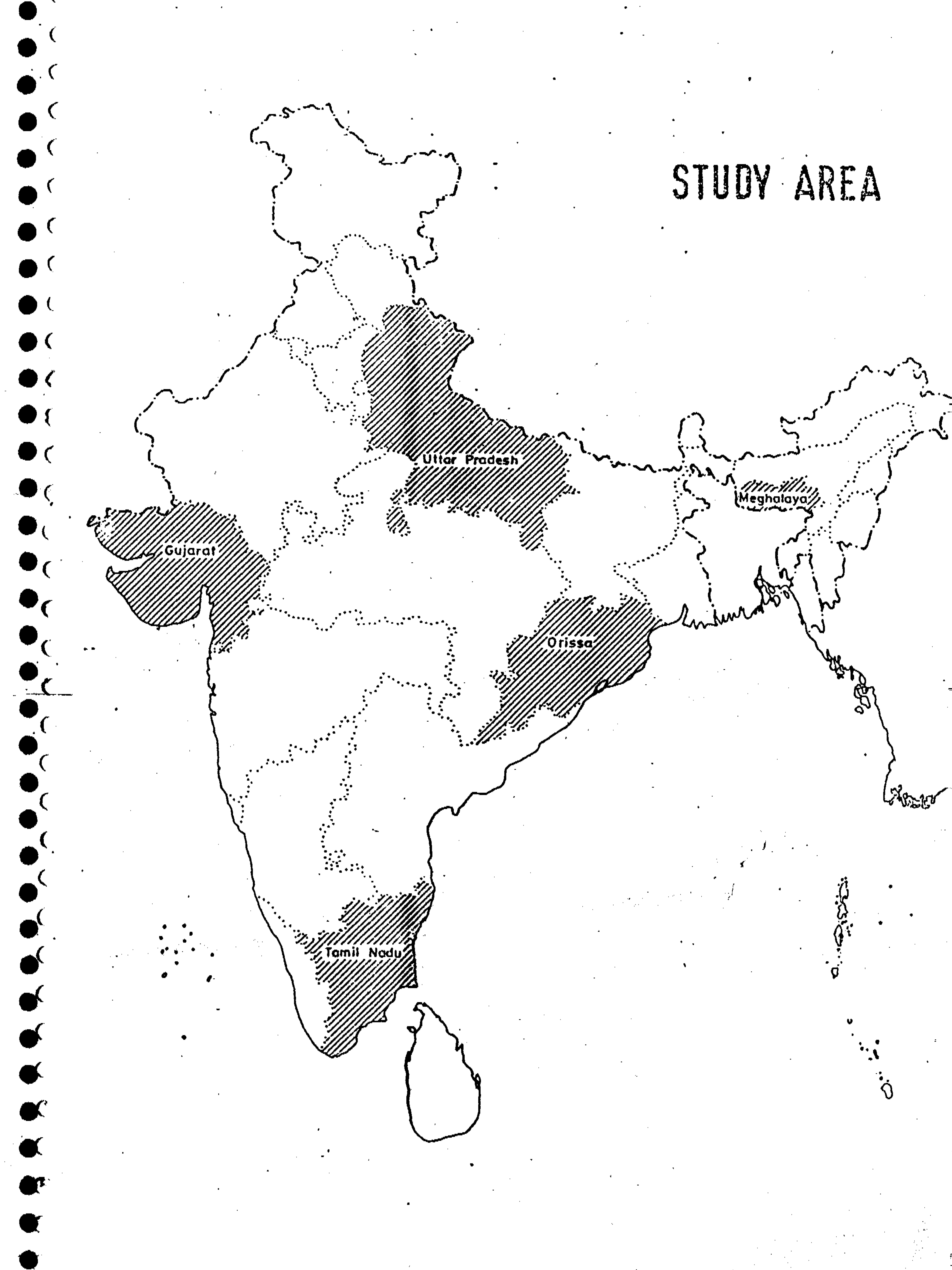
Acknowledgement

Introduction

Findings at a Glance

Reports on the Slums of

- Bhawanipatna
- Kanpur
- Kumbakonam
- Madanrting
- Rajkot


STUDY AREA
Uttar Pradesh
Gujarat
Meghalaya
Orissa
Tamil Nadu

INTRODUCTION

As of 1981, about 159 million people of India were living in about 3250 urban settlements. For the first time, during 1971-81, the urban population has begun to grow faster (4.6 per cent) than the national rate (2.5 per cent), and the population of the urban slums is growing even faster than the overall urban rate. Around 32 to 40 million people presently live in urban slums. By the turn of the century it is expected to account for about half of the total urban population, and about one-third of the national population. Today, it constitutes only 22.3 per cent of the national population.

About half of the rapid urban growth stems from natural increase and this proportion is increasing, ensuring that urbanization will continue at a rapid rate even if migration to the cities decreases.

As a consequence of this rapid growth of urban population, the pressure on the civic amenities of the towns and cities has been wide-spread causing serious health, hygiene and other social problems to the people living in urban centres, particularly low income families crowding in the slums. Available studies show that the situation in the slums is often worse than rural areas and can be judged from the fact that nearly 300,000 urban children die annually due to diarrhoeal dehydration. Every other child under five years suffers from iron deficiency anemia and from varying degrees of malnutrition. Nearly 50 per cent of the infant deaths occur in the first month of the life mainly due to complications as premature births and tetanus arising from a maternal malnutrition and lack of sanitation and personal hygiene. The rate of immunisation greatly varies and slightly less than one-third of the infants and children die without receiving trained medical attention.

The situation in big urban centres like Calcutta, Bombay, Delhi, Madras, Bangalore, Ahmedabad is no way better. For example, in Calcutta 67 per cent of the population have no access to tap water and 50 per cent have no toilet facilities. The situation of other amenities such as education, access to vocational training, employment opportunities and recreational facilities are equally worse. Need not to mention that the first who suffer from these are children and women.

UNICEF, which is committed to the welfare of the children, is keenly interested in the upliftment of the slums and to ensure access to all basic facilities to the slum dwellers, particularly women and children. Since 1973, UNICEF is trying to assist Government of India in improving the condition of slum dwellers by strengthening their accessibility to basic amenities. Recently UNICEF in collaboration with Government of India has taken a bold initiative to revamp the whole programme in such a way that all necessary basic facilities could be provided in an integrated manner. This was done by merging three earlier UNICEF assisted schemes in one and naming it as Urban Basic Services Scheme.

Broadly, the objective of the UNICEF Co-operation is to assist the Government to

1 Extend child care and health services, water and sanitation facilities and income opportunities for mothers

2 Improve the provision of basic services with special emphasis on learning opportunities in early childhood

3 Extend health and community education to raise the awareness and capacity of the people to initiate self-help activities

4 Train and equip appropriate branches of Government system as well as other agencies whose efforts directly help to change the situation of women and children

There is no need to mention that the effective community participation towards the attainment of above objectives was one of the basic requirement of the programme.

To undertake any such initiative it is essential that a data base should be created to reveal the present situation of women and children. Such base could be effectively used to strengthen the programme and formulation of intervention strategies. The present study, funded by UNICEF, is an attempt in this direction.

Objectives of the Study

Broadly, the objectives of the study is to assess accessibility of women and children to various basic services and to suggest ways and means to improve the services. More specifically, it includes the following:

1. To undertake a rapid assessment of the availability and accessibility of basic services to woman and girl child living in urban slums.

2. To assess the quality, magnitude, delivery pattern and out reach of the services available.

3. To assess the utilisation pattern of the services available, and reasons, if not utilised.

For the purpose of the study, the basic services were defined in the broadest term including primary health care, primary and adult education, child care (ICDS and day-care), nutrition, protected water supply and sanitation, income generating activities, skill training, credit facilities and market outlets. It also included access to information and communication channel and public distribution systems for food and fuel.

Location of the Study : The study was carried out in five urban centres selected from as many states. It included the following:

1	Bhawanipatna	(Orissa)
2	Kanpur	(Uttar Pradesh)
3	Kumbakonam	(Tamil Nadu)
4	Madanrting	(Meghalaya)
5	Rajkot	(Gujarat)

Methodology : The data of the present study was collected through complementary approaches which included:

1 Community slum survey
2 Sample survey of households
3 Focus group discussions and informal meetings

Details of each of the approach is given below:

Community survey: In each selected town, all the slums subject to the maximum of 30 were covered for the community survey. In this survey, each slum was visited by a team of two trained investigators. Through observations as well as discussions with people/women living there, all the basic facilities available in the area were listed. To collect these information a community questionnaire on the availability and accessibility of basic services was developed. To undertake this exercise, first a list of all slums were obtained from the Municipal Corporations. If the number of slums was 30 or less, than all slums were included in the study. However, if the number of slums was more than 30 or less, the list provided by Municipal Corporation

was usedas sampling frame. However, before making a selection of slums all the slums were stratified into three groups, based on their population size. The number of slums selected from each strata was decided according to the population proportionate to the size in each strata. On this basis the total number of slums covered in the study was 110. Distribution of slums covered in the selected town is given in Table-1.

Table - 1 : Total Number of Slums and Households Covered in the Survey

Place	Number of slums covered for community survey	Number of slums covered for household survey	Number of households covered
Bhawanipatna	10	10	100
Kanpur	31	20	200
Kumbakonam	30	10	118
Madanrting	9	9	100
Rajkot	30	15	150
Total	110	64	668

Household survey : To get an idea about the actual accessibility and pattern of utilization of the available basic facilities, and quality as well as adequacy of the services, a quick household survey was undertaken. From each slum, 10 households were selected for interview. Each selected household was visited by a trained female investigator and a responsible adult woman was interviewed to collect relevant information with the help of a structured questionnaire. The total number of slums covered at each urban centre and the number of households surveyed are also presented in Table-1.

Focus Group Interviews & Informal Discussions with Local Leaders & Women: To collect certain amount of 'soft data', some focus group interviews and informal discussions with women as well as local leaders were organized to understand their problems and priorities, their suggestions as to how to improve the situation and in what way they could participate/contribute in increasing the accessibility to various basic services. Their perception about the available services and reasons for non-utilization of the services, were also discussed. Such qualitative data were very useful in getting proper insight of the problem and a true situation of their condition.

Apart from the above, some discussions with governmental agencies responsible for providing the basic services, and NGOs working in those areas, were also made to comprehend the total problem.

Presentation of the Findings: Instead of presenting the findings for all the five states together and comparing them, it was decided that for each study site, a separate report would be prepared so that it could be easily shared with the concerned local authorities. Further, as each location is socially and culturally so different from each other that a comparison between them perhaps might not prove to be very useful. Thus, in this report the findings from the five towns are presented separately and have been arranged in alphabetic order i.e. the first part presents findings from Bhawanipatna followed by Kanpur, Kumbakonam, Madanrting and Rajkot.

To give an overview of the totality from all the towns taken together, a pictorial presentation has been made and presented as a 'finding at a glance' in the beginning of the report. A brief summary and conclusion highlighting the salient findings has also been prepared and given in the following paragraphs.

Summary Conclusion

The study shows that majority of the slum dwellers, except in the slums of Madanrting and Rajkot were non-migrants and were living there for 10 or more years. It indicates that most of the slums were fairly stable and has low turnover. It perhaps also shows that the increasing slum population is not only due to migration from rural areas but also because of increasing poverty and failure of the local self governments to provide basic amenities to the people, which is forcing a large segment of population to live in slums. It is also possible that some of the localities because of continued lack of infrastructure over time have degenerated and turned into slums.

An analysis of the basic amenities shows that except from Kanpur slums inadequacy of water was reported from the slums of all the centres. Women and girls were solely responsible for fetching of water and they spent 2-2.30 hours per day for carrying out this activity.

Access to private and public toilet facilities were also very limited and at few places where public facilities were available, because of lack of water and cleanliness, it was hardly usable. Lighting arrangement was also very limited and most of the streets remained dark, making it difficult and insecure to move in night.

Most of the houses were small, lacked ventilation and were constructed of cheap materials which makes living difficult particularly in the rainy season. Per capita space available for living ranged between 26 ft. in Bhawanipatna to 50 ft. in Madanrting.

Educational facilities particularly for girls who wanted to study beyond 6th class were almost non-existent except in Kanpur and Rajkot were 40-50 per cent of the slums had some school facilities for girls. Adult education centre was almost non-existent in all the cities. Access to vocational training was very limited in Kanpur and Rajkot while in other towns some efforts were being made in this direction. The best situation was in Kumbakonam where about 53 per cent of the slums had some vocational training centre.

Thus the analysis of the infrastructure facilities in the slums shows that most of the slums lacked basic amenities making the life of the slum dwellers, particularly women and children, extremely difficult.

Data selected from household survey shows that except Madanrting differential between male and female literacy was quite high. The population of illiterate women ranged between 67 per cent is Bhawanipatna to 25 per cent in Madanrting. In Kanpur and Rajkot, half or more of the adult women aged 6 and above were illiterate.

While access to radio was relatively better, only 25 per cent or less female had access to TV. The only exception was Rajkot where about 70 per cent had access to the media.

Analysis of the reproductive history shows that except in Madanrting in all other places the girls were getting married much before their 18th birth day and thus were getting exposed to early pregnancy and its adverse consequences. Apart from these young married women, another 41 to 52 per cent of the women in the slums constituted high risk mother due to their high parity.

It is encouraging to note that between 56 to 89 per cent of the pregnant women were examined during their pregnancy by a trained person. However, the percentage of women who were protected against tetanus was much low and ranged between 20 to 56 per cent. Institutional delivery was confined to between 55 to 82 per cent except in Kumbakonam where 91 per cent of the deliveries were conducted in Medical Institutions mainly government hospitals. While in Kanpur, Madanrting and Kumbakonam 75 per cent or more deliveries were attended by a trained person, the corresponding figures were much less in Bhawanipatna and Rajkot.

Level of knowledge about immunisation, such as correct age, number of doses, interval between two doses etc. was very low among slum-dwellers of all the cities and except in Kumbakonam and Rajkot, 50 per cent or more children aged 0-6 years were not protected against any disease.

Incidence of sickness was reported to be quite high particularly in Rajkot, Bhawanipatna and Kumbakonam and the slum dwellers were spending a substantial proportion of their monthly income on treatment and health care. Sickness and its related expenditure were the main cause of their indebtness, particularly in Kumbakonam. Contraceptive prevalence was also very low among the slum dwellers and thus most of them were exposed to unwanted pregnancies. The slums were also neglected by the health workers and from only few slums visit of ANM, malaria worker, or sanitary worker was reported.

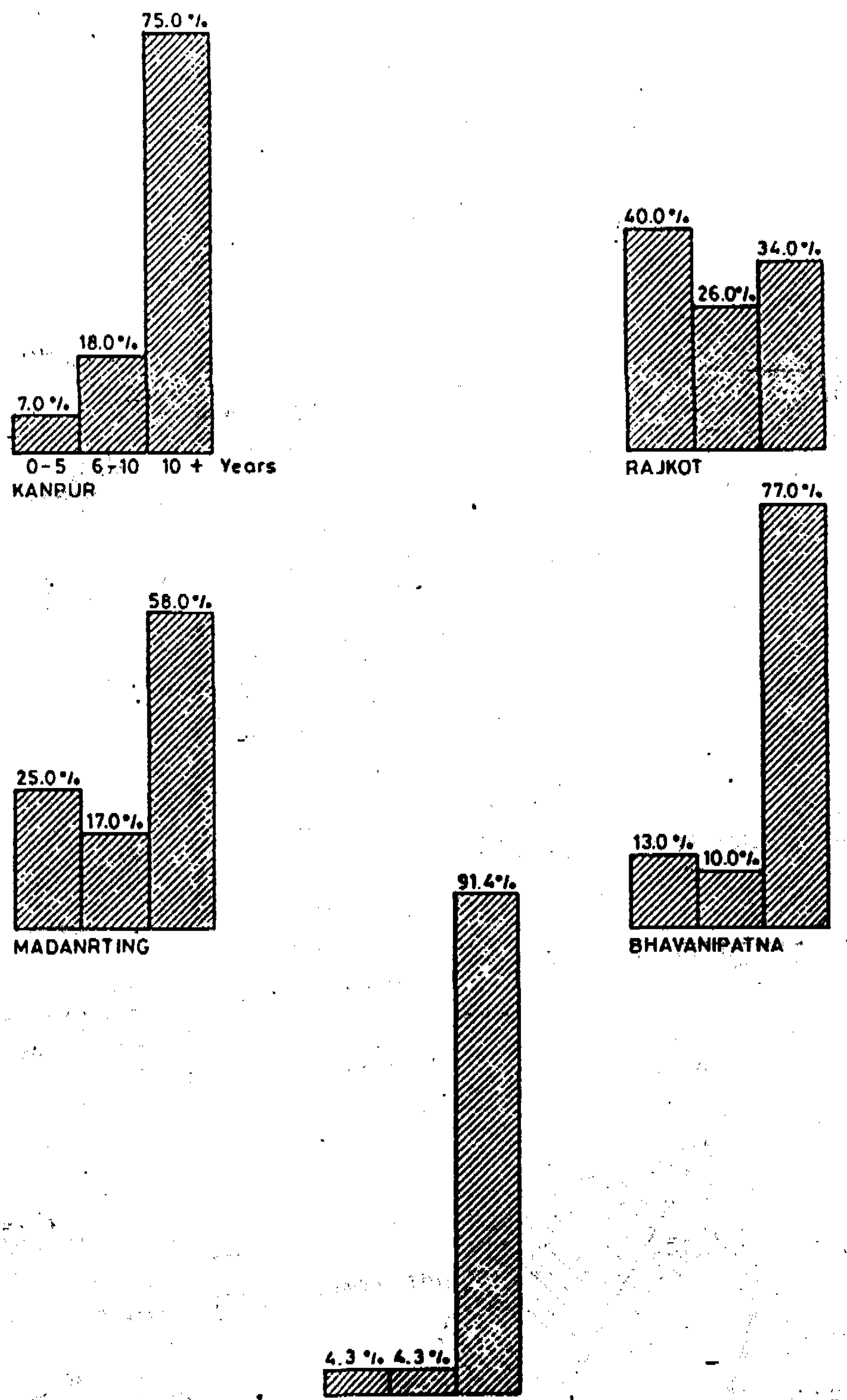
The study shows that while only about 6 per cent of the women interviewed were employed, 67 per cent were seeking job and the remaining 27 per cent were not interested in any paid work. Out of those who were seeking job, only about one-third were ready to work any where, whereas the remaining one-third each preferred to work only at their own home or within the slum area. Again, only 47 per cent of the women who were seeking job, were ready to take any job whereas the remaining had expressed preferences for specific jobs such as tailoring stitching, dai, peon etc. Thus the analysis shows that among all the women who were seeking job only about 19 per cent were ready to take any work anywhere. Analysis of those women who were not interested in job showed that either they had no time from household work or had no one to look after their young children. In another about one-third of the cases, husbands were against of their taking any job.

An analysis of the economic contribution of the women to the family income shows that except in Kanpur in all other cities about one-fifth of the women in the slums contributed 20 per cent or more of the total household income. Proportion of such women was highest in Rajkot and Bhawanipatna. About one-tenth of the families of slum dwellers of Kumbakonam totally depended on womens' earning.

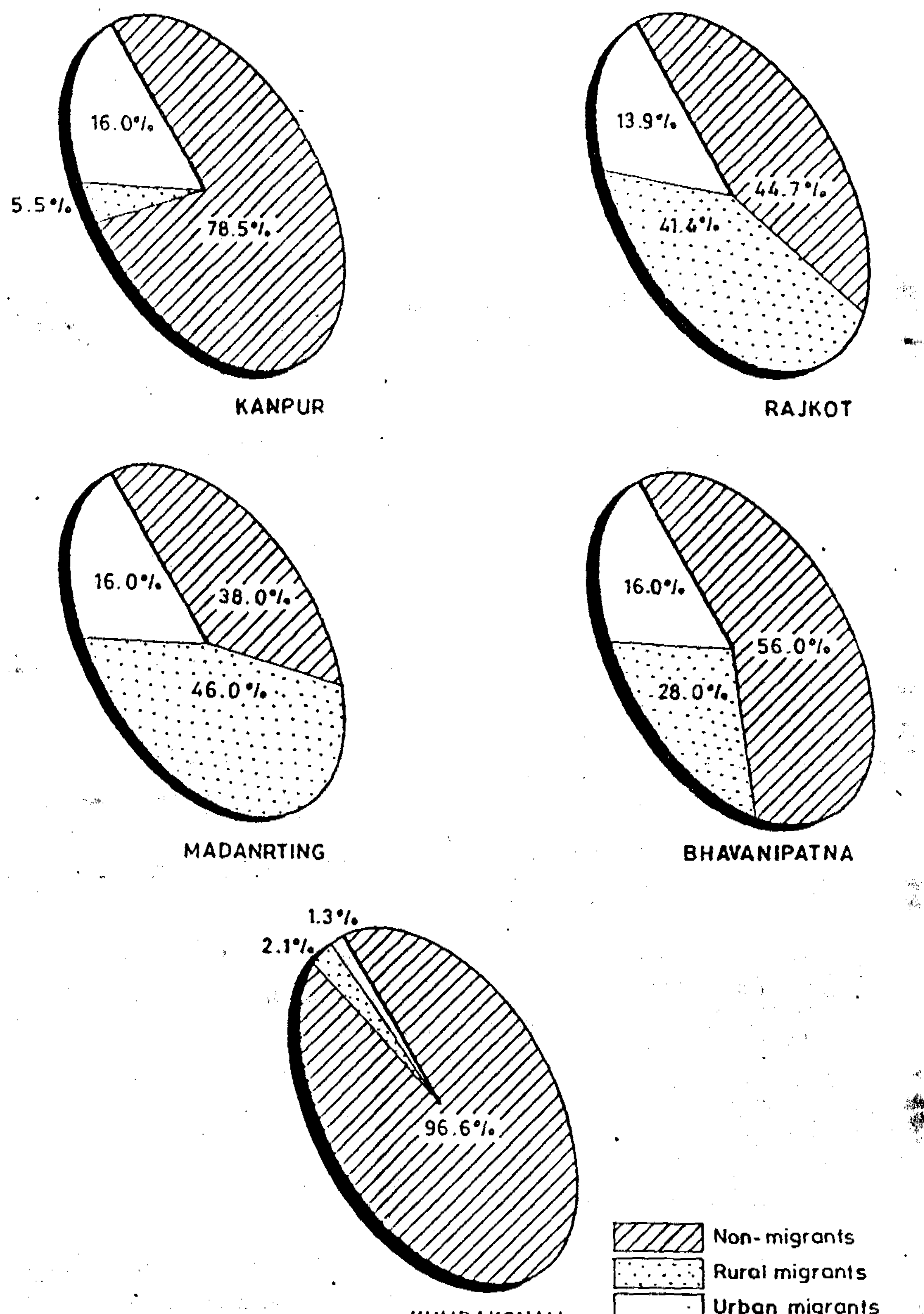
Probing on the awareness and utilization of loan facility from various nationalized banks shows that except in Bhawanipatna and to an extent Rajkot, in all other places the level of awareness of the loan facilities was very low, resulting in almost no utilization of the available credit facilities. Even in Bhawanipatna where about 92 per cent of the families were aware of the loan facilities only 33 per cent had applied for it and 16 per cent had actually received the loan. Unawareness, difficult procedure and perceived difficulties in paying back the loan were some of the causes of not availing the credit facilities. The study also shows that very few families had accounts in bank or post office and hardly any in the female's name.

Thus, the study shows that to improve the life of the slum dwellers major initiatives are required at all fronts. It includes provision of basic amenities, education and vocational training, health care and promotion of income generating activities. At present, the slum dwellers are living a culture of poverty and breaking the vicious circle in which they are, is difficult unless a well-planned integrated effort is made by the Government in collaboration with the NGOs and the people themselves. It is hoped that the initiatives taken by the UNICEF along with the government would show the path for achieving a sustainable dignified life for the slum dwellers.

DURATION OF STAY IN SLUMS



Except Rajkot majority of the slum dwellers are living there for more than 10 years indicating that slums are stable and has low turnover.



Except Rajkot and Madanrting majority of the slum dwellers are non-migrant. The proportion is particularly very high in Kumbakonam and Kanpur.

ADEQUACY OF WATER SUPPLY & TIME SPENT IN FETCHING

1.21 hr.
0.5%
18.5%
81.0%
KANPUR

2.21 hr.
Not ascertained 4.0%
10.0%
31.3%
54.7%
RAJKOT

2.35 hr.
7.0%
26.0%
67.0%
MADANRTING

1.53 hr.
1.0%
51.0%
48.0%
BHAVANIPATNA

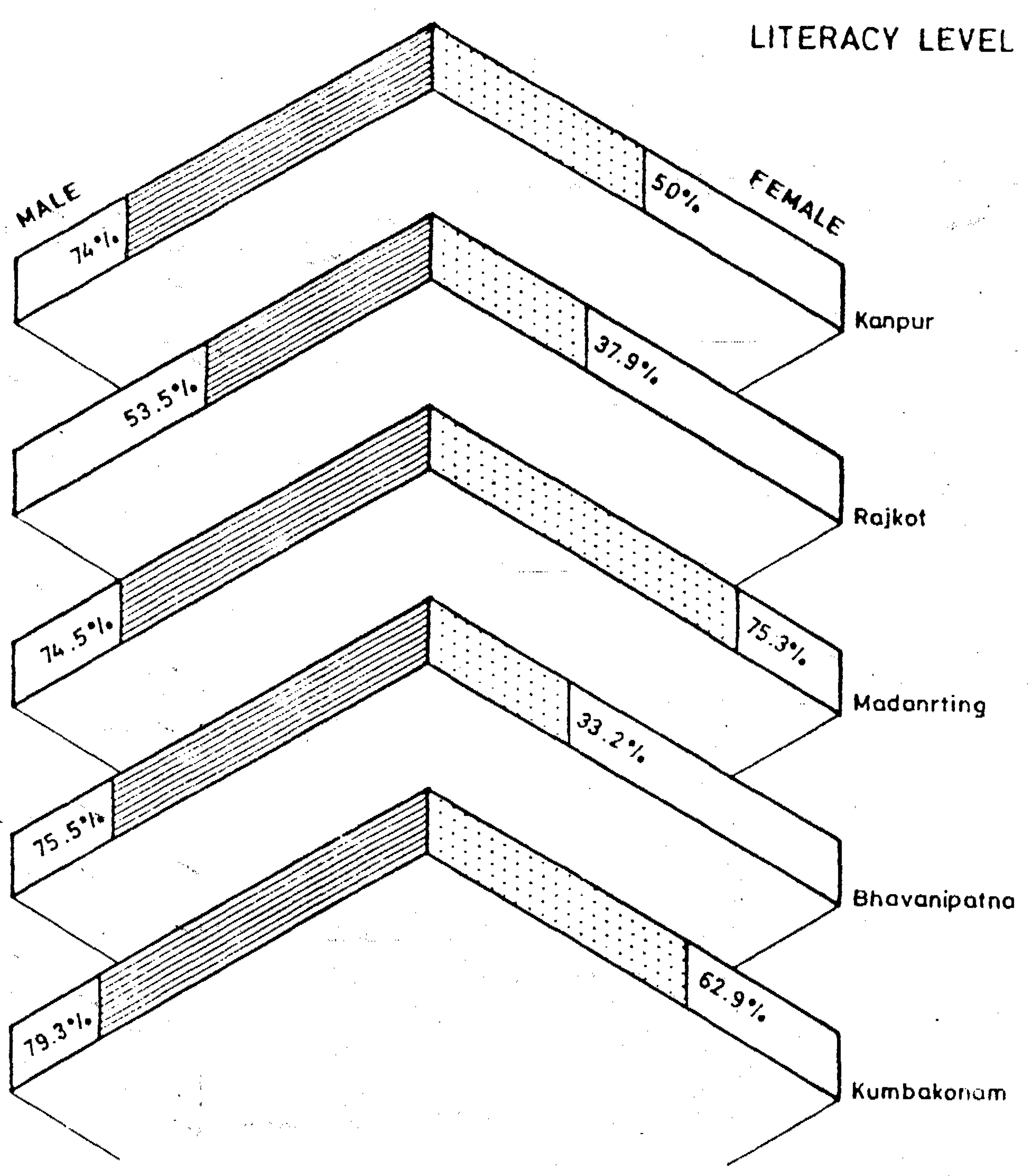
TIME SPENT
2.35hr.
3.4%
24.6%
72.0%
KUMBAKONAM

AVERAGE TIME SPENT IN FETCHING WATER
2.6 hr.
1.5 hr.
1.0 hr.

Adequate in all seasons
Adequate in some seasons
Always inadequate

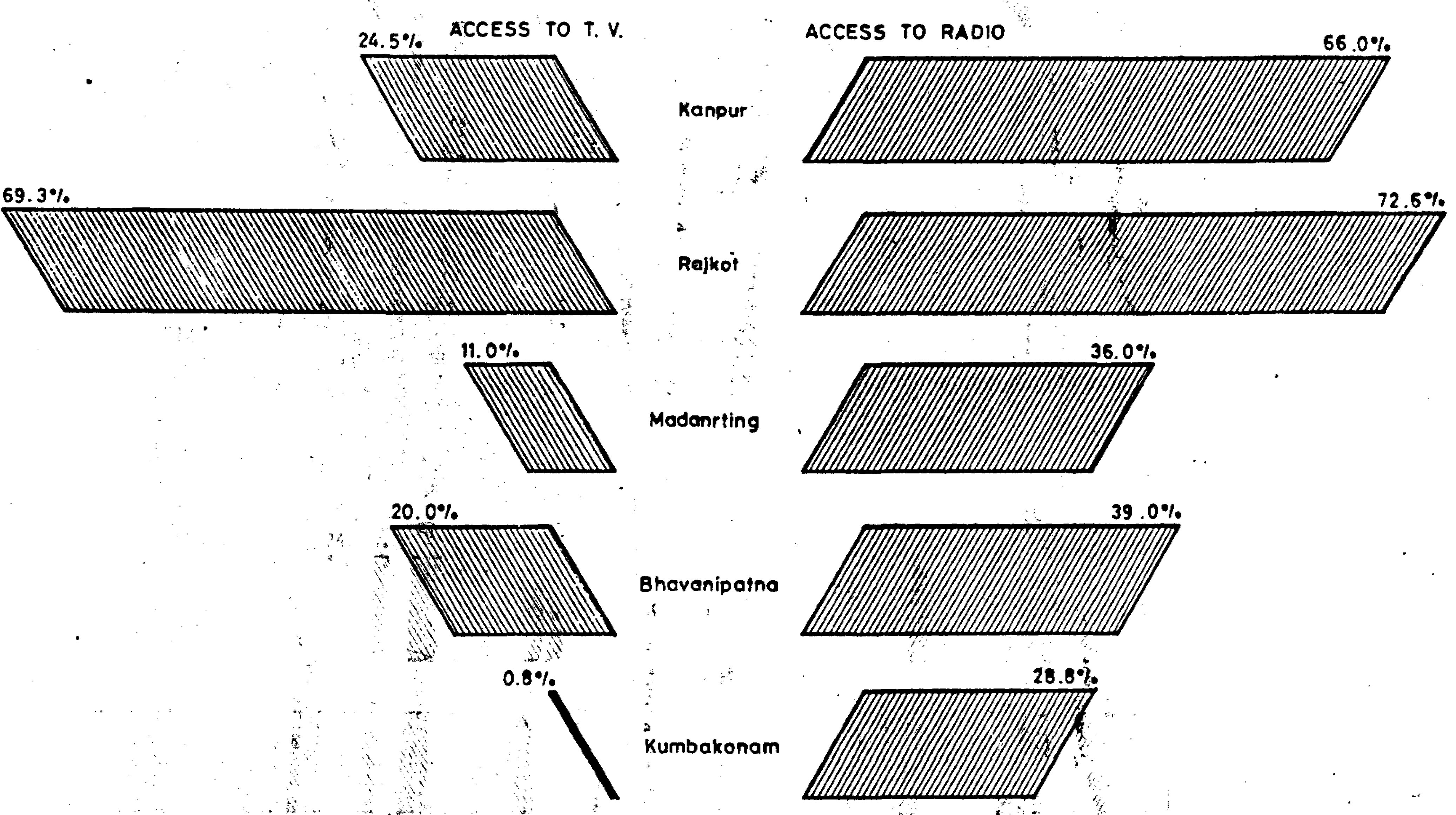
Except Kanpur inadequacy of water was reported from all the other centres. Again except Kanpur, in other cities women spend 2-2.30 hours per day for fetching water.

LITERACY LEVEL



Except Madanrting differential between male and female literacy is quite high. Female literacy in Rajkot and Bhavanipatna is particularly low.

ACCESS TO T. V. AND RADIO



Slum dwellers of Rajkot and to some extent of Kanpur have better access to mass media than others. Except Rajkc the accessibility to T.V. is very limited.

ACCESS TO PRIVATE/PUBLIC TOILET FACILITIES

58.5%

KANPUR

32.0%

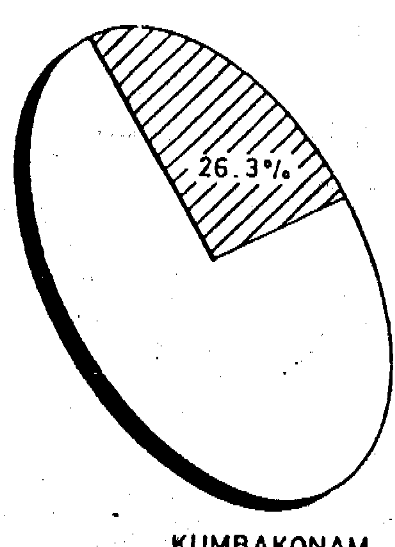
RAJKOT

93.0%

MADANRTING

4.0%

BHAVANIPATNA



KUMBAKONAM

Except Madanrting and Kanpur, majority of slum dwellers have NO ACCESS to toilet facilities. Situation is worst in Bhavanipatna

HIGH RISK MOTHERS

MOTHERS HAVING 4 OR MORE LIVE BIRTHS

54.0%

KANPUR

48.7%

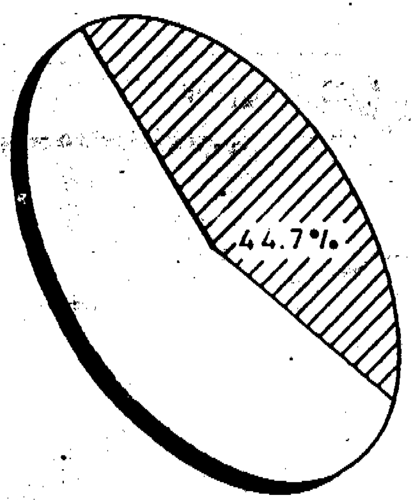
RAJKOT

45.5%

MADANRTING

40.7%

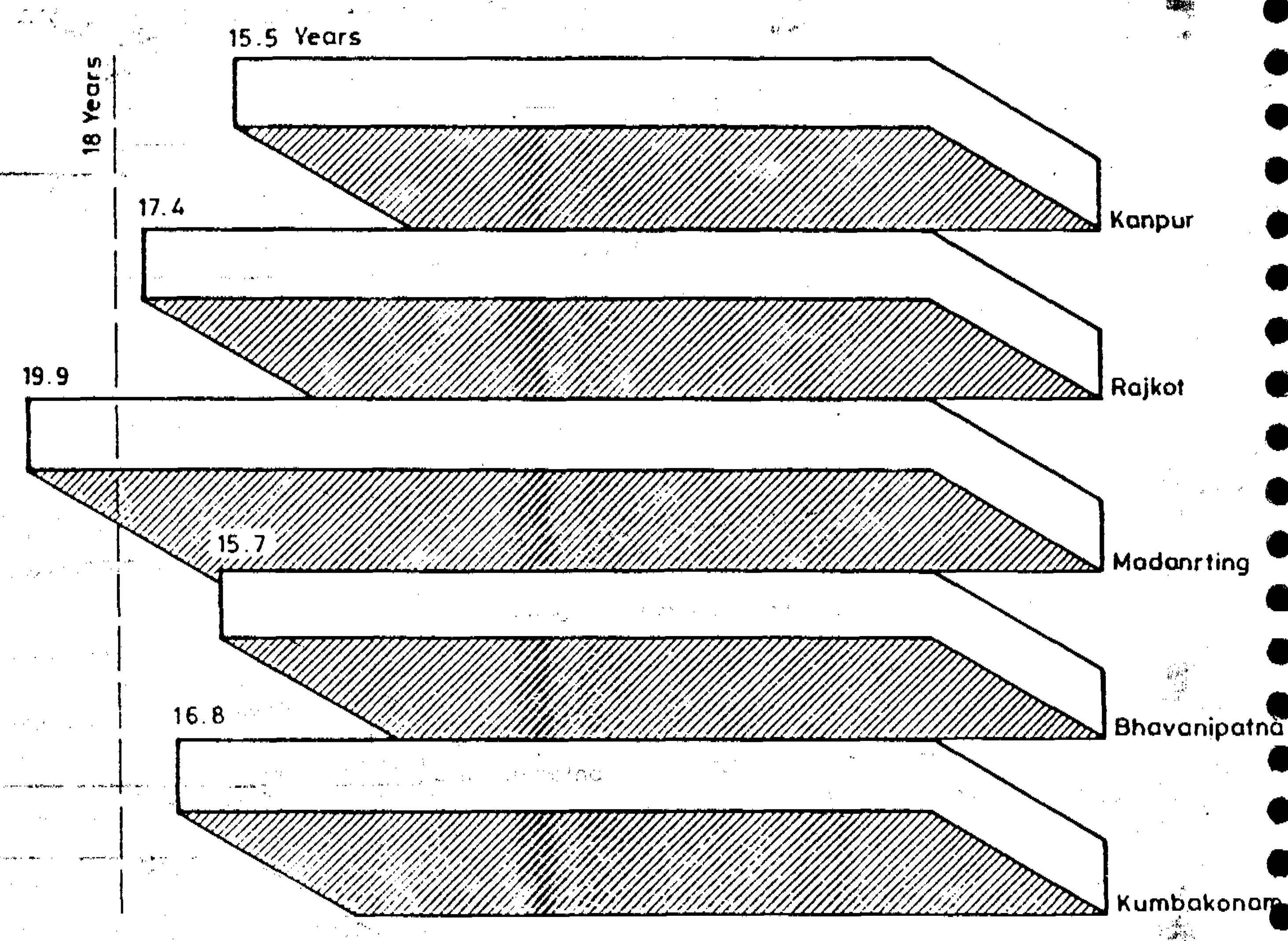
BHAVANIPATNA



KUMBAKONAM

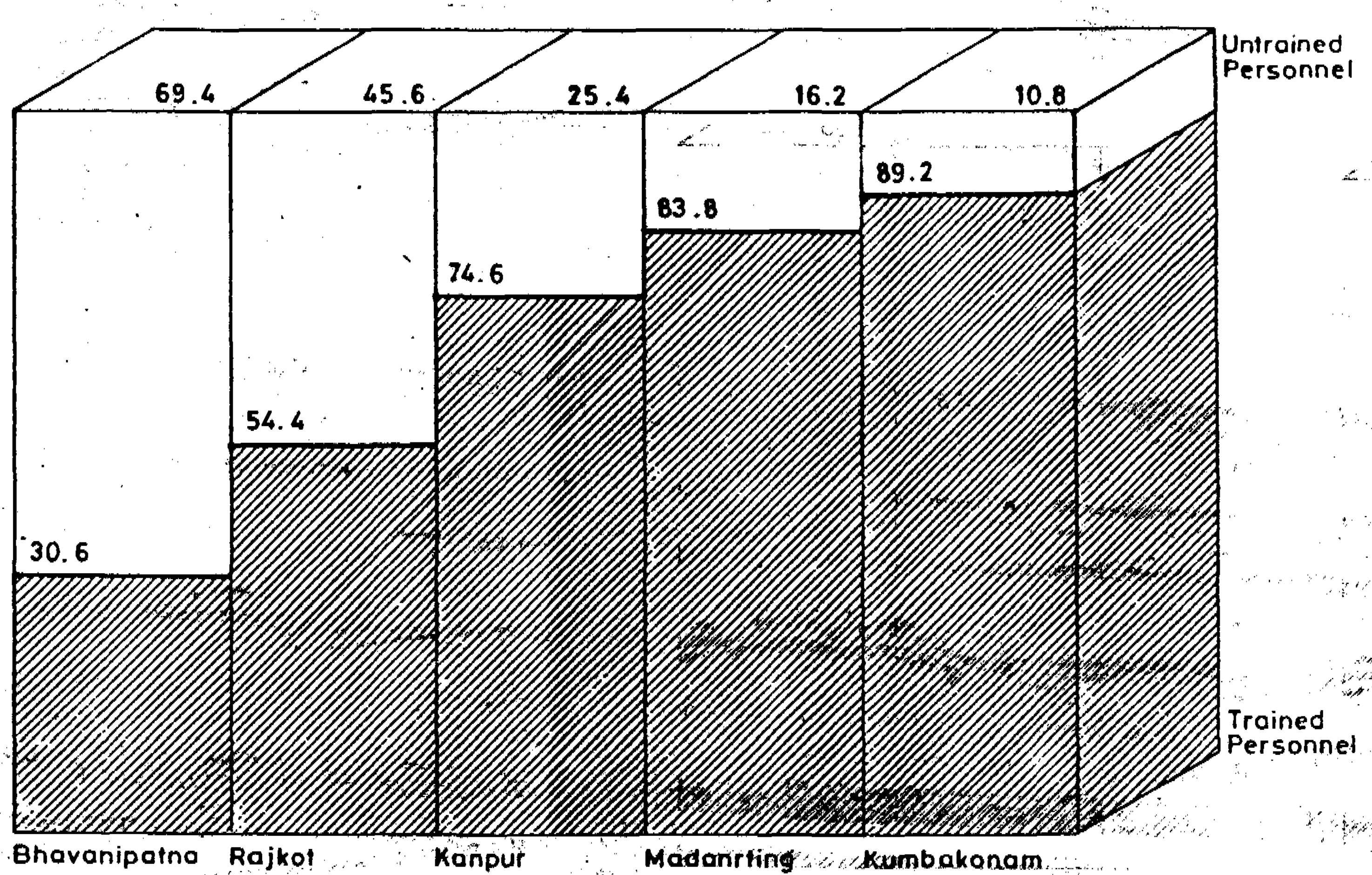
41 to 54 per cent of the women in slums had 4 or more live births and thus constitute high risk mothers. Proportion of such mother is highest in Kanpur.

MEAN AGE AT MARRIAGE OF GIRLS

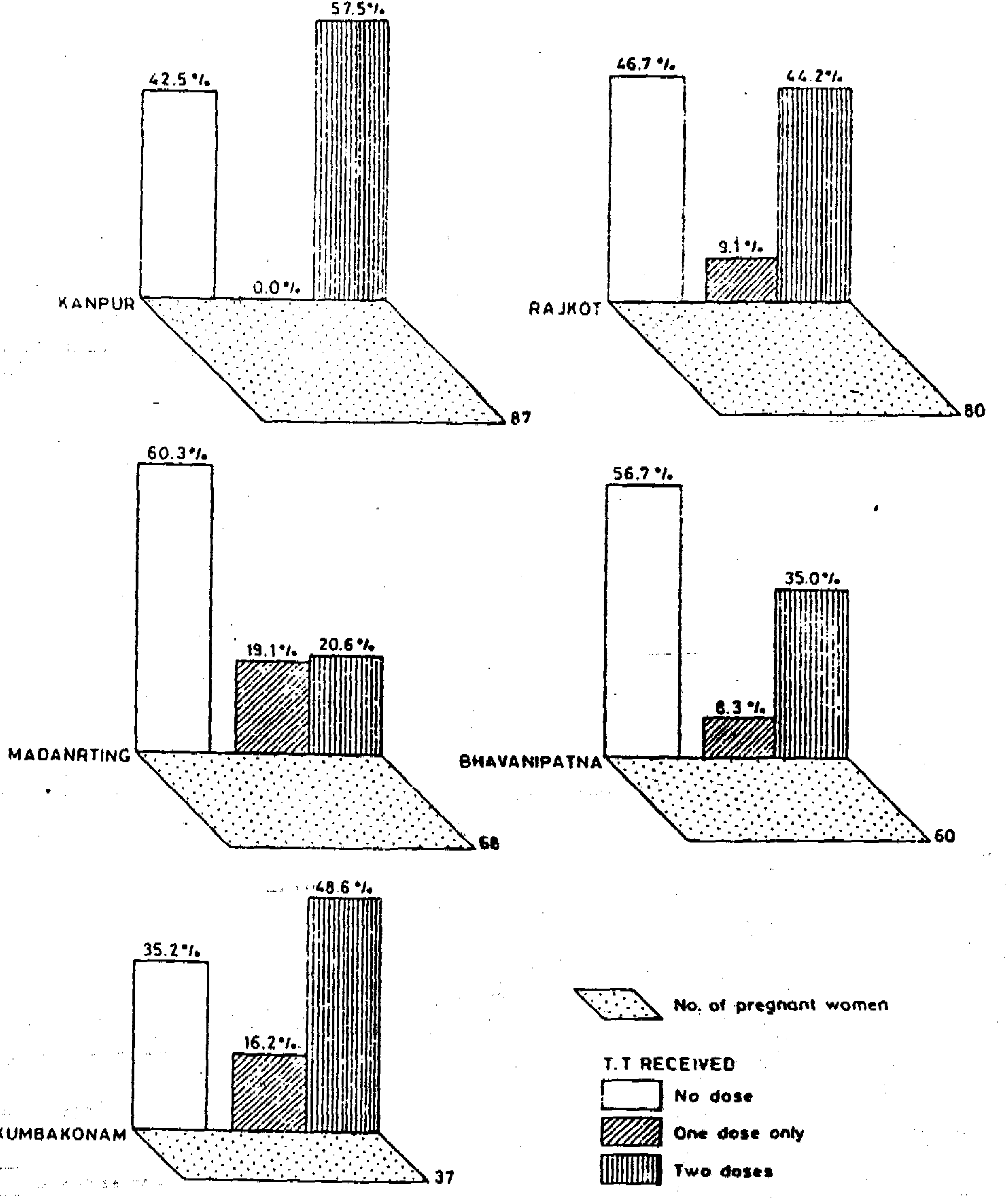


In all the cities, except Madanrting, mean age of girls at marriage was less than 18 years and thus get exposed to early pregnancy and its adverse consequences.

PERCENT DELIVERIES ASSISTED BY TRAINED PERSONNEL



Still about half or more deliveries in Rajkot and Bhavanipatna are attended by untrained personnel. Situation is relatively better in Kanpur, Madanrting and Kumbakonam.



Except Kanpur, in all other cities more than half of the pregnant mothers in Slums are not protected against Tetanus. The situation is particularly poor in Madanrting and Bhavanipatna.

PERCENT CHILDREN (0-6 Yrs) IMMUNISED

40.5%

Kanpur

53.4%

Rajkot

48.0%

Madanrting

39.7%

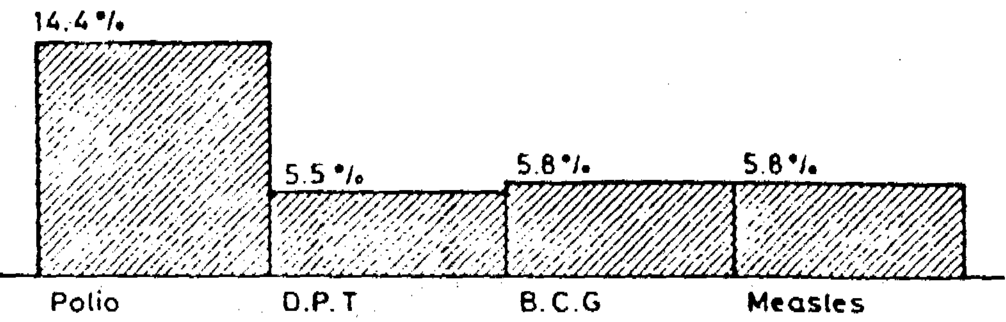
Bhavanipatna

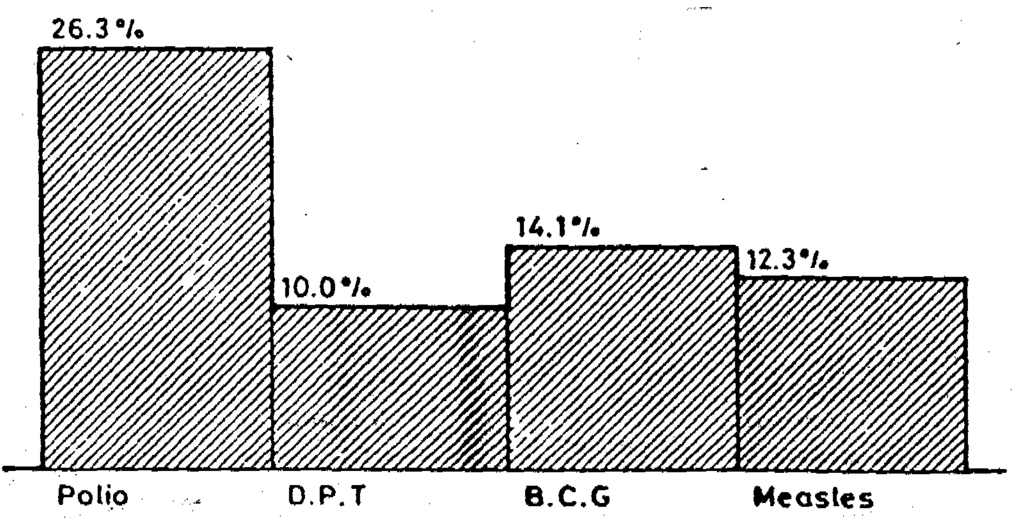
79.4%

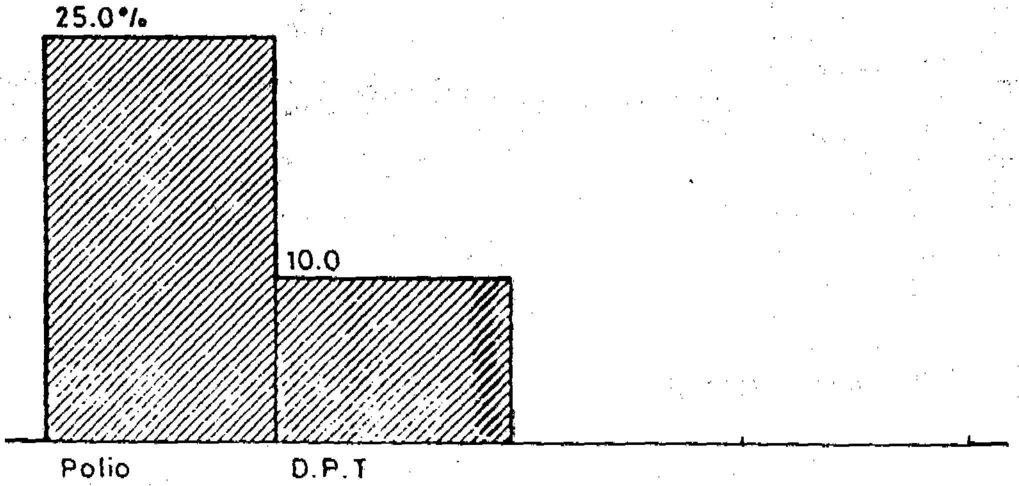
Kumbakonam

Except Kumbakonam and Rajkot in all the remaining cities, more than 50 per cent of the children aged 0-6 were not protected against infectious diseases

PERCENT RESPONDENTS KNOWING CORRECT AGE, DOSE AND INTERVAL OF IMMUNISATION

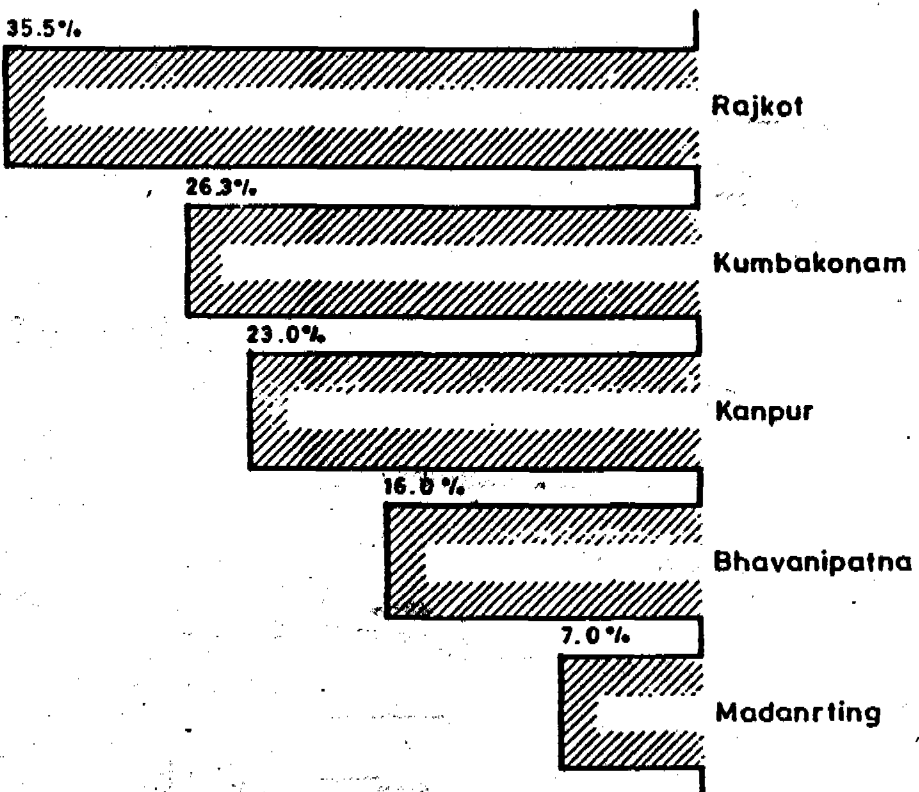






Level of knowlec e about immunization such as appropriate/correct age, dose, interval is very low among the slum dwellers of all the cities

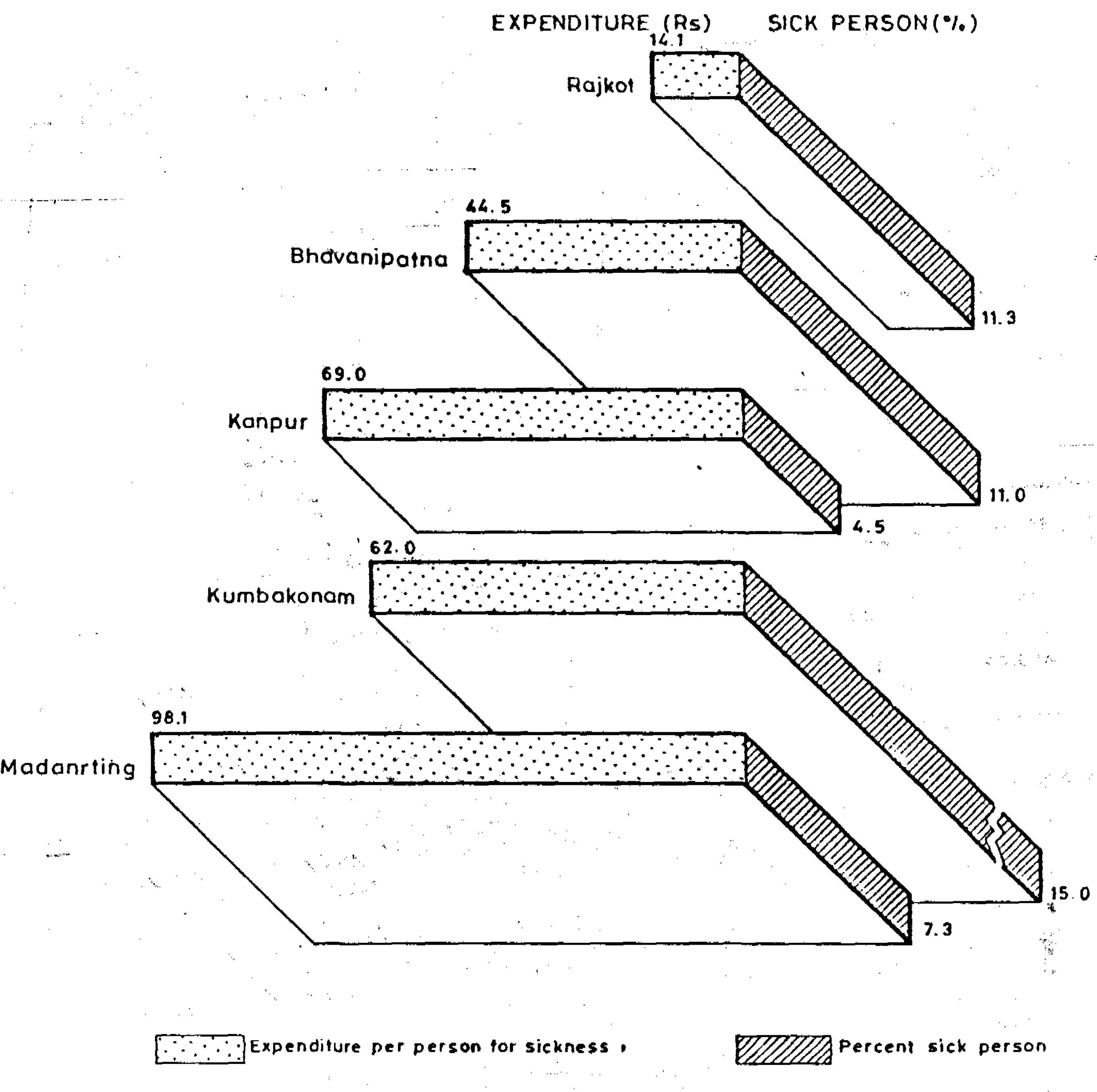
USERSHIP OF MODERN CONTRACEPTIVE METHODS



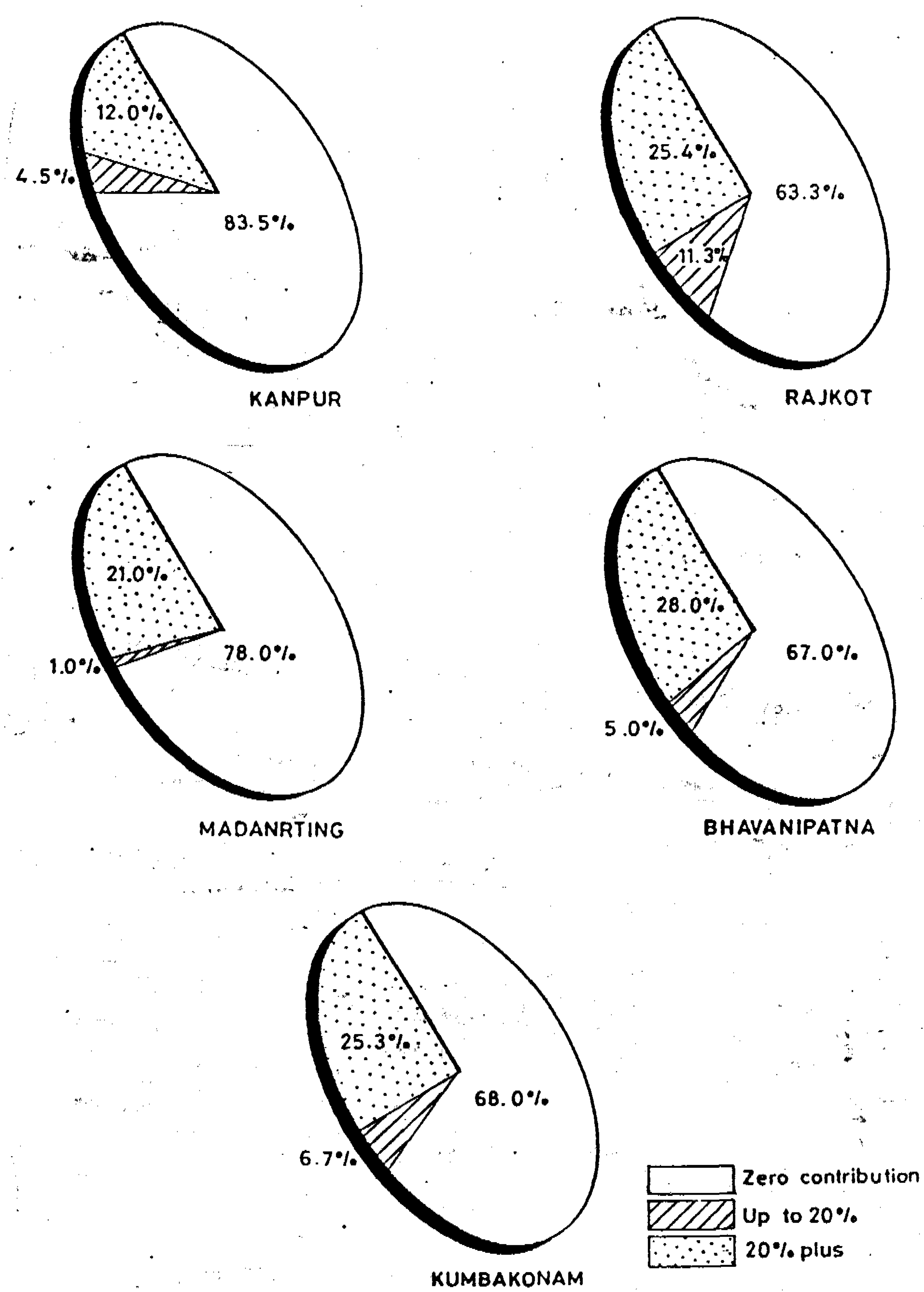
Contraceptive Prevalence is quite low among the slum dwellers and thus exposed to unwanted pregnancies. It is least in Madanrting.

INCIDENCE OF SICKNESS AND EXPENSES

DURING LAST ONE MONTH

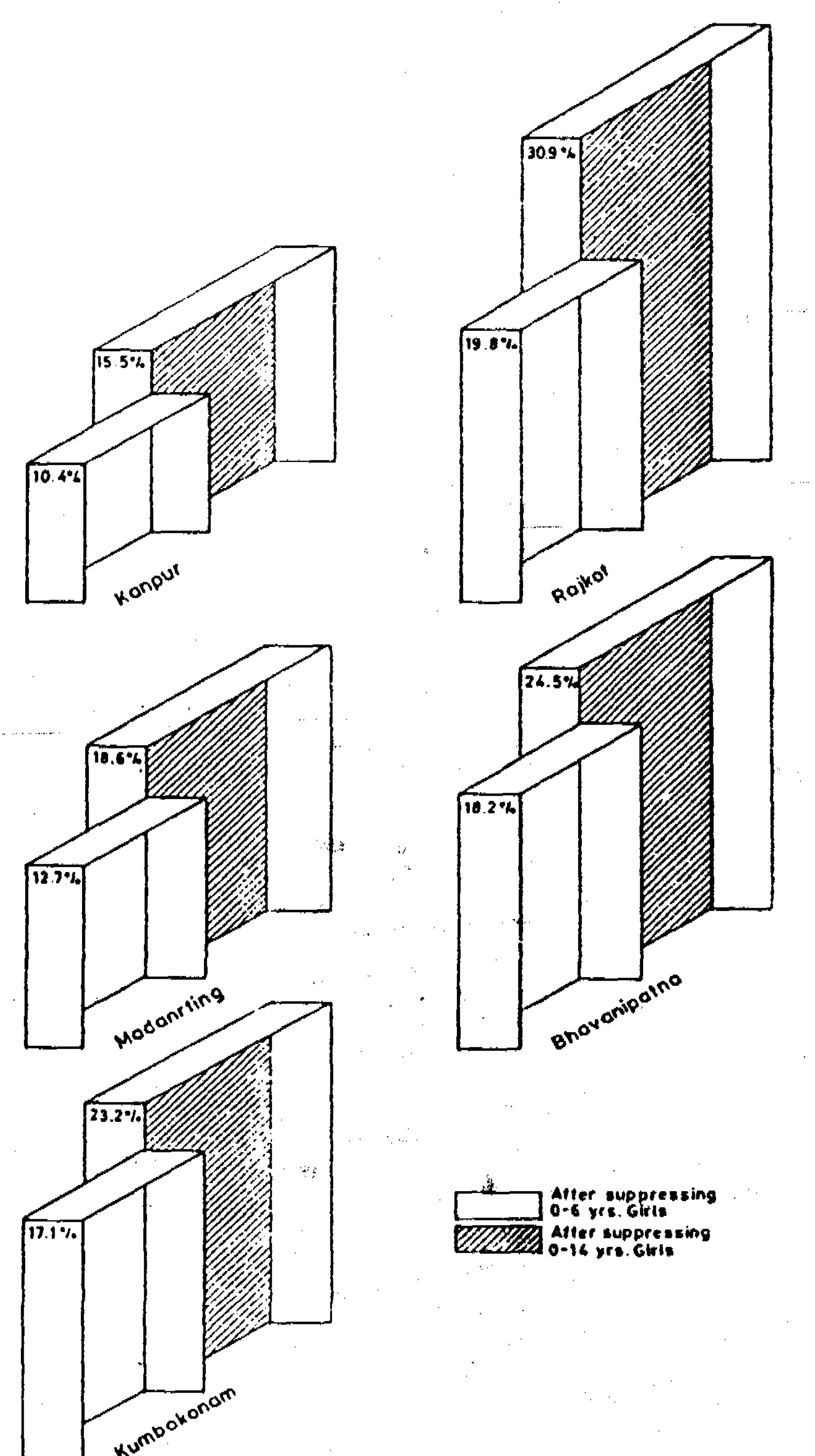


Reported sickness was highest in Kumbakonam and minimum in Kanpur. Except Rajkot all other cities slum dweller are spending a substantial proportion of monthly income on treatment and health care.

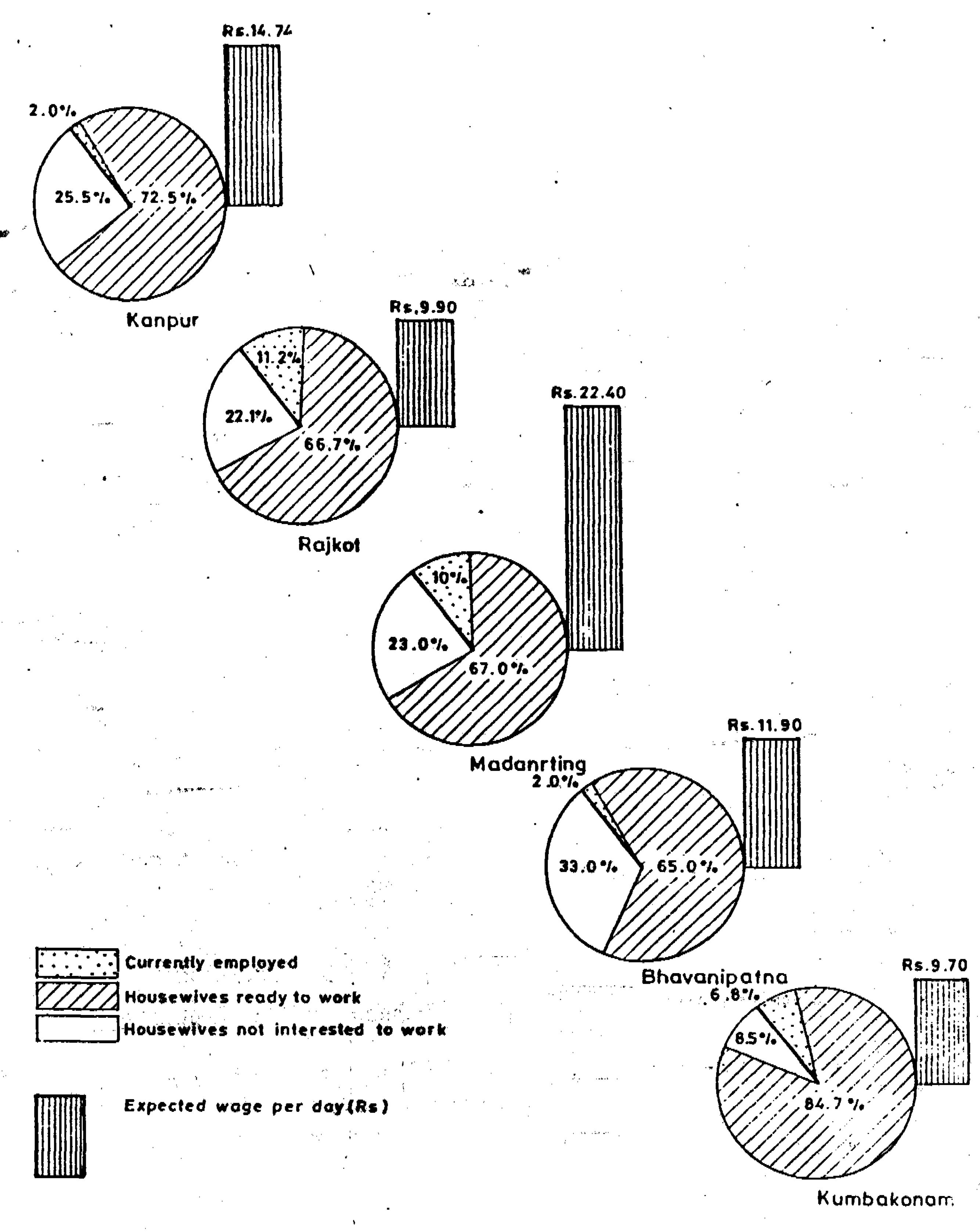


Except Kanpur in all the other cities about one fifth of the women in Slums contribute 20 per cent or more of the total household income. Proportion of such women was highest in Rajkot and Bhavanipatna.

WOMEN PARTICIPATION IN PAID LABOUR FORCE

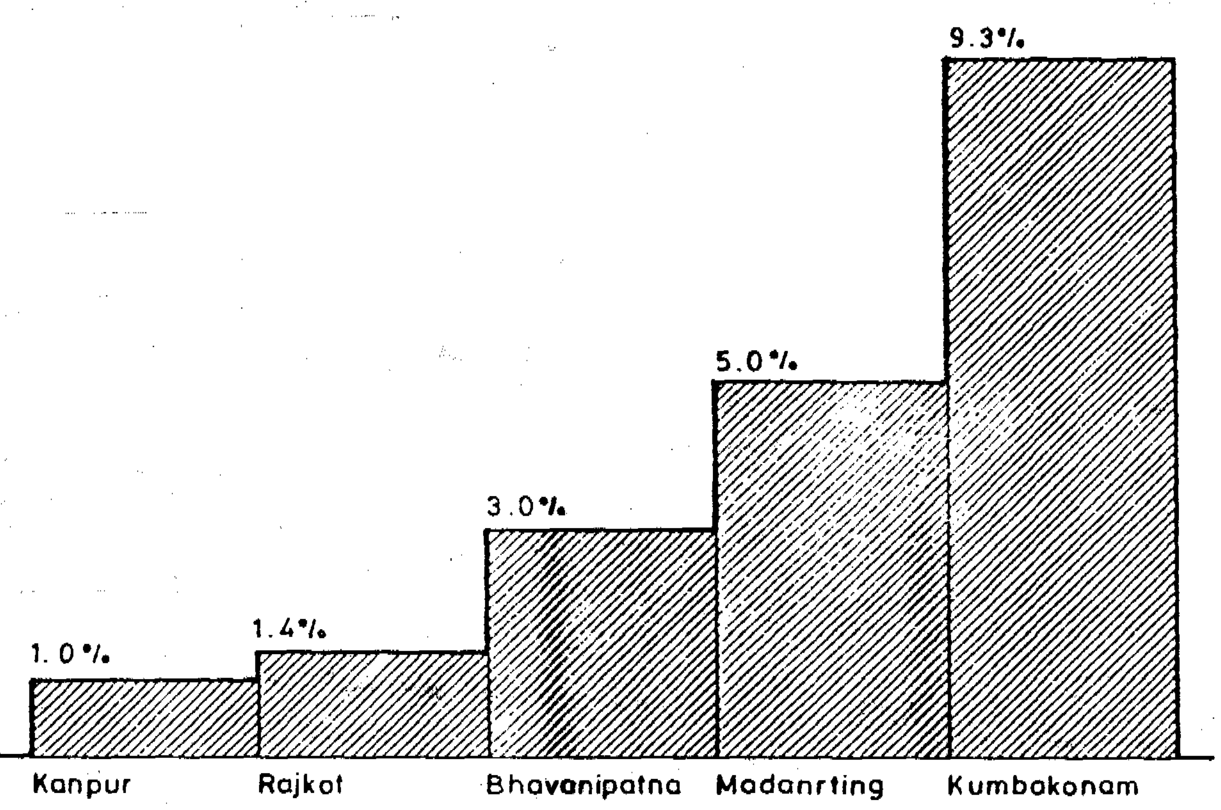


Percentage of women (aged 14 and above) participation in paid labour force varies from 16 per cent in Kanpur to 31 per cent in Rajkot. In other cities also, about one-fourth of women/girls were gainfully employed.

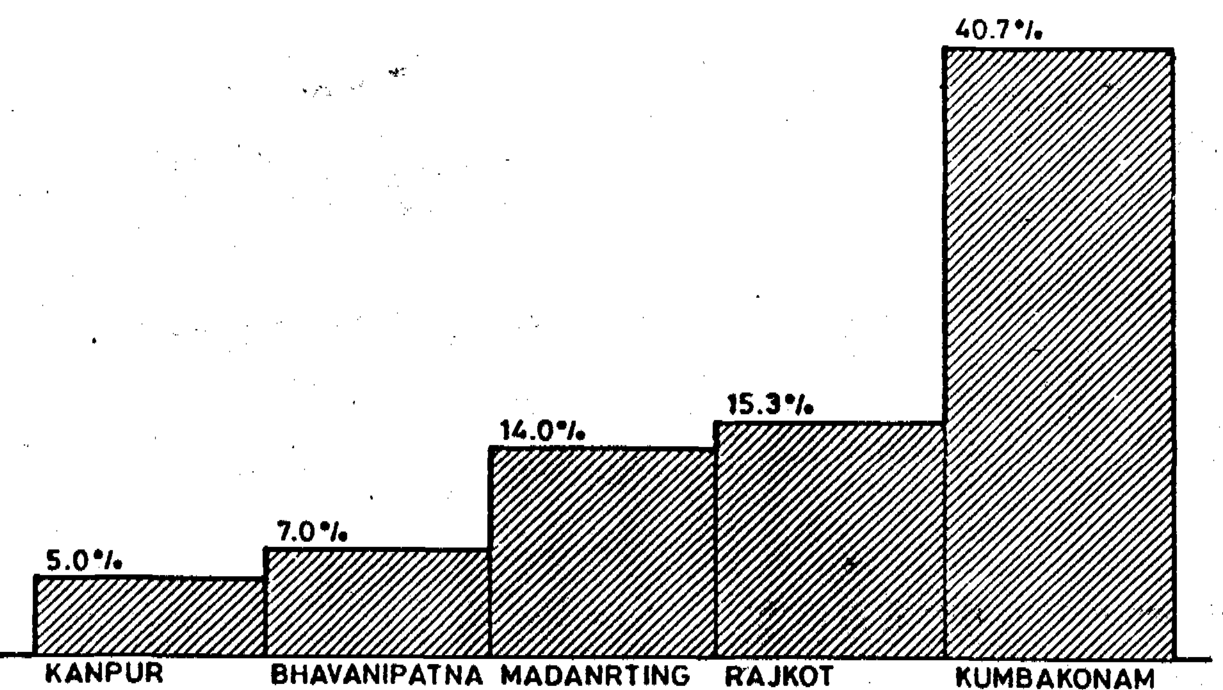


Majority of the non-employed women expressed desire to work. The minimum expected wage varied from Rs.10 per day in Kumbakonam and Rajkot to Rs.22 per day in Madanrting

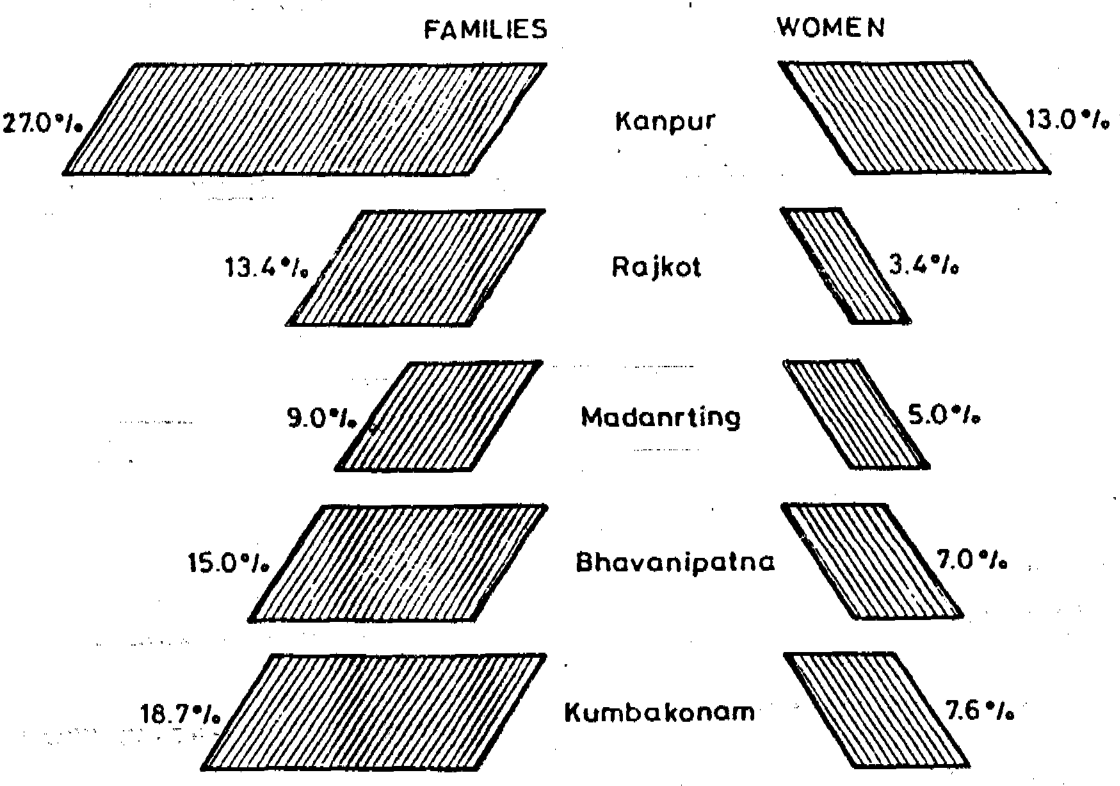
PERCENT FAMILIES WHERE WOMEN ARE BEARING THE TOTAL FAMILY EXPENDITURE



About one-tenth of the families **of** the slum dwellers of Kumbakonam totally dependent on women's earnings.



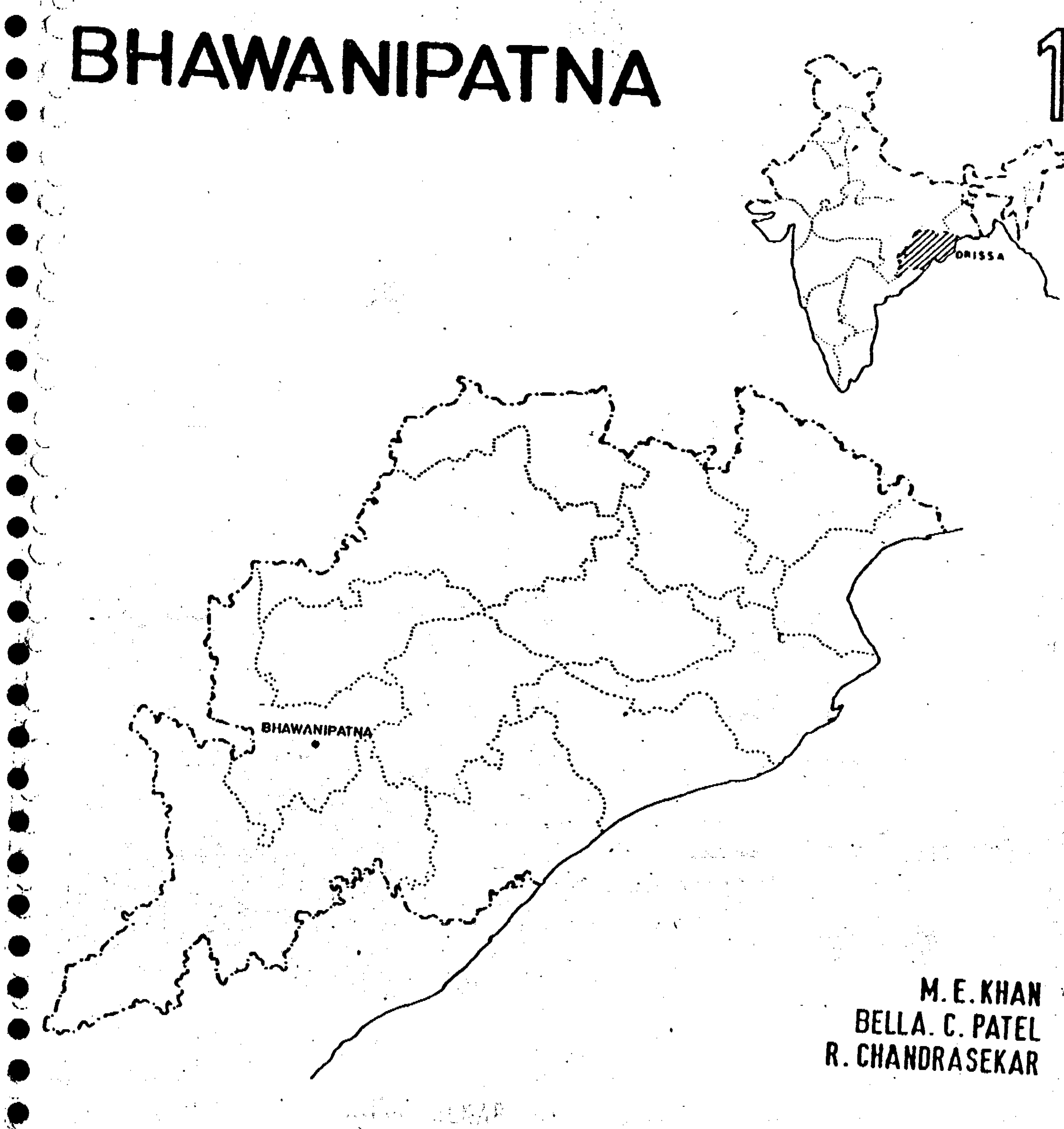
Transaction of loan from private sources is very high in Kumbakonam and followed by Rajkot and Madanrting. Generally these loan were taken for meeting domestic needs and treatment of sickness at a very high interest rates.



Very few slum dwellers had account either in Banks or post office. Except Kanpur, proportion of women having account in their name (either independently or jointly) was less than 10 per cent.

BHAWANIPATNA

1



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C O N T E N T S

CHAPTER NO.		Page No.
I.	INTRODUCTION	1 - 2
	Introduction	1
	Population	1
II.	AVAILABILITY OF BASIC AMENITIES - OBSERVATION FROM MACRO LEVEL DATA	3 - 10
	Water Facility	3
	Electricity Supply	3
	Sanitation Facilities	4
	Educational Facilities	5
	Health and Nutritional Services	6
	Common Diseases	7
	Employment Opportunity	8
	Child Labour	8
	Banking and Loan Facilities	8
	Exposure to Mass Media	10
III.	ACCESSIBILITY TO AND EXTENT OF URBAN BASIC SERVICES TO WOMEN AND CHILDREN	11 - 23
	Household Characteristics	11
	Availability of basic Amenities to the Slum Dwellers	16
	Availability and Utilisation of Educational and Training Facilities	21
IV.	UTILISATION OF HEALTH AND MCH SERVICES	24 - 36
	Provision of Antenatal and Natal Services	24
	Knowledge and Coverage of Children under Immunisation Programme	26
	Health Services and Expenditure on Health Care	29
	Extension Work for Health and Preventive Services	33
	Family Planning Practice	34

CHAPTER NO.		PAGE No.
V.	EMPLOYMENT STATUS, JOB OPPORTUNITIES AND BANK LOAN FACILITIES AVAILED BY SLUM DWELLERS	37 - 42
	Current Employment Status and Interest in Participating in Paid Labour Force	37
	Membership of Financial Institutions	40
	Awareness and Utilisation of Loan Facilities	41
VI.	SUMMARY AND CONCLUSION	43 - 48

CHAPTER I

INTRODUCTION

Bhawanipatna is the headquarter town of Kalahandi district. It is situated on the western periphery of the Orissa State, 450 kms away from the state Capital, Bhubaneswar. According to 1981 census, the total population of the town was 37821. In 1981, Bhawanipatna population constituted 47 per cent of the urban population (80,541) of the district and 3 per cent of its total population (13,39,192) It is one of the most backward districts of the Orissa state, ranking 12th out of the 13 districts in terms of socio-economic indicators of development. About 14 per cent of the district's population is scheduled caste and another about 7 per cent is scheduled tribe.

The present study, sponsored by UNICEF was carried out by ORG, Baroda in the slums of Bhawanipatna. Out of the 20 slums identified by the Municipal Authorities, 13 slums (65 per cent) were selected for assistance under Urban Basic Services Scheme (See Map 1).

For the present study, the slums were categorised into three groups based on their population size, and then from each of these categories a total of 10 slums were selected. All the 10 slums were covered in the survey for collecting community level information, as well as for the detailed household survey. Of these slums, 9 slums were situated in the peripheral parts of the town while the tenth one was located in the heart of Bhawanipatna. Of the selected 10 slums, 6 were "UBS slums" and the balance 4 were "non-UBS slums" (Table 1.1). Sign boards showing "UBS slum area" have also been put up in a few places to show the starting points of the project in the slums.

The road leading to these slums were quite narrow and dusty. Even in the slum, houses were not arranged in well planned rows. They were all interspread by narrow gullies and drains.

Population

The total number of households and its population, in the 10 slums selected for survey is also given in Table 1.1. Approximately the total population covered in these slums worked out to be 5200 which comprised about 14 per cent of the total population (1981 census).

About 56 per cent of the families residing in the slums were originally belonged to Bhawanipatna and around 16 per cent of the families had migrated from other town of Orissa. Another 27 per cent had migrated from the rural areas of Kalahandi or other districts of Orissa. While 87 per cent of the families were living in these slums for more than five years, the balance about 13 per cent had migrated during five years period prior to the date of survey.

Most of the slum dwellers (97 per cent) were Hindus. Among them, 60 per cent were SC/ST and 32 per cent were other low-caste Hindus. Only 3 per cent of the families surveyed were Muslims.

Housing Conditions

Almost all the houses were made up of tiled roofs, mud walls and mud floors. The ventilation inside the house was very poor. Most of the houses were surrounded with drainage and water-loggings.

CHAPTER II

AVAILABILITY OF BASIC AMENITIES - OBSERVATION FROM MACRO LEVEL DATA

A quick community survey of 10 selected slums of Bhawanipatna was carried out to assess the accessibility to and utilisation of basic services in the slums. At the macro level, information was collected through observations and informal discussions with the slum dwellers and their opinion leaders. The present chapter highlights the salient findings of these observations.

Water Facility : In 9 out of the 10 slums, drinking water facility was available within the slum area (Table 2.1). One slum (sweeper colony) had no drinking water facility. However, water supply was reported to be sufficient only in 2 slums, Gosalpara and Chancharapada. In the remaining 8 slums, water supply was not sufficient for drinking purpose as well as domestic purpose. Even during our field visits ORG team observed long queues of women and children at the tubewell site for fetching water. Small children and grown up males bathe there itself.

Table 2.1 : Available of Drinking Water Facility in Bhawanipatna

Available within slum	90.0 %
Sufficient water supply	20.0 %

In the household survey atleast 15 per cent of the families mentioned supply of drinking water as one of their most urgent needs.

Electricity Supply : Only in one (Bahadur Bagichapara) out of 10 slums, about 27 per cent households were electrified (Table 2.2). In the remaining 9 slums, 80 per cent or more households did not have electric connection. Out of these, in 4 slums viz. Ramasagarpara, Ambagachapara, Sweeper Colony and Khedapara none of the households were electrified. Even public poles provided in these 4 slums were very few in number, ranging from 2-7. In other slums also the situation was not very different with respect to the public poles except for Gosalpara and Bahadur Bagichapara, where there were 23 and 36 public poles respectively. Generally in these slums, traditional means of lighting such as Diya, Diberi or Chimney were mostly used.

Table 2.2 : Available of Electricity Facility

Table 2.2 : Availability of Electricity Facility - Bhawanipatna

No. of slums where no household electrified	40.0
Less than 10 per cent household electrified	20.0
11-25 per cent household electrified	30.0
25-50 per cent household electrified/ more than 50 per cent electrified	10.0

Sanitation Facilities.: Sanitary conditions in the Bhawanipatna slums were very poor. None of the slums had any public latrines. In four slums - Gosalpara, Chanchapara, Bahadur Bagicha and Ankabahadi - 4 to 15 per cent of the households had access to private laterine (Table 2.3). In the remaining six slums private laterine facility was also not available. In such conditions, about 90-100 per cent of the slum dwellers were compelled to use open fields only.

Out of the 10 slums covered, drainage system was constructed in only four slums namely Bahadur Bagicha, Khedapara, Gosalpara and Chancharapara. Even these drainage systems were not properly constructed. All along open gutters could be seen. Water logging was also a common site. All these provides an excellent breeding ground for mosquitoes and other bacterias. However, it was encouraging to note that the Municipal garbage disposal box (n = 16) provided under UBS were distinctly placed at the entrance or along the pathway in each of the slums covered under UBS scheme and were used by the slum dwellers.

Table 2.3 : Availability of Sanitation Facilities - Bhawanipatna

Percentage of slums having public toilet	Nil
Percentage slum in which atleast 10 per cent hh have access to private/public latrine	10.0
Percentage slum having no drainage system	60.0
Percentage of slum having no TV set	50.0
Having 1-5 TV sets	30.0
Having more than 5 sets	20.0
Percentage of slum having community centre	20.0

Educational Facilities : The educational facilities in the slums of Bhawanipatna were equally poor. Creches were totally non-existent in these slums. Only one slum, Naktiguda, had a primary school (Table 2.4). None of the slums had any school facilities above 6th standard for girls.

Table 2.4 : Educational and Vocational Training Facilities - Bhawanipatna

Educational Facilities	
Percentage of slums having creches	Nil
KG/Primary school	10.0
School facilities for girls for above 6th standard	Nil
Adult education centre	10.0
Vocational Training	
Percentage of slum having vocational centre	20.0

One of the slums (Amleagachapara) had a adult educational centre and was attended by about 20 women. Two slums, Ambagachapara and Bahadur Bagicha Para had vocational training centres for young women and girls. In the former slum, a tailoring institute was started with 2 machines provided by the Municipality. The instructor, hired by the Municipality, was teaching the girls in two batches from 10 a.m. to 5 p.m. Girls and married women were quite enthusiastic about learning the skill. However, because of the rush as well as limited number of machines, only few of them could attend the training while the remaining were waiting for their turn. In the other slums, i.e. Bahadur Bagicha, 12 housewives were benefitted from the vocational training centre. However, only 2 women had started their own business after getting the training.

Health and Nutritional Services : Just as the other basic amenities and services, medical facilities available to the slum dwellers of Bhawanipatna, was also poor. However, at least four slums (40 per cent) had one or the other health facilities available within 1 km. Among all the slums, Gopabandhunagar had the best access to the medical facilities as a government FP/MCH clinic, a maternity hospital, a male private medical practitioner and a private lady doctor were available within 1 km from the slum. Similarly while Chancharapara and Gosalpara also had easy access to both a private medical practitioner and a lady doctor while the Ramasagarpara had only a male private practitioner in the nearby area.

Table 2.5 : Facilities available for Nutrition, Health and MCH Care Service

MCH Care	
Whether anybody visited for providing/giving:	
Immunisation to children/ pregnant mother	30.0
Distribution of vitamin tablets	30.0
Visit of health worker during last 6 months:	
Percentage slums reporting visit of:	
ANM	10.0
Sanitary Inspector	10.0
Social worker for any needs	-
UBS CO/PO	-
Any of them	100.00
Film show during last 6 months % of slum reporting any film show	10.0

An attempt was also made to measure the extent of door to door health services being provided by the various paramedical staff and health functionaries during the period six months prior to the date of survey. For this a series of questions were asked to collect information on their visits to the households or to the slum localities and purpose of their visits. Immunisation of children/pregnant mothers and distribution of vitamin tablets were reported from Ambagachapara, Khedapara and Gosalpara slums (Table 2.5). While Khedapara area reported a visit by an ANM and a Sanitary Inspector during this period, in the other two slums the immunisation work was carried out by a lady doctor . Incidentally, on the day of our (ORG team) visit in the Amleagachapara slum, she was also on round to this slum. Apart from immunisation, she also took anthropometric measurements (height, weight, etc.) and was attending to their specific complaints.

An educational film with a message on MCH care and immunisation was reported to be shown once in the Sweeper Colony during the 6 months period prior to the survey. No such education campaign was reported from the other 9 slums. None of the slums had any anganwadi centre.

Common Diseases : An attempt was also made to collect some informations regarding common diseases prevailing in these slums, particularly among women and children. Some of the common diseases prevalent in more than 50 per cent of slum were hook worm/round worm, skin VW veneral diseases, and respiratory disorder. As generally seen in any other slum gastro-intestinal disorder, diarrhoea and dysentry, malaria, typhoid, malnutrition and accidents/injuries were also common in the slums of Bhawanipatna.

The main complaints of women were pregnancy complications and veneral diseases, reported from ore than 50 per cent of the slums. Gastro intenstinal disorders, diarrhoea, hook worm etc. respiratory diseases, malaria, skin diseases and malnutrition were also commonly reported among the women.

Unlike mothers, children suffered mostly from accidents, injuries, hook worm infestation and skin diseases. A fair proportion of children also suffered from diarrhoea, dysentry, typhoid, malaria, respiratory disease and malnutrition.

Table 2.6 : Availability of Financial Institutions and Women's Participation in Labour Force

Bank Facility within 2 km of slum	60
Cooperatives	10.0
Women Employment	
Percentage of slums reporting women employment:	
Less than 5% HH	10.0
5-10 per cent	10.0
10-25 per cent	10.0
25+	70.0

To encourage women to initiate their own business and to participate in paid labour force, a revolving fund had been created on a pilot basis in Ambagachapara and Gosalpara. The financial agency was the Indian Overseas Bank in Bhavanipatna. However, so far only two families had been benefitted from each of the above mentioned slums.

However, 20 females in Ambagacha para and 5 females and 12 males in Bahadur Bagicha para had received bank loans either for starting rice business or small groceries. They were given a sum of Rs. 100 each to initiate their business. In Gosalpara also, 20 males and 12 females had obtained bank loans for starting their business. None of the residents of Ramsagarpara, Chancharapara and Gopabandhan para had obtained bank loans while only a few males (about 1 or 2) in Sweeper Coloy, Nakatiguda and Arkhabahatipara were given bank loans.

Only 1 or 2 families were members of a cooperative society in Gopabandhapara. None of the other slums had any cooperative society.

Only two slums namely Ambagacha para and Sweeper Colony had community centre. In both the places, the community centres were quite active in undertaking social service, such as training the Residential Community Volunteers (RCVs) in basic principles of home management including first aid etc. Other local voluntary organisations which were understood to be instrumental in continuing the UNICEF's initiated programme were the Mahavir Sanskrut Anusthan, the Rotary Club of Bhawanipatna and Sathya Sai Sangh. It may be mentioned that objectives and sphere of activities of these NGOs are quite different.

Exposure to Mass Media : 5 out of the 10 slums had no access to television. Bahadur Bagicha para (26 TV sets) and Kedapara (15 TV sets) had relatively access to more TV sets. In rest of the three slums Nakat guda, Chancharapara and Aakhabahatipara, there were only 1 or 2 TV sets in the entire slum area.

CHAPTER III

ACCESSIBILITY TO AND EXTENT OF UTILISATION OF URBAN BASIC SERVICES TO WOMEN AND CHILDREN

Apart from the community survey of the slum, a detailed household survey of 10 slums selected from the 20 notified slums of Bhawanipatna was also carried out to access the accessibility of slum dwellers to the basic services and extent of its utilisation. For sampling, all the 20 slums were divided into 3 groups based on its population. From each of the group the required number of slums were selected at random for the household survey. Allocation of sample slums to each of the group was done according to the proportion of slums falling in that group.

Out of the total 10 slums selected for household survey, 6 were covered under Urban Basic Services (UBS) scheme. From each of the selected slums, 10 households, making a total of 100 sample were selected at random. Most of the slums, (9 out of 10) were situated on the peripheral parts of the town, while one slum selected for the survey, was located in the central part of the city.

HOUSEHOLD CHARACTERISTICS

Population Characteristics : The total number of persons in the 100 households covered in the present survey was 583. Out of that, 266 were males and 317 were females. Hence, the average family size turned out to be about 5.8. A break up of the families by number of household members revealed that while more than half of the families (56 per cent) had 4-6 members, about 11 per cent families had 3 or less members. Another about 28 per cent families had 7-10 members. A small proportion (5 per cent: had more than 11 family members. Nuclear families were more predominant in the Bhawanipatna slums.

About 44 per cent of the families interviewed were migrant from other areas of Orissa - 16 per cent from urban areas and 28 per cent from rural areas. However, about 87 per cent of the families had been staying in these slums for more than 5 years.

In these slums the sex composition showed more of females than males. Number of females per 1000 males was calculated to be as high as 1191. An analysis by religion shows that 97 per cent of the slums population was Hindus, mainly Schedule Caste/Scheduled Tribe (60 per cent).

Age Structure: About 30 per cent of the total population surveyed belonged to the pre-school age group of 0-6 years (Table 3.1). Another about 17 per cent of them were in the age group of 7-14 years. About 41 per cent constituted the productive age group of 15-44 years. The remaining 13 per cent were aged 45 years and above. Further analysis by sex shows that 40 per cent of the female population was in the reproductive age group of 15-44 years.

Table 3.1 : Age Distribution of Household Members of Selected Families

Age	Male	Femae	Total
0 - 6	31.3	28.7	29.9
7 - 14	16.1	18.3	17.3
15 - 24	13.5	20.2	17.2
25 - 44	27.1	20.2	23.3
45 and above	12.0	12.6	12.3
Total N	266	317	583

Marital Status and Mean Age at Marriage : Out of the total females about 50 per cent were unmarried, 42 per cent wer married and the remaining about 8 per cent were widow.

Table 3.2 : Mean Age at Marriage and Fertility Measures

Mean Age at Marriage	
Male	21.5
Female	15.7
Average Number of	
Ever born children	3.6
Surviving children	3.0
Percentage of women having 4 or high order of	
Live births	40.7
Surviving children	29.6
Total N	123

An analysis of their age at effective marriage revealed that more than 90 per cent of the women were married much before attending their 18th birthday. The mean age at marriage was calculated to be only 15.7 years for the females and 21.5 years for the males. (Table 3.2). The median age i.e. the age by which 50 per cent of the female were already married and started cohaluting was estimated to be only 15 years. Obviously all these females contributes to the high risk group at the time of pregnancy.

Average number of children : An analysis of the total number of live births and surviving children to ever married women indicates that the average number of ever born children was 3.6 where as mean number of surviving children was about 3.0. This indicates that both fertility and child mortality was quite high among the slum dwellers. Prevalance of high fertility is also supported by the fact that about 41 per cent of the married women had four or higher order of live births and about 30 per cent of them had four or more surviving children. As all these mothers were in reproductive age and very few were practicing family planning, they all were exposed to risk of pregnancy. In other words, 41 per cent mothers may be considered as high risk mothers because of high parity. If we add to this those young women who were currently married and aged less than 18 years, the proportion of high risk women in the reproductive age turned out to be as high as 59 per cent.

Literacy Level: Percentage of illiterates among females aged 6 years and above was much higher (67 per cent) than among the males (25 per cent) (Table 3.3). About 33 per cent males and 20 per cent females had studied uptp primary levels. Again, percentage of those who had attended middle or higher education was much higher among males (43 per cent) than among females (13 per cent).

Table 3.3 : Literacy Level

Level of Education (Aged 6 years and above)	Male	Female
Illiterate	24.6	66.8
Upto Primary	32.9	19.9
Upto Middle	27.8	10.6
Above Middle	14.7	2.7
Total N	183	226

Participation in Labour Force : About 84 per cent of the males and 25 per cent of the females, aged 14 years and above, were engaged in paid labour force (Table 3.4). In other words one out of every six males and 3 out of every 4 females aged 14 years and above were unemployed.

Table 3.4 : Working Status of Males and Females

Percentage of Male and Female working for cash and kind	Male	Female
Taking all males/females in denominator	44.4	13.0
After suppressing 0-6 years	64.5	18.2
After suppressing 0-14 years of boys/girls	843	24.5

Child Labour : As discussed in second chapter, childrens were not commonly involved in income generating activities. Of all the children aged 6-14 years, only 2.5 per cent were working for cash or kind. A break-up of the working children by sex shows that about 3.8 per cent of the boys and 1.5 per cent of the girls were engaged in paid labour force. However, a caution may be made that these percentages do not include children who were helping in their family business or enterprise.

Household Income: An attempt was made to estimate total household as well as per capita income of the selected families. Analysis was also made to estimate average earning of working males and females and females contribution to the total household income. The findings are presented in the Table 3.5. As the table shows, monthlz income of atleast 14 per cent of the households covered was less than Rs. 300/-. For another about 23 per cent of the families, the monthly income ranged between 300-500 rupees, while the remaining 63 per cent of the families had a monthly income more than Rs. 550/-. The average monthly household income worked out to be Rs. 621/- with the per capita income of Rs. 106.5. A rough estimate shows that at least about 37 per cent of the families were falling below poverty line. Most of the remaining families though had crossed the poverty line they were only marginally better than those fallen below poverty line.

Table 3.5 : Total Household Income and Average Earning of Male & Female

Characteristics	Bhawanipatna
HOUSEHOLD INCOME (Rs.)	
Less than 200	6.0
201 - 300	8.0
301 - 400	8.0
401 - 550	15.0
551 - 750	21.0
751 - 997	42.0
Average Household Income	621.1
Per Capita Income	106.5
Average earning	
Male Income	529.5
Total N	118
Average Earning Female Income	276.5
Total N	41

At the time of survey a total of 118 males and 41 females of the selected families were working for cash or kind. The average monthly earnings for the males and females were estimated to be Rs. 530/- and Rs. 277/- respectively. It indicates not only that the job opportunities for women were very limited but also that generally they were offered only less paid jobs as compared to the males.

Contribution of Females to Household Income: An analysis of female's contribution to the household income reveals that due to lack of proper job opportunities, in 67 per cent of the families, females were not contributing anything in cash or kind. However, a caution may be made here that their contribution to the family income as unpaid family worker was not taken into account while calculating her contribution to the total household income. However, as presented in Table 3.6, still in about 8 per cent of the families, females were contributing 20 to 30 per cent of the total family income. In another 17 per cent of cases their contribution ranged between 31-50 per cent of the total income while in 3 families (3 per cent) females were the sole earners.

...ns Research Group, Baroda - 390 007.

Table 3.6 : Contribution of Females to Household Income - Bhavanipatna

Income Percentage:	
0	67.0
1 - 10	2.0
11 - 15	1.0
16 - 20	2.0
21 - 30	8.0
31 - 50	17.0
Total N	100

Dependency Ratio: The dependancy ratio is estimated, taking into account number of dependents per 100 workers. The procedure is mentioned in foot note. At Bhavanipatna it was found that there are 104 dependents per 100 workers. This contributed mainly from the young dependents (96 per cent) whereas old dependents ratio is about 8 per cent. It may also be mentioned here with the child labour was found to be about 2-5 per cent in Bhavanipatna slums.

AVAILABILITY OF BASIC AMENITIES TO THE SLUM DWELLERS

Based on macro level (community level) information we have already discussed in Chapter II about certain basic amenities which were available and utilised by the slum dwellers of Bhavanipatna. A detailed probing on the same aspects was also made during the household survey. On the basis of the household survey, accessibility of the slum dwellers to basic services and its utilisation have been presented in the following paragraphs.

$$\text{Dependency Ratio} = \frac{P\ 0\text{-}14 + P\ 60}{P\ 15\text{-}59} \times 100$$

Housing Facility: An analysis of the housing condition in the slum of Bhavanipatna shows that about 63 per cent of the families owned the house, while a substantially high percentage (22 per cent) had just occupied the land and built their own huts (Table 3.7). The remaining 15 per cent of the slum dwellers were residing as tenant and were paying on an average a rent of about Rs. 46 per month (SD Rs. 22).

Table 3.7 : Housing Condition in the Covered Slums

Nature of Occupancy	
Rented	15.0
Owned	63.0
Occupied	22.0
Average amount of Rent/month (Rs.)	46.5
Average size and number of room	
Number of rooms	2.6
Living area (sq.ft)	162.1
Household size	5.8
Average space (sq.ft) available per person	28.0
Type of House	
Roof - Thatched	1.0
Tiles/Asbestos	99.0
Wall - Mud	89.0
Brick Walls	8.0
Others (wood)	3.0
Floor - Mud	94.0
Cement/Chips	5.0
Others (Wood)	1.0

In general, each household had about 2 or 3 rooms including kitchen covering a living area of about 162 sq.fts. 14 per cent of the households surveyed was accommodated only in one-room huts while a majority of families (69 per cent) resided in 2-3 rooms huts. The remaining 17 per cent had 4-5 rooms house. The average living area including kitchen worked out to be 162 sq.fts. Considering the average household size of 5.8 persons, the average living space available per person was estimated to be around 28 sq.fts.

The study shows that the condition of the huts in Bhavanipatna slums was very poor. Most of the huts had asbestos/tiles roof, mud walls and mud floor. According to the data collected in household survey, almost all (99 per cent) houses had roofs made up of asbestos or tiles. 89 per cent of the walls and 94 per cent of the floor were made up of muds.

In few huts (8 per cent) brick walls and cemented floor (5 per cent) were also found. About one-third of the respondents (30 per cent) felt that 'pucca house' was their most urgent need.

Sources of Drinking Water: About 79 per cent of the households had access to potable drinking water (Table 3.8). As the table shows, 44 per cent of the households were depending on tap water, 35 per cent o- handpump while the balance 21 per cent on well or spring water. Even though only 5 per cent households had individual water connections, in majority of the cases (66 per cent) the sources of drinking water were located within 50 meters radius from their houses. For the remaining 29 per cent it was located anywhere between 50 to 100 meters from their living place.

Table 3.8 : Availability, Accessibility and Management of Drinking Water

Basic Amenities	Bhawanipatna
Sources of Drinking Water	
Tap	44.0
Hand Pump	35.0
Well	20.0
Spring/Others	1.0
Distance from Nearest Source	
Individual connections	5.0
Within 50 meters	66.0
51-100 meters	25.0
101 meters	4.0
Adequacy of Water Supply	
Adequate in all Seasons	48.0
Adequate in some seasons only	51.0
Alway inadequate	1.0
Percentage of Males Fetching Water	
None	100.0
Total N	95
Percentage of Females Fetching Water*	
5-9 years	11.6
10-14 years	100.0
15-19	5.3
Total N	95
Average time Spent for Fetching Water	
Time spent (hours/min)	1.53

* Percentage exceeds 100 becauses of more than 1 female fetching water in one household.

About half of the slum-dwellers (48 per cent) were of the view that the water supply was adequate in all seasons, where as the other half (52 per cent) complained that it was often inadequate. In fact about 15 per cent of the respondents had expressed drinking water as their most pressing needs. Most of these respondents were presenlty depending on well for the supply of water.

As usual it was found that females were solely responsible for fetching water. In none of the household surveyed, any male was responsible for this work. Further analysis shows that in practically all houses, it is mainly the young girls aged 10-14 were carrying out this activity. In some households more than one girls were involved in this work. As the table shows, in 12 per cent of the cases it was their younger sisters (5-9 years) and in 5 per cent households elder female members (15-19 years) of the family were helping in fetching water. Fetching of water including travelling and waiting time in long queue for their turns was on an average consuming almost two hour (1 hour-53 minutes) per day.

Toilet Facilities: Most (96 per cent) of the families had no access to any private or public toilet facilities, and hence were going to the open fields for defaecation. As shown in Table 3.9 only 3 families had private toilet within the house and 1 family was jointly sharing it with other families. Just as pucca house and drinking water, toilet facility was also expressed as their one of the pressing needs by about 18 per cent of the respondents.

Table 3.9 : Availability of Toilet Facility

Basic Amenities	Bhavanipatna
Percentage of household who had access to either private or public toilet	4.0
Within house	3.0
Joint Flush/Soakpit	1.0
Open field	96.0
Total N	100

Source of Light: Only about 11 per cent of the households covered in the study had electricity connections. Majority of the slum dwellers (58 per cent) were depending on traditional source of lighting such as Dibery/Chimney etc. The remaining 31 per cent were using lantern or petromax as the source of light. As discussed earlier only two slums i.e. Bahadur Bagicha para and Gosal para had enough street lights otherwise it was also totally inadequate in the remaining slum areas.

Ownership and Access to Mass Media: Ownership of TV was negligible as only one family (1 per cent) had the set. However, one-fifth (20 per cent) of the households had access to TV and were able to watch it, though not regularly. Even from these families only about 60 per cent of the adults (males/females) and about 50 per cent of the children (both boys and girls) were watching TV occasionally. Due to low accessibility and exposure to TV various messages on health and family welfare such as age at marriage for girls, FP and use of spacing methods, special foods for pregnant women and children specially to prevent blindness, importance of education for girls and immunisation were reaching to only a few respondents i.e. 2-5 per cent of the total families interviewed.

It was encouraging to note that almost one-third (31 per cent) of the families owned radio and another about 8 families had access to it. Thus altogether about 39 per cent of the families had access to radio. Out of those 39 families, 18 families were listening it regularly whereas it was less frequently used by the remaining 21 families.

Type of Fuel and Stove Used: Ordinary earthern chulha was used by all the 100 households covered in the study, for the cooking purpose. They were spending about 2 hours and 37 minutes per day on cooking (Table 3.10). Further probing revealed that the main cooking fuels used by them were firewood (100 per cent) and cowdung (11 per cent). Kerosene and Charcoal were also used in one or two families. 22 per cent of the families were depending, either fully or partially, on collected firewood. In one out of every sixth household (16 per cent) adult females were responsible for the collection of firewood and were daily spending about 3 hours on firewood collection. In some of the families (6 per cent) firewood collection was also done by adult males.

Table 3.10 : Management of Cooking Fuel

Cooking Fuel	Percent using	Percent depending on collection	Who Collects				Average time for collection
			Adult		Child		
			Male	Female	Male	Female	
Fire wood	100.00	22.0	6	16	-	-	3 hrs 6 mts.
Charcoal/coal	1.0	1.0	-	1	-	-	1 hr 6 mts.
Cowdung cake	11.0	10.0	1	7	-	2	42 mts.
Kerosene	3.0	-	-	-	-	-	-

Again, out of the 11 families who were using cowdung cake, 10 families were depending on free collection. Adult females (7 families) adult males (1 family) and young girls (2 families) were involved in cowdung collection and on an average they were spending about 42 minutes per day.

An analysis of the monthly expenditure on the firewood revealed that about 51 per cent of the households were spending between Rs. 31-60 while in the remaining 48 per cent of the cases, the expenditure ranged between Rs. 61-90 per month. The average monthly expenditure on the firewood was estimated to be about Rs. 56 per household. Similarly the average monthly expenditure on Kerosene for the three families using it with other fuels was estimated to be about Rs. 12. Further analysis shows that on an average, each family was spending about 9 per cent on its total earning on the purchase of fuel.

AVAILABILITY AND UTILISATION OF EDUCATIONAL AND TRAINING FACILITIES

Balwadi: Information were also collected on the availability of balwadi in the slums and percentage of the households availing this facility. 67 per cent of the total households surveyed had at least one child in the age group of 3-5 years (Table 3.11). Of these 67 families, only 9 families (13 per cent) were sending their children to the balwadi. Out of the total 13 children attending balwadi, 8 were boys and 5 were girls.

Table 3.11 : Accessibility to and Utilisation of Educational Facilities

Percentage of households from where children (3-5 years) attending Balwadi	Bhawanipatna
No children (3-5 years) in the family	33.0
Yes	9.0
Boys	7.0
Girls	5.0
No	58.0

On further investigation as to why children were not send to the balwadi, most of the mothers (91 per cent) replied that the child did not like to go there. However, non-availability of balwadi within slum area could be yet another important reasons for not sending their children for education. As mentioned earlier, out of the 10 slums covered, only one slum had balwadi.

Percentage of Children Attending School:Among the total school going aged children (i.e. 6-14 years) only 57 per cent were attending school. The remaining 43 per cent children had either dropped out from the school or had never attended it. Further analysis by sex of children shows that about 61 per cent of the boys and 53 per cent of the girls were attending school.

Vocational Training : Two of the slums selected for the household survey namely Bahadur Bagicha para and Ambagacha para, had vocational training centre. As mentioned earlier and also observed by ORG team, in Ambagacha para, the young girls and females were very much enthusiastic of attending this stitching training camp and they used to wait in long queues for their turn. In other eight slums no such facilities were available.

Out of the 100 hou holds surveyed, from 7 families a total of 9 persons - 2 males and 7 females, had attended training centre. Further analysis showed that the training was mainly given in tailoring (4 females) and handicrafts (3 females). All of them who had attended the training were residing in the 'UBS area'. 5 of them had attended government training centre. Duration of the trainings varied between 2-6 months. Most of this training was obtained 3-5 years prior to the date of survey. One person had undertaken some job other than what he was trained, whereas the remaining eight persons (7 females and one male) did not take any job after training, 4 persons could not give any specific reply, 'while not getting job' and 'children are small' were given as reasons by one person each.

Two-thirds of the respondents (66 per cent) in the remaining slums covered for household survey did not attend any training because the training centres were located at the far distance places. Other reasons for not attending the training centre were : "unsuitable time/ no time to attend training" (18 per cent), "unawareness about such facilities"(17 per cent), and "opposition to husband" (8 per cent). In few cases, they did not take training because it was expensive (4 per cent) or they could not get admission (2 per cent).

CHAPTER IV

UTILISATION OF HEALTH AND MCH SERVICES

During the household survey, information was also collected on health seeking behaviour of the selected families. A detailed probing was also made on utilisation of health and family welfare services. The extent of coverage of these slum localities and its population by various para-medical and health workers was also estimated. The findings from these inquiries are presented in this chapter.

Provision of Antenatal and Natal Services: Out of the 134 currently married women in the households surveyed, 60 (45 per cent) had given birth during the two years period prior to the date of survey. The antenatal care received by these mothers during their last pregnancy were presented in Table 4.1. As can be seen from the table, more than half (53 per cent) of the women were examined by some trained personnel during the pregnancy. However, only about 35 per cent of them had received both doses of tetanus toxoid. It is encouraging however, to note that about 82 per cent of the women had received iron folic acid tablets during their antenatal period. The table also shows that only 30 per cent deliveries were assisted by trained personnel and the rest 70 per cent were conducted by relatives or untrained persons.

Table 4.1 : Provision of Antinatal and Natal Services to Women Who Delivered Child During Last Two Years - Bhawanipatna

Percentage of women examined by trained personnel during pregnancy	53.3
Received Tetanus Toxide:	
None	56.7
One dose	8.3
Two doses	35.0
Percentage received Iron Folic Acid Tablets	81.7
Deliveries assisted by trained personnel	30.0
Place of Delivery	
Govt. institutional delivery	18.3
Private institutional delivery	Nil
Own home	81.7
Total N	60

Most (82 per cent) of the deliveries were conducted at home, and only a small proportion (18 per cent) of the women were taken to public medical institutions for delivery.

A similar exercise with 10 currently pregnant women also revealed that 50 per cent of them had consulted doctor and were attending clinics regularly, two doses of tetanus toxoid were given to 4 out of 9 eligible cases and 3 had received iron folic acid tablets.

A probing on when the child was given breast milk for the first time after delivery shows that in about 36 per cent of the cases mothers milk was introduced within 3 hours of the delivery while in others cases it was delayed by 4 hours to more than 2 to 3 days. The mean time of initiation of breast milk was calculated to be about 17 hours after delivery.

Table 4.2 : Interval between birth and initiation of breast feeding

Interval in hours.	%
1 - 3 hrs.	35.7
4 - 9 hrs	3.6
10-12 hrs	14.3
13-24 hrs	30.4
25-36 hrs	-
37-48 hrs	8.9
49-86 hrs	8.9
Total N	56
Mean	16.5 hrs
S.D	16.3

Probing was made for the reasons why the government hospital or clinic was not used for delivering the child from all those who had home deliveries during the last two years. About one-fourth of the cases did not use government hospital as they preferred home delivery. Another 37 per cent felt that home delivery is less expensive than hospital. Few others preferred home largely because of the lack of transport and far off location of Govt. hospitals while about 15 per cent felt that no good treatment was given in the hospital.

Knowledge and Coverage of Children under Immunisation Programme: An attempt was made to assess the extent of respondents knowledge about immunisation and its levels of utilisation. Each of the respondents were asked to list the six killer diseases against which children could be protected by vaccination. The results are presented in Table 4.3. The table shows that three-fourth (74 per cent) of the respondents had knowledge about polio vaccine and about 44 per cent knew that child could be protected from measles by immunisation. However, for other diseases like tetanus, diptheria, tuberculosis and whooping cough, not more than one third of the women were aware that children could be protected against these disease. Even among those who knew about the immunisation only few had correct knowledge about age, number of doses and interval at which the children should receive various vaccines. For example, while three-fourths of the respondents knew about polio vaccine, only 21 per cent knew the correct age of child when it should be administered. A slightly higher percentage (44 per cent) of the mothers, however, had correct knowledge about the correct number of doses and interval at which polio drop should be given. The corresponding figures for other vaccines such as BCG, DPT and measles were too low and ranged between 0-9 per cent. A similar observation was made from the slums of Rajkot, Kanpur, Kumbakonam and Madnarting.

Table 4.3 : Extent of Knowledge about Immunisation Against Various Diseases

Percentage of households having knowledge about	Bhavanipatna
Disease	
Polio	74.0
Diptheria	33.0
Wooghing Cough	28.0
Tetanus	35.0
Tuberculosis	31.0
Measles.	44.0
Correct Age for Immunisation	
Polio	21.0
DPT	6.0
BCG	Nil
Antimeasels	2.0
Correct Number of Doses	
Polio	44.0
DPT	9.0
BCG	5.0
Antimeasles	5.0
Correct Interval	
Polio	43.0
DPT	9.0

Coverage of Children under Immunisation Programme: Out of the 100 households surveyed 4 families did not have any child aged 6 years and below. Another 44 households had atleast one child aged 6 years or below who was immunised against one or more diseases. The remaining 52 families although had eligible children (0-6 years) but none of them were protected against any of the six-killer disease (Table 4.4).

Table 4.4 : Level of Utilisation of Immunisation Services and Source of Services Availed - Bhavanipatna

Percentage of Household Having		
No child aged 0-6 years		4.0
Atleast 1 child immunised against one or more disease		44.0
Proportion of Children (0-6 years)		
Immunised		39.7
Total N		156
Proportion of Children Immunised Against		
Male :	BCG	1.4
	OPV	46.4
	DPT	15.9
	Booster (OPV+DPT) I	3.4
	Booster (DT) II	13.3
	Measles	1.7
Females		
	BCG	1.1
	OPV	34.5
	DPT	13.8
	Booster (OPV+DPT) I	2.8
	Booster (DT) II	3.6
	Measles	1.4

Further analysis showed that out of the total 156 children in the age group of 0-6 years, 40 per cent (62 children) were immunised against atleast one disease. For each vaccine there were slightly more percentage of the boys covered than the girls. For example oral polio drop was administered to about 46 per cent boys as against 35 per cent of the girls. The corresponding figures for DPT were reported to be 16 and 14 per cent respectively. Similarly second booster dose was administered to about 13 per cent of the boys as compared to 4 per cent girls. Almost negligible percentage of children (1-4 per cent) irrespective of their sex were given BCG, measles and booster doses of OPV & DPT.

It may be mentioned that none of the children were protected against all diseases. A probing for the reasons for not immunising the children revealed that about half (48 per cent) of them were unaware of about immunisation while in about 14 per cent of the cases the child was sick or they believed that the child was too young (12 per cent) to be vaccinated. Another about 23 per cent mentioned that other elderly members of the family believed that immunisation was not necessary and hence opposed immunisation. About 19 per cent did not immunise their children as "no one came to immunise them", while 10 per cent mentioned that the hospital/clinic was located at far distant places.

Health Services: An attempt was also made to study the incidence of sickness and the sources from where medical assistance was sought by the slum dwellers. Out of the total population (N = 583) covered, 11 per cent (64 persons) had fallen sick during the one month period prior to the date of survey (Table 4.5). Out of the 100 households 47 reported atleast one sickness during the reference period. About 13 per cent of the families had reported sickness of more than one person. 36 per cent of the person fallen sick were young children in the age group of 0-6 years while almost equal proportion (39 per cent) were in the age group 15-39 years. Of the total sick person, 41 per cent were males and 59 per cent were females.

Table 4.5 : Incidence of Sickness and Utilisation of Health Services (Last one month) - Bhavanipatna

Proportion of Household with Sick Persons during one month	
None	53.0
Atleast one	47.0
One	34.0
More than one	13.0
Percentage of Total Persons Fallen Sick during one month	11.0
Age of Sick Persons (Yrs)	
0-6	36.1
7-14	3.3
15-39	39.3
40+	21.3
Total N	61
Sex of Sick Person	
Male	41.0
Female	59.0
Disease	
Cold/Cough	73.9
Fever	34.4
Diarrhoea	8.2
Others	19.7
Source of Treatment	
Home Treatment	18.0
Government Hospital/UFW Centre	59.0
Private Clinic/Practitioner	19.7
Others	3.3
System of Medicine	
Allopathy	73.9
Ayurvedic	9.8
Home Medicine	16.4
Total N	61

Out of the 61 reported sickness a little more than one-third (38 per cent) had suffered from cold/cough and almost equal percentage (34 percent) had reported fever. Diarrhoea was reported in 8 per cent of cases. The remaining 20 per cent of the cases were suffering from either tuberculosis, joint pains, high blood pressure or other diseases. Reporting of higher incidence of cold, cough and fever was perhaps partly due to winter season when this survey was carried out.

Majority of the people (59 per cent) who had fallen sick had taken assistance from some public health institutions such as government hospital or UFW centre for treatment. Another about one-fifth (20 per cent) of the sick persons sought medical assistance from private practitioners. Almost equal proportion (18 per cent) depended on home treatment and did not consult any doctor.

Allopathy system of medicine was preferred by around three-fourth (74 per cent) of the sick persons or the parents, in case of sick child. Of the remaining, 10 per cent followed Ayurvedic system, while the rest 16 per cent preferred home treatment. Informations were also collected on the mandays lost due to the sickness and the expenditure incurred on medical treatment. The analysis revealed that more than half of them (57 per cent) could not attain their daily work for about a week to more than a fortnight, while 7 per cent had to stop working for 1-6 days to take rest. The remaining 36 per cent did not take rest while they were sick.

Expenditure: The table 4.6 shows that on an average about Rs. 42/- was spent on each episode of sickness. The expenditure on each sick person was calculated to be Rs. 45/- while the corresponding figure per household reporting sickness (47 households) worked out to be Rs. 57/-. If we consider all the 100 households irrespective of whether or not sickness was reported in a span of one month prior to the date of survey, the average medical expenditure per house surveyed worked out to be around Rs. 27/-.

Table 4.6 : Loss of Man Days and Cost for Treatment - Bhavanipatna

No. of Days Taken Rest	
Did not take rest	36.1
One week	6.5
1-2 weeks	8.2
More than 2 weeks	49.2
Average Amount of Money Spent per Sickness (Rs.)	
Doctor's fees	14.9
Medicine	17.4
Transport	5.8
Special Foods	4.3
Total N	61
Average Total Amount of Money Spent per Sickness (Rs.)	42.4 (63)
Per Person	44.5 (61)
Per Household	56.8 (47)
Average Medical Expenditure per HH	26.7 (100)

Note : Figures in parenthesis indicates N

A break up of the total expenditure on treatment showed that for each episode of sickness, about Rs. 17/- was spent on medicine, Rs. 15 on doctor's fees and Rs. 6/- on transportation and Rs. 4/- on special foods if any, for the sick person.

Extension Work for Health and Preventive Services: As observed at the community survey only resident of three slums, namely Ambagacha Para, Gosalpara and Khedapara had reported visits of one or the other health functionaries during a period of six months prior to the survey. A similar probing was made in the household survey to assess the extent slum dwellers were covered by the Government health extension workers. The analysis shows that about one-fourth (24 per cent) of the households surveyed had been visited by one or the other health workers, while another 9 per cent respondents reported visit of health staff in their locality but not their home (Table 4.7). The remaining 67 respondents neither reported visit of the health workers in their home nor in their colony.

Table 4.7 : Visit of Health Worker . Bhavanipatna

Percentage of respondents reporting visits by health staff	
Visited R's family	24.0
Visited R's locality	9.0
No Visit reported or answered don't know	67.0
ANM	22.0
Anganwadi worker	0.0
Malaria workers	4.0
Leprosy worker	0.0
Sanitary worker	9.0
Social worker of VOs	1.0
Others (Doctors)	10-0

All this shows that the slum dwellers were by and large neglected by the health and extension workers. Among all the health functionaries, ANMs were relatively more active in pursuing extension work than any other workers. For example about 22 per cent of the households surveyed reported visit by ANM, as against only about 10 doctors or sanitary worker. Similarly only 4 families reported visit by a Malaria worker and only one family confirmed visit of a Social worker from a NGO. Anganwadi and Leprosy workers had not visited any of the slums selected for the study.

Family Planning Practice: Only about 17 per cent of the respondents interviewed were practicing family planning (Table 4.8). Further analysis shows that more than 94 per cent of them (16 out of 17) had adopted tubectomy. None of the modern spacing method was used by the respondents. Only 1 couple was using a natural family planning method (Abstinence) to avoid unwanted pregnancy. This clearly shows that the concept of using family planning methods for spacing between two births in the slums of Bhavanipatna was almost non-existent.

Table 4.8 : Level of Contraception and Reasons for not using FP Method - Bhavanipatna

Percentage using a Family Planning Method	17.0
FP Methods Used	
Tubectomy	16.0
Abstinence	1.0
Total N	100
Reasons for not using FP Methods*	
Currently Pregnant	9.7
Want more children/son/daughter	45.1
Do not want to use FP Method	2.2
Unaware of FP Method	12.9
Fear of complication	29.0
Opposition from husband	7.5
Others including secondary sterility	7.5
Total N	93

* Answer add to more than 100 because of multiple reply.

Among the couples who were not using any FP method, 10 per cent were currently pregnant. A little less than half of them (45 per cent) wanted additional children/son/daughter whereas 29 per cent were not using contraceptive because of the fear of complications. Another about 13 per cent of them were unaware of FP method. In 8 per cent of cases their husbands were against family planning. While the remaining 8 per cent of the women mentioned secondary sterility as the cause for not using any contraceptive.

Membership and Utilisation of Fair-price Shops: Only about half (53 per cent) of the households covered in the survey had ration card. The remaining half did not have ration cards facility. Those who had ration cards, generally had faced no difficulty in procuring it (96 per cent). However, in 4 per cent of the cases some assistance from some officer or the dealing clerk was sought for getting ration cards.

Usually the fair price shops were located within half a kilometer distance from their houses. Responsibility of collecting the ration from the fair price shops was equally shared by the male and the female members of the family. As Table 4.9 shows, in 48 per cent of the families, the ration was collected by adult females and in 2 per cent cases by female children. Similarly, in the other half, in 44 per cent families adult males and in 6 per cent cases male children were responsible for collecting ration from FPs.

Table 4.9 : Accessibility to and Usership of Fair Price Shop - Bhavanipatna

Proportion of households having Ration Card	53.0
Total N	100
Who Helped in Getting Ration Card	
Self/Husband/No one helped	96.2
Supply officer/Clerk	3.8
Total N	53
Who Collects	
Wife or other female members	48.0
Husband or other male members	44.0
Male Children	6.0
Female Children	2.0
Average Distance of Fair Price Shops from House (in metre)	375
Average time spent in collecting ration (in hrs)	1.04
Total N	53

Most of the days the ration shops are closed and it function only for 3 to 4 days in a month. Thus during those period queue has to be formed taking so ma time

The time spent in collecting ration was estimated to be about 1 hour and 5 minutes. This includes both the travelling and the waiting time at the fair price shop, perhaps in queue. Only about 20 per cent of the respondents interviewed were satisfied with the regularity of and adequacy of the grain/food commodities supplied by the fair price shops.

About 50-60 per cent of the households who had ration card were regularly using it for procuring rice, wheat, edible oil and kerosene. More than 80 per cent of the card holders reported that they were regularly getting sugar supply. However, pulses were not supplied by the fair price shop. Irregularity in supply of rice and edible oil was reported by 25 and 15 per cent of the card holders respectively. The corresponding figures for wheat, sugar and kerosene ranged between 4-8 per cent.

CHAPTER V

EMPLOYMENT STATUS, JOB OPPORTUNITIES AND BANK LOAN FACILITIES AVAILED BY SLUM DWELLERS

During the household survey each female respondents were asked a series of questions on her employment status. Each respondent who were currently not involved in paid labour force, were asked whether they would be interested in undertaking jobs and if yes what kind of job they would prefer. In case they were not interested in undertaking any income generating activity, attempt was also made to investigate the reasons behind such attitude. Information were also collected on membership of financial institutions, utilisation of bank loan facilities and indebtedness, if any. The analysis of these responses are highlighted in the present chapter.

Current Employment Status and Interest in Participating in Paid Labour Force:

Out of the total 100 female respondents interviewed, only 2 per cent were currently employed in paid labour force. Nearly two-third (65 per cent) of them though were currently not employed but expressed their willingness to undertake income generating activities. However, the remaining one-third (33 per cent) were not interested in taking up any job (Table 5.1).

Out of the 65 females who were ready to undertake job, 4 (6 per cent) were not ready to work outside home and hence were interested in only those jobs which could be done at home. Another 20 women (3 per cent) preferred to work within the locality or the slum. The rest 35 (54 per cent) females were ready to avail work opportunities irrespective of the place of work. Six females however did not answer this question.

Because of the poor employment opportunities, about half (55 per cent) of the females did not show preference for any particular nature of work. They were ready to take any job. However, about 23 per cent of the famales expressed interest in tailoring work. While another

Table 5.1 : Working Status, Interest in Taking Up Job and Type of Job and Place of work Preferred

Currently employed	2.0
Not employed but ready to work	65.0
Not interested in taking job	33.0
Total N	100
Preferred Place of Work	
Home	6.8
Within locality/slum	33.9
Anywhere including outside slum	59.3
Nature of Work Preferred*	
Any type of job	55.4
Tailoring	23.1
Embroidery, knitting work, match box making, handicraft	4.6
Teaching	4.6
Office job eg. peon/class IV/Aya	18.5
Others	9.2**
Expected Wage Per Day (Rs.)	
5 or less	4.6
6-10	43.2
11-20	44.6
21+	3.0
Any Amount	4.6
Average expected wage/day	11.90
Total N	65

* Percentage exceeds 100, because of multiple answers

** Majority of them were preferring cooking or sanitary job.

19 per cent wanted to work as Ayah. A small proportion (5 per cent) desired to take up teaching job. An equal number showed interest in handicrafts work such as embroidery, knitting, match box making etc. Some of the women (9 per cent) were ready to take other types of work such as vegetable selling or cooking for other family. Preference for a particular job was mainly because they liked it (8 females 19 per cent) or because the job required no special skill and it was easy to work (12 per cent). Two females preferred government jobs because it was perceived as more secure... An equal number (N = 2) said that as they can't go outside homes, these were the only choice left for them.

An enquiry on the expected wage per day showed that a considerable proportion (48 per cent) of the females were ready to work at the rate of Rs. 10 or less while an equal proportion (48 per cent) wanted a daily wage of Rs.11 and more for undertaking any work. The rest 5 per cent were ready to work for any amount of remuneration. The average expected wage per day turned out to be about Rs. 12/-.

The analysis highlights that unemployment, especially among women., as was a major problem in the Bhavanipatna slums. It could be judged from the fact that whereas only 2 respondents were engaged in earning cash or kind for the family, almost two third (65 per cent) of the total respondents had expressed desire to take up some job, if they were given an opportunity. 60 per cent of the respondents who had expressed interest in undertaking job, were ready to work anywhere including outside the slum, 55 per cent showed no preference for a specific work and were ready to take up any type of job while 5 per cent were ready to accept any amount as remuneration.

<u>Reasons for not wanting any job:</u> Out of the 33 women who were not interested in taking any job, 11 (33 per cent) each mentioned that their husband did not permit to take up job or that they had young children and there was nobody in the family to look after them (1!!33 per cent). Another 9 (27 per cent) were satisfied with their family income and did not feel any necessity to take up job while 4 (12 per cent) said that they did not have time from their household activities to take job. Three females (9 per cent) also felt that they were not capable to do the work as they were lacking in skills.

Membership of Financial Institutions? A series of questions were asked to each respondent about their accounts in various financial institutions like banks, post office or cooperatives. Their responses are presented in Table 5.2. The concept of savings was not followed by considerable segment of population. Only 12 families out of 100 households surveyed had bank accounts, of which in only 4 cases, the account was in name of the famale, either independently or jointly. Likewise, only 3 families had saving accounts in post office of whith 2 were in the name of female members and one jointly held by a male and a female. Perhaps one of the main reason for not having bank/post office account was the lack of saving opportunities. As we have noticed earlier, most of the families were poor and many of them were falling below poverty line. With such low monthly income and high expenditure due to large family size, frequent sickness and high level of unemployment among females, one cannot expect much savings. Yet another reason may be that practice of depositing saving, however, small amounts it may be, in formal financial institutions has not yet been inculcated.

Just as anganwadis, adult education centres, vocational training centres, cooperative societies were also a rare phenomenon in Bhawanipatna and resident of only one slum had access to it. In this slum, out of the ten families interviewed, 3 families were members of cooperatives of which two were female members.

Table 5.2 : Membership of Financial Institutions . Bhavanipatna

Institutions	Bhavanipatna
BANK	
Percentage of families having account in Bank	12.0
Percentage of women having account in Bank (either independent of jointly)	4.0
POST OFFICE	
Percentage of families having saving account in post office	3.0
Percentage of women having account in post office (either independent or jointly)	3.0
COOPERATIVE	
Percentage of families having membership of any cooperative	4.0
Percentage of females having membership in any cooperative	2.0
Total N	100

Awareness and Utilisation of Loan Facilities: It is encouraging to note that about 92 per cent of the female respondents knew that loan could be obtained from banks for starting own business. About 33 per cent families had applied for loans (Table 5.3). A break-up for the purposes the loan was sought shows that two-third (22 out of 33 families) of them had applied for loan to start their own business, 6 needed the money for cultivation purpose, 2 for purchase of rickshaw, while one each for either medical treatment, house repairing or for other domestic purposes. However, loan was actually sanctioned only to half of them (16 out of 33 families). Out of these 16 families who had received the loan, at least in eight cases support from resourceful people including member of parliament, Bank officials etc. was reported. In four cases the female respondents could not reply to this question as they were not aware of the facts.

Table 5.3 : Awareness of Loan Facility from Bank and Its Utilisation

Percentage of R who know that loan could be obtained for business	92.0
PERCENTAGE OF HHs ever applied for loan	33.0
Percentage of HHs actually received loan	16.0
Total N	100
Reasons for not availing Loan Facilities:	
Unaware of the facilities	20.9
Difficult procedures/nobody listen to us	26.9
Difficult to repay	14.9
No need of loan	37.3
Total N	67

All the 67 families who had not applied for loan were further questioned as to why did they not avail of this facility. More thanone-third (37 per cent) said that there was no need of taking loan. 8 out of 59 (13 per cent) even though were aware of the loan facilities available from bank, they were not sure that they being government servants, could avail this facility for starting new business. A few of them believed that as they were illiterate, they would not be able to get the loan and hence did not take any interest in schemes for providing loans from banks. Similarly .... about one-fourth (27%) of those who knew about loan availability did not take any initiative for availing it mainly because they believed that they would not get it as there was "nobody to listen to them". The remaining 15 per cent were afraid that they would not be able to repay the loan.

Indebtedness: In the absence of knowledge about the loan facilities from the bank or due to difficult process involved in availing it, 7 out of the 100 households surveyed had taken loan from the private sources. It was reported that 4 of them had sought help from relatives, friends or some business men known to them whereas the remaining 3 had borrowed money from money lenders or brokers. The rate of interest on which the loans were taken ranged between less than 10 per cent to as high as 50 per cent and more (Table 5:4). As the table shows, while 2 families were paying interest at the rate of less than 10 per cent, another 2 were paying interest ranging between 11-30 percent. The remaining 3 families had borrowed the money at the rate of interest as high as 50 per cent or more. Further probing on the purpose of taking loan from private sources showed that 2 families had taken it for medical purposes. The remaining 5 female however, could not answer this question.

Table 5.4 : Loan Taken from Private Sources and Purpose of Loan

Percentage of household taken loan from private body/person	7.0
Total N	100
SOURCE*	
Relatives7Friends	57.2
Money lenders	42.8
PURPOSE*	
Domestic work	Nil
Medical	28.6
House repair	Nil
Education of children	Nil
DK	71.4
Total N*	7

* Asked to only those who had taken loan from private sources.

CHAPTER VI

SUMMARY AND CONCLUSION

The present report gives an overview of the availability and utilisation of various basic services by the slum dwellers of Bhawanipatna. Altogether there are 20 slums in the Bhavanipatna of which 10 slums were covered under the present study.

To collect the required information various approaches were used. All the 10 slums selected for the study were visited by trained personnel and information about the community and its basic facilities etc. was obtained through informal discussion with the slum dwellers and their opinion leaders. Apart from the macro level community data, a detailed household survey was also carried out. Altogether, 100 households - 10 from each of the selected slums, were chosen randomly. From each of these households, a currently married women was interviewed by a trained investigator using a structured questionnaire.

Apart from the community and the household survey, a few focus group discussions were also organised to generate certain 'soft data' and understand the urgent needs of the community with special reference to women and children. Certain issues like housing condition, its living area, sanitation and environmental condition of the slums and various other health and education services available to the people were also observed and assessed by the ORG team.

The study shows that slightly more than half (53 per cent) of the families were native of the same city, while the rest had migrated from nearby towns (16 per cent) or other rural districts of Orissa (27 per cent). The slum population appeared to be quite stable as almost 9 of the 10 families were living in these slums for more than 5 years.

An analysis of the socio-economic and demographic profile of the slum dwellers reveals that most of them were very poor and about 37 per cent of them were living below poverty line. The average monthly income of the families was estimated to be only Rs. 621/-, giving a monthly per capita income of Rs.106/-..

The study shows that literacs was much lower among the females (33 per cent) than the males (75 per cent). Educational facilities was poor in all the slums and as a result only 57 per cent of the school going children were attending school. Proportion of boys attending school was slightly higher (61 per cent) than girls (53 per cent).

An analysis of the population structure shows that in the slums there were more females than the males giving a sex ratio of 1191 females per 1000 males. This perhaps indicates that generally the males migrates leaving their family behind in search of jobs. This also perhaps indicates that in those families, generally the women had to take most of the burden of household chores both inside and outside home.

It was observed that generally the girls were getting married at a very young age and it can be judged from the fact that the mean age at effective marriage was 15.7 years and medium age of marriage was only 15 years. Marriage at young age also leads to higher fertility as well as pregnancy complications. The analysis shows that 41 per cent of the married women had 4 or higher order of births. Taking higher parity women (i.e. 4 or higher order) and those young women, who were exposed to risk of pregnancy at the age less than 18 years, reveals that as high as 59 per cent of the currently married women in the slums were falling in the category of high risk women.

An estimation of the slum population participating in labour force shows that 84 per cent of the males and 25 per cent of the females were engaged in paid labour force. Because of the poor job market situation even though majority (65 per cent) of the currently unemployed women wanted to take up jobs, were not able to get appropriate opportunities.

It was also found that the job opportunities for the women were not only limited but also that generally they were offered only less paid job as compared to the males. As a result, while the average monthly income for the males was estimated to be Rs. 530/., it was only Rs. 277/- for the females.

In about 33 per cent of the families contribution of the females to the household income was substantial. In 17 per cent of the cases it ranged between 31-50 per cent of the total family income, where as in 3 families, females were the sole earners.

Children were not commonly involved in paid labour force, and in no slums more than 5 per cent child labour was reported. However, this percentage does not include those children who were helping their parents inthe family business or enterprises.

An analysis of the amenities available in the slums shows that the availability of most of the basic facilities was inadequate. For example, even though in 9 of the 10 slums sources of drinking water was available within the slums, the water supply was not adequate and generally the adolescent girls (aged 10-14) who were mainly responsible for fetching water had to make long queues to get their turns. Generally they were spending about 2 hours daily to fetch water. The shortage of water was particularly acute during the summer season.

Similarly housing and sanitary conditions was extremely poor. Most of the huts were made of asbestos or tiled roof, mud walls and mud floor. Majority of them consisted of two rooms with an average living area of 162 sq.fts. The average living space per person was estimated to be around 28 sq.fts. None of the slum had any facility of public laterine and as a result, most of the families (96 per cent) were using open field for defeacation. Only 4 slums had some drainage system. Even those systems were not properly constructed and maintained. Open gutters, water loggings and dirty surroundings were common sites and all these were providing an excellent breeding ground for mosquitoes and other bacterias. Both community as well as household survey showed that sanitary inspector or other health staff who were responsible for maintaining environmental cleanliness hardly visited these slums.

Most of the houses in the slums did not have electricity connection except one Bahadur Bagicha where about one-fourth of the slum dwellers had individual electric connection. Provision of public electric poles was also substantially less than required. As a result most of these slums were dark in the night and difficult to move around. The two exceptions were Gosalpara and Bahadur Bagicha Para where adequate number ofpublic poles had been provided.

With increasing deforestation pinches of the scarcity of cooking fuel is being felt all over and the slums of Bhawanipatna were not exceptions. The most common cooking fuel in all the 10 slums were firewood and an average a family was spending about Rs. 56/- per month on the purchase of firewood. This constituted about 9 per cent of the total earning of the family. To reduce this expenditure, about 22 per cent of the families were, either fully or partially, depending on free gathering of firewoods. Mostly this work was carried out by the adult females who were on an average spending about 3 hours per day on firewood collection.

An attempt was also made to assess the accessibility as well as utilisation of public health services by the slum dwellers. It was observed that majority of the women who had delivered during the period two years prior to the survey had not received adequate pre-natal and natal care services. Only 23 per cent of the women were protected against tetanus and 30 per cent of the deliveries were assisted by trained personnels. Most of the deliveries (83 per cent) were conducted at home.

Knowledge about immunisation of children against the six killer-diseases was quite poor and not more than one-third of the women were aware that children could be protected against tetanus, diptheria, tuberculosis, whooping cough etc. by immunising them in time. Knowledge about the age at which the children should be immunised, the doses to be given, and the interval between two doses was still poor and ranged between 0-9 per cent of the respondents. The only exception was polio which was known to about two-third of the women.

Coverage of the children under immunisation programme was also not encouraging as only about 40 per cent of the children aged 0-6 years were immunised against one or more diseases. Even in these cases all the immunised children were not necessarily protected against the disease as many of them had not completed the dose. None of the children were protected against all the diseases. The analysis also showed that for each vaccine a slightly higher percentage of boys than the girls were covered.

Data on the health facilities available to the slum dwellers showed that in four slums (Gopabandhunagar, Chanchara Para, Gosal Para and Ramsagar Para) the health care facilities, irrespective of public or private-were available either within the slums or within a kilometer from the localities. However, in the remaining 6 slums any health facility was available only 3-5 kilometers away from the locality.

Frequent sickness was reported by the slum dwellers and during one month prior to the survey, about 11 per cent of the population surveyed had suffered from one or the other diseases. More sickness was reported from among females than males. Among the sick persons, 59 per cent were female and 41 per cent males. Majority of the people (59 per cent) who had fallen sick sought medical assistance from public institutions whereas one-fifth consulted private practitioners. Almost an equal number relied on home medicine. Allopathic system of medicine was generally preferred by majority (74 per cent) of the slum dwellers.

Data on the health care expenditure showed that on an average Rs.42/- was spent on each episode of sickness. A break up of the expenditure shows that about Rs. 17/- was spent on medicine, Rs.15/- on doctors fees, Rs. 6/- on transportation and Rs.4/- on special food, if any. The per household expenditure on medical care, irrespective whether or not any person had fallen sick during the month, was estimated to be Rs. 27/.-

Inquiry on extension work carried out by the health functionaires in the slum areas shows that generally these localities are neglected by them and hardly one or two visits were made in 6 months. Among all the workers lady health visitors were relatively making more visits than other functionaries including anganwadi workers.

Out of 100 women interviewed only 17 were practicising familyplanning and practically all of them (16 out of 17) had accepted tubectomy. None of the woman was using any spacing method. It appears that the concept of spacing between two births hardly exist among the slum-dwellers and for them family planning was synonymous to stopping of child bearing.

While about 53 per cent of the slum dwellers had ration card, and hence had access to relatively inexpensive food, the rest 47 per cent families did not have this facility.

Further, analysis of the employment status shows that only two out of the 100 females interviewed were participating in paid labour force. Another 65 women though wanted to undertake job were not able to get the opportunity because of the various reasons including lack of job opportunities and self-imposed restrictions that they would work either only inside the house (4 women) or within the locality (20 women). However, out of the 65 per cent of the women who were ready to work and seeking for an opportunity, 60 per cent were ready to work anywhere including outside the slum, 55 per cent showed no preference for a specific work while 5 per cent were ready to accept any amount of remuneration.

Even though Banking facility was generally available within1-3 kms from their localities, hardly few families had opened their accounts. Largely, perhaps because of poverty, they did not have any saving to deposit. However, it is also possible that the habit of saving, however small amount may be, in formal financial institutions has yet not been inculcated among the slum dwellers. Only 12 out of the 100 households covered had bank accounts and in most of the cases, it was in the name of the males. In only 4 cases the account was in the name of females, either independently or jointly with their spouse.

While most of the respondents (92 per cent) were aware of the loan facilities available from nationalised bank for initiating business, only 33 families had actually applied for the loan. Out of these 33 families in 16 cases loan was actually sanctioned. In these 16 cases atleast 8 had support of influential people like MP, Bank official,etc.

Many respondents though were aware of the loan facilities from the banks, had not applied as they did not have detailed knowledge about the procedure for procuring the laon or eligibility for it. Many of them also believed that because they had no support from influential persons or as they were illiterate, the loan would not be sanctioned for them. This indicates that the banks have to be more aggressive in promoting their various laon schemes and the mechanism for processing the applications and sanctioning the loan should be made easier so that these poor, illiterate slum dwellers could avail the facilities.

Over all the study shows that the slum dwellers are perhaps the most disadvantaged group and their overall conditions including their socio-economic status and the sanitary and environemental condition in whith they are living is perhaps worse than those who are living inthe rural areas. Among them the women and the girls are the worse sufferer and needs immediate attention of the authorities who are responsible for upgradation and improvement of slum/urban areas.

KANPUR

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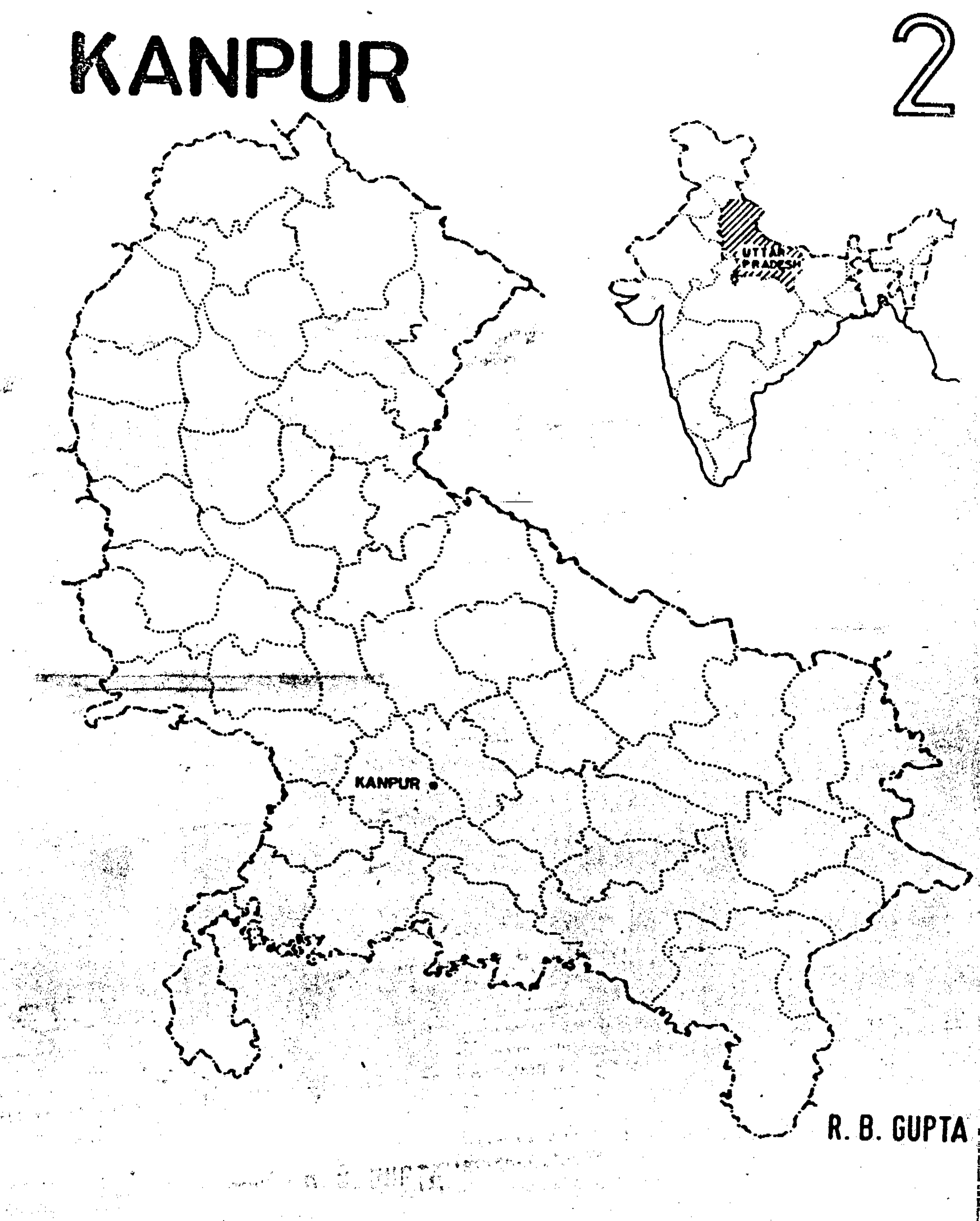

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CONTENTS

		Page
CHAPTER - I	Background	1
	Slum Development Project in Kanpur	2
	UNICEF Assistance to Kanpur Nagar Mahapalika	4
	Study Design	5
CHAPTER - II	Participative Observation and Detailed Slum Study	7
	Slum profile	7
	Physical Profile	7
	General Amenities	9
	Vocational Training	13
	Community Centres	14
	Mass Media	14
	Health & Nutrition Services	14
	Anganwadi/Balwadi	17
	Employment Opportunities for women & Children	17
	Essential Market Facility	18
	Banking and Loan Facility	19
	Cooperative and Social Organisation	19
	Problems of Slums	20
CHAPTER - III	Household Survey Results	22
	Socio-economic and Demographic Characteristics	22
	Housing Situation	27
	Accessibility of UBS	27
	Drinking Water	29
	Toilet Facility	29
	Exposure to Mass Media	31
	Usership of Balwadis/Angwadis	34
	Accessibility to Fair Price Shops	34
	Health & MCH Services	38

		Page No.
	Utilisation of Health Services	42
	Family Planning	45
	Visits of Health Functionaries	45
	Vocational Trainings and Job Opportunities	48
	Membership of Financial Institutions	50
	Urgent Needs	52
CHAPTER - IV	Summary & Conclusion	53
Appendix - 1	Expenditure on Operational Plan for Socio-Economic Developments in 3 Slums	
Appendix-II	Slums Covered in Kanpur City	

CHAPTER - I

URBAN BASIC SERVICES IN KANPUR SLUMS

1.0 BACKGROUND

Kanpur, a metropolis of northern India, situated at about 60 kms from Lucknow, acquires an important place among Indian cities, being eighth largest in terms of population (1.73 million in 1981) and fourth largest in its industrial potentiality. In the state of Uttar Pradesh, however, the city enjoys the top ranking, both in terms of its population and industrial set ups. While the industries in city grew quite fast immediately after World War I, the growth stagnated for some time till the break of World War II. However, its population grew phenomenally, little before and immediately after independence,as thousands of refugees from West Punjab (now Pakistan) poured in, leading to a great influx of population into the city. As a result during 1941-51 decade, the city's population became almost double.

The city has more than 400 industrial units of various sizes, dominant among them being the textile (with about 60% industrial workers) and the leather (6% workers) industries. With the influx of non-rich immegrants, a large number of small scale industries cropped up in the city which mainly constituted of metal and engineering works (5% workers), food processing, chemical and plastic works (3% workers in each case). As most of these industries (more specifically textile, leather and chemical/plastic) with old set ups required mannual labour, with general expansion of the city, unprecedented growth of slums also took place. As a result, according to an estimate of Kanpur Development Authority (KDA), about one-third (5-6 lakhs) of the city population is living in slums today. This, while created unplanned expansion of the city, has also put enormous pressure on the civic amenities like, water supply, housing, electricity, sanitation, transport systems, etc.

As discussed, although industrially the city grew faster, it remained a typical example of an old unplanned north Indian city. The major part of the city is covered with narrow-lances, with old types of houses clustered around and crowded shops. More than half of the city population is concentrated in the middle sector which constitutes about one-fourth of the total built-up area or only about 5 per cent of the total corporation area. Housing and other amenities in this sector of the city are far from satisfactory. The ever increasing pressure of population and industrialisation in the heart of the city, on the existing housing stock is the worst urban hazard Kanpur is facing. According to KDA, as a consequence, the existing slums, the

plights, the old degenerating blocks and buildings, the ahatas (big enclosures consisting of group of one to two rooms privately owned tenements where about 60% of industrial labourers live), and tenement squatters are cracking and causing deepening crisis for the city dwellers, and concern for the planners and the civic authorities. These settlements have become a persistent feature of Kanpur urban life and are identified as the areas with congestion, lack of sanitation and water supply, and absence sewerage and drainage.

1.1 Slum Development Project in Kanpur City

Although there are more than 200 such slums in the city, a survey was undertaken by KDA with the assistance from IIT, Kanpur, for 134 identified slums, mostly situated in the Central part of the city, to look into existing socio-economic situation and infrastructural facilities in around 1978-79. The findings were then presented to the identification Mission of the World Bank in 1979 for possible developmental aids. As a result, the Mission agreed to finance the urban development of 89 slums in Kanpur city. And, the Kanpur Urban Development Project (KUDP), with a total estimated cost of around Rs.42 crores, to be advanced by the World Bank, was sanctioned. According to the agreement while the project was to be completed in 5 years time since its commencement in April 1981, it was latter on extended till December 1987. The basic objectives of the project were:

i) to provide residential plots to 15,000 economically weaker families of the city,

ii) improvement of slums areas comprising of about 12,000 households,

iii) creation of environmental sanitation in the selected slum areas,

iv) development of infrastructure and technical services, and

v) making arrangements for training to the Agencies associated with the project.

Under the slum improvement component, 89 Ahatas (slum areas) in the central core of the city were identified and acquisition of these ahatas were sought under the UP slum area Act (Improvement and Clearance) 1962. This Act mainly had provisions for the improvement and clearance of the slum areas, rehabilitation of its residents and

by the end of November 1987. And, of the 66 acquired slums, 61 slums covering 11,332 families were handed over to Nagar Mahapalika (Municipal Corporation) of Kanpur to undertake various activities under Urban Community Development Project (UCDP), sponsored by the UNICEF.

1.2 UNICEF Assistance to Kanpur Nagar Mahapalika (KNM)

UNICEF assisted the Kanpur Nagar Mahapalika to implement urban community development project in 61 of the 66 acquired slums. Under this programme 21 Vikas Mandals (Development Committees) covering all the 61 slum areas were set-up. To help and assist the smooth running of these mandals, 10 male and 10 female workers were employed by KNM under the UNICEF project and were adequately trained to assist the slum dwellers in getting various services.

Under this scheme, a team of one male and one female workers was looking after socio-economic and health needs of people living in 5 to 7 slums fixed as per the size of the slums. Apart from these workers, there were 5 community organisers (all females) who while presently supervising the day to day functioning of these workers, were mainly responsible for forming of these vikas mandals. The workers as well as the supervisory staff have now become the permanent employees of Kanpur Nagar Mahapalika, since the UNICEF sponsorship came to an end in mid 1987. The over all incharge of this project is a Project Officer, who is assisted by one Training and Evaluation Officer. Under this project, through these vikas mandals, the Kanpur Nagar Mahapalika provided various services to the families living in acquired 61 slums. According to the Project Officer, services were being continuted even after withdrawl of UNICEF sponsorship. The services provided under this programme include, organisation of health camps (provision of immunisation services to children and expectant mothers and FP services to couples), arrangements for film shows and cultural programmes, formation of balwadis, adult education centres, craft education centres and societies, and covering children and expectant/nursing mothers under nutrition/milk supplementary programme. In seven of the adopted slums, namely, Manupurva; Sevagram; Shakkar Mill Ka Ahata; Baghai Bhatta; Katchi Basti, Govind nagar; Lallan Purwa and Jajmao, community centres, partly funded by UNICEF, were also constructed. Further, three of these seven slums, were adopted by UNICEF for implementation of some specific socio-economic programmes, concerning upliftment of women and children under UDCP.

provide protection against eviction to the tenents from the slum areas. However, the possession of slums for development under this Act to implement the project posed a great challange, as most of the slums in central part of Kanpur city were privately owned and therefore expansion of services within the slums by Kanpur Nagar Mahapalika (KNM) and Kanpur Development Authority (KDA) was not possible. Under slum clearance Act, only on the satisfaction of the competent Authority with respect to absence of amenities for human inhabitation, an ahata can be declared a slum for the purpose of improvement, rehabilitation and such other purposes as may be deemed fit for the fulfilment of the scheme of the Act. With the help of this Act, 89 Ahatas were inspected and declared slums for acquisition by KDA. The project work, however, could be started only in 66 slums with 11,789 households because of non-cooperation from both, the dwellers and the owners.

Under this scheme, the slum improvement was undertaken in three phases:

1. Declaration of acquisition of a particular area as slum (with defined specifications) by law Department of KDA.

2. Possession of these slums for developmental purposes by the engineering department to provide basic facilities including sewer lines, water mains, electric poles, public latrines, pucca and semi pucca pavements and individual sewerage and water connections.

3. Handing over these areas to Kanpur Nagar Mahapalika for socio-economic , health and sanitation improvement works to be mainly sponsored by UNICEF.

As mentioned the work could initially be started only in 66 Ahatas. Later on, because some of the owners approached the High Court with legal implecations and got stay orders, the work had to be stopped half way in some Ahatas. According to KDA, while in 29 acquired Ahatas with 7012 households, the engineering work was completed by mid 1987, in 21 Ahatas, with 2551 households, the work was still in progress. However, in case of remaining 16 Ahatas (2226 households) because of stay orders from the High Court the work had to be stopped at the initial stages only. In all about 9213 households out of 11,789 were covered under engineering upgradation scheme and work was in progress in 350 households at the end of November 1987. As result of this upgradation programme in 50 acquired slums with 956[illegible] beneficiaries; 2910 individual sewerage connections, 3243 water connections and 88 community hand pumps (India mark II) were installed

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The strategies planned to implement in these three areas include, informal and adult education programme for children and females; training for balwadi teachers, adult education and informal instructors; to look after health and hygiene of the mothers and children; safe water supply to dwellers; and income generating activities for women and children. The operation plan and the expensiture incurred for socio-economic development of these three slums is given in Appendix-I. Before, adopting these three slums for general socio-economic development, a socio-economic demographic survey was also conducted to look into specific needs of the residents of these three slums. According to KNM authorities, the interventions given to these three slums were based on the findings of these surveys. Appendix-I, clearly brings out that, while major expenditure incurred for implementation of these programmes in these slums was borne by UNICEF, the community was also involved and made to come forward for self help. However, the maintenance of the inputs provided by UNICEF in these slums and the responsibilities given to the community for its self help, depict rather a poor picture which is reflected both through the personal observations and discussions with the authorities/dwellers on one hand, and through survey results, on the other.

1.3 Study Design for the Present Study

As per the common design of the study for all the five urban centres, it was envisaged that in Kanpur, 20 slums would be covered under household as well as slum profile study and another 10 slums will be included for only slum profile study. In Kanpur all the available 134 identified slums were first classified into two categories (i) slums covered under Urban Basic Service (UBS)programme, implemented through World Bank/UNICEF, and (ii) slums not covered under UBS programme.

All the slums covered under UBS were further classified into two categories - (i) slums where the engineering work was already completed and (ii) slums in which work was either in progress or was stopped because of Court's stay orders.

In all, three categories of slums were listed as below:

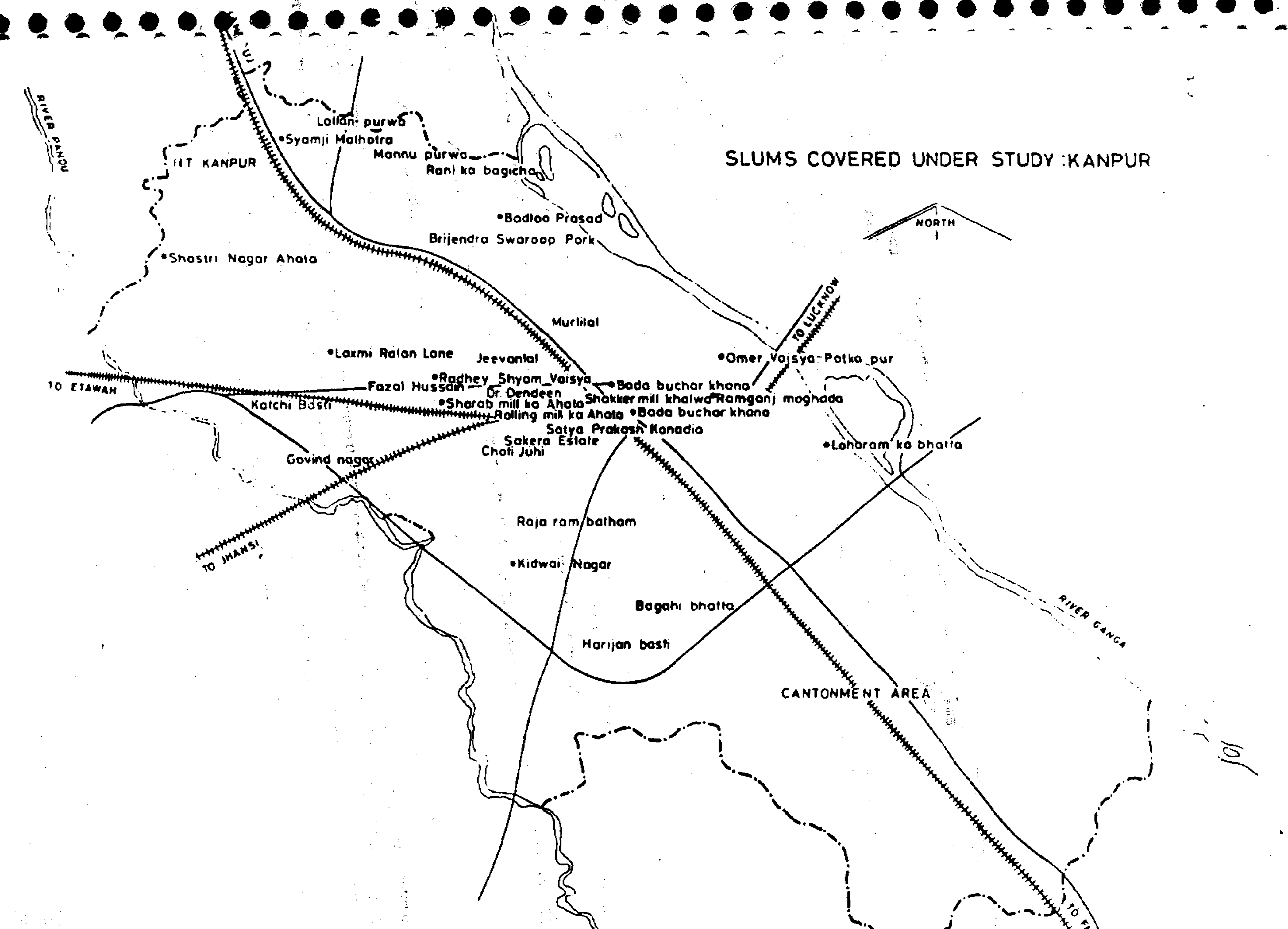
i) slums without UBS

ii) slums where engineering works were already over

iii) slums where engineering works were in progress/stay order from court was received

The approximate number of households available from KDA/KNM was taken as sample frame for selection of these slums. The sample size for each of the above three categories of slums was fixed according to proportion of population size in each category of slums. Accordingly, 11 slums (6 for households and 5 for only slum profile) from first category 6 slums (4 and 2 respectively) from second category, and rest 14 slums (10 and 4 respectively) from the third category slums were assigned for selection. For selection of required slums from each category, the slums were further divided into two strata taking mid population as cut-off point in each category and study slums were finally selected randomly keeping both population criteria and geographical coverage with the help of slum maps, obtained from the engineering department of KDA. This selection procedure ensured the coverage of all types of slums spread over the city. A list of slums covered under different categories is given in Appendix-II. As per plan (see general study design), 10 households were then selected using systematic random sampling procedure, from each of the twenty slums to be covered for slum profile as well as household study. These households were then visited by the trained female investigators and through structured questionnaire, the information were collected.

As stated, apart from undertaking household survey in 20 selected slums, community survey (31 slums) through structured questionnaire, focus group interviews and informal discussion with local leaders and women on one hand, and discussion with government agencies and NGOs on the other, were also held to understand the implications of the programme given to urban poor, living in the covered slums.


SLUMS COVERED UNDER STUDY :KANPUR
NORTH
RIVER PANDU
IIT KANPUR
Lallan purwa
Syamji Malhotra
Mannu purwa
Rani ka bagicha
Badloo Prasad
Brijendra Swaroop Park
Shastri Nagar Ahata
Murlilal
TO LUCKNOW
Omer Vaisya-Patka pur
Laxmi Ratan Lane
Jeevanlal
Radhey Shyam Vaisya
Bada buchar khana
TO ETAWAH
Fazal Hussain
Dr. Dendeen
Shakker mill khalwa
Ramganj moghada
Katchi Basti
Sharab mill ka Ahata
Bada buchar khana
Rolling mill ka Ahata
Satya Prakash Kanadia
Sakera Estate
Lohoram ka bhatta
Choti Juhi
Govind nagar
Raja ram batham
TO JHANSI
Kidwai Nagar
Bagahi bhatta
RIVER GANGA
Harijan basti
CANTONMENT AREA
TO FATE

CHAPTER II

PARTICIPATORY OBSERVATIONS AND DETAILED SLUM STUDY

2.1 Slum Profile

In the present study, 31 slums, covering Kanpur Nagar Mahapalika area were selected to look into the overall condition of slums. Among these slums, while 17 slums were covered under both World Bank sponsored Kanpur Urban Development Project and UNICEF sponsored Urban Community Development Project, rest 14 slums were not covered under any of these programmes. Some of the features of these slums are discussed in following sections.

2.2 Physical Profile

2.2.1 Accessibility : As per our sampling design the covered slums were scattered all over the Kanpur Nagar Mahapalika area, the concentration however being more in the central part of the city (68%). While another 29 per cent slums were located on the peripheral part, about 3 per cent were located at the outskirt of the city (Map 1). Most of these slums were in existence for more than 20 years (24 out of 31) and only two slums came in existence during last 10 years. Although all the slums were well connected with pucca road (the maximum distance being less than 200 mts from pucca road), about one-third of them did not have easy access (11 slums) due to very bad condition of the approach road from pucca road to the slum entrance. The approach roads for these slums had further worsened during rainy season. While about two-third (20 slums) of these slums were surrounded by other pucca houses and localities, three were situated on the bank of major water loggings, two beside factories and two near the rail way track/station. Two of them, however, were situated in open space. While majority of these slums were spread over a large area (16 in more than 1000 sq.mts),five were situated in much smaller land area (less than 500 sq.mts). The other 10 had acquired an area between 500 and 1000 sq.mts.

2.2.2 Population characteristics : The population density in most of the covered slums was quite high. It has been observed that out of 31 slums, about 8 had an approximated population between 4000 and 7500 persons, 16 with 1000-3000 and 5 with less than 1000 population. Two of the slums, covered in the study, had more than 10,000 population (each).

The caste and religion domination was quite evident among the slum dwellers. While as high as 23 slums were dominated by scheduled caste households (16 with 85-100 per cent population and 6 with 50 to 85 per cent population), about 7 were dominated by Muslims (one about 90 and the other with 50-75 per cent population). The caste Hindus were found dominating in only 2 of the 31 covered slums. It is, however, interesting to note that at least a few households belonging to different religion and caste groups did exist in most of the covered slums.

As expected, in majority cases the slum dwellers reported that they belonged to the same town (24 slums). This is understandable as the age of the most slums was more than 20 years and they find it difficult to recall where from they/their parents had migrated. In case of 4 slums, most people had migrated from same district and in remaining 3 slums from the same state. Only in case of one slum, which had a population mix (50% scheduled caste, 40% high caste Hindus and 10 % Muslims) comparatively much younger (inception was only a year back) and smaller (population being around 500 persons); majority of people had migrated from Bihar, the neighbouring state. In almost all cases the population of these slums was reported as stable.

2.2.3 Housing conditions : An assessment of housing condition in these slums revealed that in most cases while the material used in the roof of the houses was mangalore tiles (28 slums), the second most preferred material was RCC (14 slums), followed by corrugated tin sheets (9 slums). The walls in majority of slums were made of brick (17 slums), followed by mud (14 slums). The material used for flooring in most cases was mud (27 slums) and only in four slums cement was used as flooring material. Mostly, the houses were small and not very airy. As high as in 16 slums the majority of houses had less than 50 sq.feet built in area, followed by about 12 slums with houses built-in on 51 to 100 sq.feet area. In three slums, majority of the houses were comparatively bigger in size with approximate built-in area being between 100 and 200 sq.ft. The analysis on housing condition thus reveals that although the material used in construction of the houses was comparatively of good quality, the living space was small, inadequate and largely conjusted.

2.3 General Amenities

Slum, generally constituted of unauthorised housing structures, constructed by the urban poor, do not get the minimum required basic facilities at least at the early stages of its inception. However, with the passage of time these structures are also recognised by the local self governments and some basic infrastructural facilities are developed. Also, if these slums are once recognised, it becomes the responsibility of the local self government to provide all the amenities and facilities required by its dwellers. In this context, as well as with the knowledge that at least half of the Kanpur slums were provided with the urban basic services through World Bank/UNICEF projects, an attempt was made to observe the existence and utilisation of such services. It may, however, be noted that most slums which were not covered under these programmes and were on the city peripheral were earlier covered by KDA/KNM under various other programmes and it was more difficult at that time to cover those slums which were in the central core of the city as most of them were privately owned. It was only after acquuisition of these slums under slum clearance Act that those programmes could be implemented in these slums.

2.3.1 Water facility : The safe drinking water facility is the foremost basic service required for the inhabitants of a settlement. Among the selected slums, this facility existed through tap as well as handpumps in 24 out of the 31 slums within the Ahatas. It was reported that in about 10 slums the individual water connections were made available in 30 to 60 per cent householdsunder World Bank development programme. However, only in seven slums, water facility was adequate and was available within slum area as reported by the local dweller leaders. In another 3 slums although water was adequately available, the dwellers have to fetch it from distance of 250 meters or more. Among the rest 21 slums, while in 17 slums water was available within the slum area, it was not adequate to cover the requirement of all the slum dwellers (Table 2.1). In rest four slums, drinking water facility was neither adequately available nor it was within the slum area. According to the Kanpur Nagar Mahapalika, about 3243 individual water connections and 88 hand pumps had been provided by December, 1987 in 50 of the 61 slums taken over under urban community development project. The actual visits to the selected slums, however, revealed that while the individual water connection were working in majority of slums, community hand pumps were rarely seen functioning. The main problem mentioned was poor

TABLE 2.1 : AVAILABILITY OF WATER, ELECTRICITY AND SANITATION FACILITY

Drinking Water	
Available with slum (%)	77.0
Sufficient water supply (%)	32.0
Electric Supply	
Number of slums where no household electrified	29.0
Less than 10 per cent household electrified	19.4
11-25 per cent household electrified	22.5
26-50 per cent household electrified/ more than 50 per cent electrified	29.0
Sanitation	
Percentage of slums having public toilet	42.0
Percentage of slums in which at least 10 per cent households have access to private/public latrine	61.3
Percentage of slums having no drainage system	45.2
Total N	31

maintenance and no after sale service. Though under the agreement in the project these were to be maintained by the dwellers, no such efforts were made, either by dwellers or by the authorities.

2.3.2 Toilet/Sewer facility : Out of 31 slums covered, about 13 slums had Nagar Mahapalika toilet facilities. All these toilets were service toilets and no water facilitiy was available in these. In most of the places (10 out of 13), there were separate toilets for men and women (in each case 6 seats for males and 6 for females) (Table 2..). The maintenance of these toilets was very poor and most of the residents preferred using fields for their daily needs r rather than opting for this facility. Also, the access to these toilets was very poor. Among the selected slums while in about 12 slums 10-30 per cent households had privately owned flush system toilet facilities, in another 6 slums such facility was available for less than 10 per cent households. These toilets were clean and well maintained. In almost all cases, this facility was provided under urban community development project (UCDP) in subsidised rates to be paid back in easy installments. According to KNM authorities, in 50 slums, they had provided 2910 sewerage connections till December, 1987.

The rest of the slum dwellers still use open fields for their daily toilet needs.

2.3.3 Electricity : Although street lights existed in 26 of the 31 slums, in 9 slums, there was no electric connection in any of the houses (Table 2.1). The street lights were in working condition in all the 26 slums. Among the rest of the slums, in 13, upto 25 per cent; in 3, between 26 and 50 per cent; in 5, between 51 and 75 per cent; and in one slum more than 75 per cent households were the consumers of electricity. Large number of unauthorised electricity users were also reported to be existing in these slums.

2.3.4 Drainage : In about half of the slums no drainage system existed. Water logging around and near houses and also on the pavements was a common view. In 17 slums, drainage system did exist. Out ot these, three had good drainage system (mainly closed but partially open). The other 14 had open drainage system. As the residents were not bothered about the cleanliness of surroundings and also because of non-existence of regular sweeping system from Nagar Mahapalika, almost half of these drainages had become non-functional and were blocked. As a result water logging on the pavements and in front of houses was a common sight.

2.3.5 Pavements : As a part of the World Bank Project, in about 10 slums the semi pucca pavements were constructed by fixing bricks on the lanes across the houses. While in about half of these slums such pavements were well maintained, the condition of other five slums was not good, as these were not cleaned, maintained and at places the bricks had come out. In other 20 slums the approach was generally dirty and water logging and heaps of dirt with mosquito breeding places was a common scinerio.

2.3.6 Education : The educational facilities within slums were grossly inadequate with altogether only 22 different institutions (mostly primary or kinder garten) functioning in all the 31 slums. As many as 18 slums did not have any educational facilities, 9 slums had one (either privately owned kinder garten or primary school) and 4 slums with multiple institutes (Table 2.2). While most of the schooling facilities were common for boys and girls, only in two slums, exclusive middle schools were run for girls. It was, however, heartening to note that both, the girls and the boys were attending these schools in almost equal number. In most cases, while the registration/attendence of the boys varied between 30 and 75 students, it was between 20 and 50 for the girls. In stray cases, where either more boys than girls or almost negligible number of girls were attending schools, the main reasons mentioned for such differential were; cannot afford to pay fees in the privately run schools (9 out of 13 answers), family problems, to look after siblings and parents do not allow girls to study (4 in each case out of 13 answers). These replies clearly indicate that if government run schools were available within slums, majority of the girls intended to attend schools.

Although in none of the slums adult education classes were being held at the time of study, earlier in 2-3 slums such classes were run by some private people which were partly funded by the KNM. For example, in Katchi Basti, Govind Nagar, till 1986-87 adult education classes were held regularly and 20 males and 8 females attended during 1986-87. However, Mr. Sharma who was running these classes did not continue it due to lack of funds. In many slums need for adult education classes was expressed by the dwellers during our discussion and it is felt that if such classes are run,sizeable number of persons (both male and female) would attend these.

TABLE 2.2 : EDUCATIONAL AND VOCATIONAL TRAINING FACILITIES

Educational Facilities	
Percentage of slums having creches	Nil
KG/Primary school	19.4
School facilities for girls for above 6th class	38.7
Adult education centre	Nil
Vocational Training	
Percentage of slums having vocational centre	12.9

2.4 Vocational Trainings

Among 31 slums, only in 4 slums vocational training facilities were made available (Table 2.2). In three slum areas such facilities were provided by three different government sponsored agencies, namely, Nari Shilpkala Kendra, Kala Sansthan and Femina Arts. These agencies provided 6 months duration vocational training in tailoring, embroidering, cooking and decoration to between 100 and 250 women in each case. Of them only 20-30 were utilising their learned skills. In the fourth slum, i.e. in Mannu Purva, the vocational training was being arranged by Khadi Gramodyog Mandal, Kanpur, with the assistance from UNICEF and urban community development project, KNM, in the community centre. The training was given for pickle making, tailoring, syrup making, match box making, etc. in the batches of 30 women at a time. However, only a few women were utilising their skills for earning. In the match box making industry which was run at the community centre itself by Khadi Gramodyog Mandal, 32 females and 10 children were found working. They earn about Rs.8 to 10 per day and were paid on the piece meal basis. It may however, be pointed out that except in case of match box making and in a few cases in tailoring, no other trainees had utilised their skills. During focus group discussion with some of the women it was clearly brought out that if vocational trainings which do not involve them to sell the produce were arranged, a number of them were willing to attend and thereafter work for those occupations.

2.5 Community Centres

In all, three community centres existed, one each, in the 3 of 31 slums covered in the study. These community centres were constructed under the World Bank project and were being effectively utilised for (i) holding balwadis, (ii) running small scale manufacturing units like handlooms and match box manufacturing; involving women and children etc., (iii) sometimes used as assembly place for women, arranging marriages and other such purposes. It was mentioned by the local leaders of 3 other slums that although the sites were fixed for construction of such community centres in their slums also about three years before, nothing has so far been done to start the construction work.

2.6 Mass Media

Majority of the households in all the 31 slums either possessed transistors or a radio. Tape recorders were also not uncommon. While in 7 slums, there were no Television sets, in all other 24 slums, sizeable number of households possessed T.V. sets (Table 2.2A. The number of households possessing a T.V. set ranged from a very moderate figures of 3 in a slum to as high as 100 in one of them. This shows that although the inhabitants of these slums were predominantly urban poor, a large number of comparatively better off families were also living over there.

TABLE 2.2A: POSSESSION OF T.V. SETS IN SELECTED SLUMS

Percentage of slums	having no TV set	22.6
-do-	having 1-5 TV sets	29.0
-do-	having more than 5 T.V. sets	48.4
Total N		31

2.7 Health and Nutrition Service

The government health facilities within one km of the slums were almost non-existing, and only in case of one slum FP/MCH clinic and 3 slums maternity centres were reported to be existing in such vicinity. It was, however, mentioned by the dwellers that another 5 FP/MCH centres and 9 maternity centres were existing within 3 kms of those many slums. It is thus obvious that for the day to day health needs the majority of the slum dwellers from most of the slums were opting for the services of private doctors which were available within one km of the slum areas. In fact, the service of private doctors (males) were available in 2[illegible] slums within one km and for another 5 slums within 3 kms. In all for 26 slums services of private doctors were available within 3[illegible]

(Table 2.3). This analysis as well as discussion with dwellers indicate that althoiugh the government health facilities were not available in most cases within vicinity, the slum dwellers were frequently utilising the services of private practitioners. The need for government health facilities was stressed upon by both mal and female residents during our focus group discussion.

TABLE 2.3 : FACILITIES AVAILABLE FOR NUTRITIOIN, HEALTH AND MCH CARE SERVICES

Health Facilities	
Percentage of slums having any health facility:	
- within 1 km	83.9
- 1-3 kms	16.1
Percentage of slums having Anganwadi/Balwadi	70.0
MCH Care	
Percentage of slums visited for providing/ giving :	
- immunisation to children/pregnant mother	22.5
- distributing vitamin table	9.7
Visit of Health Worker during last 6 months	
Percentate of slums reporting visit of:	
- ANM	25.8
- Sanitary Inspector	22.5
- Malariya worker	29.0
- Social worker from any NGO	12.9
- UBSCO/PD	12.9
- Any of them	48.4
Film Show during last 6 Months	
Percentage of slums reporting any film show	19.4
Total N	31

With dirty surroundings all over, as expected the dwellers were frequently falling sick. The most common ailments mentioned by them were Dysentry, Gastro-intestinal disorders, malaria, viral infections and pregnancy complications among females and the first three among males. These symptoms indicate that most of the diseases occur because of water borne infections or malnutrition among females. Similarly among children also, diarrhoea, hook worm, malaria, viral infection and measels were mentioned as the most common diseases. These diseases again mostly are due to water observed that majority of children were suffering from malnutrition. The morbidity pattern existing in these slums demonstrates an urgent need for making dwellers aware about general sanitation, immunisation, and cleanliness in the surroundings.

Some workers, either from KNM or government health department had visited seven slums for immunising children and another 3 slums for distributing vitamin tablets, during the last six months, according to our discussion with the residents (Table 2.3). In most cases those came for such purposes, were either ANM/multipurpose health workers (female) or sanitary inspectors. The UCDP, KNM figures however, revealed that in 13 out of the 17 acquired slums, 2 to 4 health camps (immunisation/distribution of iron tablets) and in 5 slums 1 to 2 family planning camps were organised during the last one year. A discussion with residents revealed that for getting any of such services they had to personally approach many times to KNM authorities and bring the ANM/vaccinators along with you. Although, as mentioned, in the beginning about 5-7 slums were being looked after by one male and one female workers and also supervised by one female supervisor, frequent and regular visits to provide such services to the residents were non-existant and very few dwellers were benefitted by this programme. While visiting the slums, we also found that (by looking at child health record cards, distributed to them by either medical college or KNM health department) in most cases only 1st dose of either DPT/Polio were administered to children about six months back and thereafter no entry was made for the subsequent doses. This was also brought to the notice of project officer, KNM, by us.

The mass media efforts made by the KNM or any other government department were not very satisfactory according to the slum residents. It was mentioned that while some films on family planning were shown in 5 slums, one film on health education was shown in only one slum. On the other hand, according to KNM authorities, under UCDP in almost all the 17 slums, films and video shows (ranging between [illegible] and 34) were arranged during last one year, showing importance of immunisation, female literacy, vocational training etc. Apart from

number of films on oral rehydration thereapy education programme, adult education programme, etc. were also shown in all the 17 slums under UCDP. Under this project various cultural programmes depicting health, sanitation, FP etc. were also arranged in almost all the slums. Such contradiction could mainly be due to lack of publicity made before arranging any of such programmes in these slums. It may, therefore, be suggested that before making such efforts the residents should be well informed about the programmes and services to be rendered to them, in advance.

2.8 Anganwadi/Balwadi

According to KNM authorities, out of the 61 acquired slums under UCDP programme, in 22 slums 30 Balwadis/Anganwadis were functioning. Apart from teaching children in these Balwadis, free distribution of milk (200 ml. per day to children and 400 ml to the expectant/ nursing mothers) was done. According to the records maintained by KNM, under this programme 1294 children and 998 mothers were registered by November 1987. In our sample, out of these 22 slums, 8 slums were covered. In all, according to the information collected, about 400 children were registered for such free distribution of milk as well as for nursary level schooling. A visit to these slums, however, did not show very encouraging results. While in all the eight slums, such provisions were existing, milk distribution was found to be very irregular. In 3 cases, such distribution did not exist any more. Balwadi classes were held but again only for an hour or so. The attendence of children in such Balwadis had gone down tremendously and only 8-10 children were attending these, in each case. The main reason mentioned for such observation was irregular visits by the Balwadi teachers. As a result, most residents lost faith in them. However, those who could afford they were sending their children to privately run nursary schools.

2.9 Employment Opportunities for Women and Children

The focus group discussion with women and discussion with the local leaders revealed that sizeable women and children were working outside their homes for their livelihood from these slums. While from 7 of the covered slums, more than 50 per cent women were reported to be working, from another 10 slums 25-50 per cent women were working. However, in case of 4 slums, none of the woman was reported to be going for work. From rest of the 10 slums, less than 10 per cent of women were working. The main occupations for which these women were working included : maid servants (from 14 slums), factory labour (10 slums), sweeper (8 slums), picketing of waste (5 slums) and Bidi making (4 slums). Other occupations included; vendors, leather works, stiching etc. Similar to those of women, children were also reported to be working for different occupations from most of the slums. Information

collected from the covered slums revealed that while from 6 slums more than 50 per cent children were working, from 14 slums, between 25 and 50 per cent children, and from another 6 slums less than 10 per cent children were earning their livelihood. No children, however, were reported to be going for work from 5 slums, similar to in case of working females. The main occupation for which these children were working included; scooter/cycle repairs (from 15 slums), hotel workers (10 slums), shop assistants (13 slums), factory workers (10 slums), leather industry (6 slums) and picketing of waste(5 slums). In all, it is estimated that from these 31 selected slums, about 2500 women and 1500 children were working for different occupations. These women and children were mostly working to meet their daily requirements. The working conditions for both women and children were not good, but with no skill and under dire poverty conditions they hardly had any options. The incidence of sex exploitation for offering jobs were not mentioned. However, the respondents felt that such possibilities without bringing in the notice, could not be ruled out. As pointed out, a few slums were comparatively better off than the rest and there the parents did perceive that their children should be well educated.

2.9 Essential Market Facilities

Holding ration cards, accessibility to milk booths and the fuel are basic needs for the urban poor in cities. It was reported that about 80 per cent households in 21 slums, and above 50 per cent households in 8 slums possessed ration cards. In rest two slums, less than 10 per cent households possessed ration cards. The non-possession of ration cards was mainly due to no efforts made by the residents to possess a ration card. Through ration cards, they get supply of wheat and sugar and occassionally of rice and kerosene oil. While the supply of sugar and wheat was more or less regular, it was not adequate to meet the needs of the households. The supply of other two items (rice and kerosene) through ration shops was irregular, but when made was adequate. It was, however, mentioned by majority of the people with whom we discussed that as most of them worked for daily wages, they could hardly afford to buy ration from ration shops as it was available, once in a month only. And, mostly they buy their ration from the regular shops, as per their requirements. Sugar in most cases was bought on regular basis by the card holders. Milk booths were easily accessible for most of the slum dwellers. As many as 13 slums had their own milk booths; another 13 slums, within a vicinity of 50 meters; and 4 slums within 100 meters. Dwellers from one slum, however, have to walk for about a km for meeting their milk needs. For their fuel needs, most households, in almost all the slums

covered, depend mainly on char-coal/coal, firewood and cowdungs. The kerosene, as another source of fuel, was being used in about 95 per cent slums. It may be noted that in two slums a few households were also using cooking gas to meet their daily cooking needs.

2.11 Banking and Loan Facilities

For all the 31 slums, the banking and post office services were available within the vicinity of 2 kms and there was no difficulty in the accessibility of these services. It was reported that around 50 per cent households from 7 slums, between 20-25 per cent from 8 slums, and less than 10 per cent households from 13 slums had their bank accounts. From 3 slum areas, however, respondents reported that none of the dwellers had their bank accounts. It was also reported that from as many as 19 slums, the residents had obtained Bank loans. The number of male loan takers varied between as low as 2 persons and as high as 300 persons from one slum. In most cases the male loan takers remained less than 10 persons from each slum. Mostly such loans were taken for opening grocery shops, tea shops, vegetable shops, and purchasing rikshaws. In one or two cases such loans were taken for marriage or other pressing needs also. Twenty five women from 4 slums had also obtained bank loans, mainly for opening grocery shops (10), vegetable shops (5), and to purchase pigs (10). In about 6 slums the dwellers had applied for loans (about 500 persons, 450 from three slums), but they did not get any. The main reasons mentioned for not getting loans were (i) did not pay commission and (ii) did not have proper guarantors. Again, in about half of the slums, (14 out of 31), the dwellers also took loans from private money lenders. Such borrowers varied from only 2 to as high as 100 from slum to slum. These loans were mainly taken for either to spend during marriages/other such ceremonies or to meet their daily requirements. The amount borrowed in such cases was relatively small (Rs.50 to Rs.500). The rate of interest, however, was very high and usually varied between 80 to 100 per cent annually. Generally these loans were never paid back because of such a high rate of interest.

2.12 Cooperative and Social Organisations

Only one slum (Mannu purva) had its own cooperative society called Rastriya Ekta Vikas Samiti. Both men and women were the members of this cooperative society, almost equally. Similarly, while in none of the slums youth or women clubs existed, in two slums, voluntary organisations (one in each) were working. While

in Jeevan Lal Ka Ahata, Seva Bharati was working to educate women on various aspects, including health & sanitation, in Badloo Prasad Ka Ahata, Yuva Mohalla Committee existed, essentially working for getting this slum declared as 'slum for scheduled castes'. Although under Urban Community Development Project, KNM had formed 21 zonal committees to undertake various social and health related activities in their assigned slums, none of the respondents mentioned about them.

2.13 Problems of Slums as Viewed through Observations and Focus Group Discussions

It was noticed that those slum areas where engineering works were completed looked comparatively cleaner and systematic than those not adopted under slum improvement programmes. However, in case of 75 per cent developed slums also, either the sewerage were half done, not working or chocked. Similar was the situation of pipe water, pavements and electricity, and only 3-4 slums in true sense seemed to have been benefitted from these facilities. The hips of dirt, water looging, bad smell and inaccessibility, especially during rainy seasons, remained to be main problems of residents. Most of the dwellers take help of private doctors and were hardly concerned, whether or not government health facilities were available. Most residents with whom we had discussions, argued for provision of some training facilities for women and girls; employment opportunities for them (whether outside or within slums), and protection of the girls against anti-social elements, within slums. The community centres, schools and parks for children and adult education centres for women were expressed as the felt needs of the residents. Among all the needs, the top priority need was construction and maintenance of public toilet system, both for males and females. The unfair means adopted by the fair price shop owners were mentioned by most people with whom we had discussed. Similarly irregularities were mentioned about the distribution of milk to children and expectant/nursing mothers through Balwadis/Anganwadis. It was mentioned that either these centres were not opened at all, or were opened at the will of the person concerned, who was made in-charge to distribute the milk. Also, only about half of the milk received was distributed.

The immunisation to children and ante-natal care services, although undertaken by both medical college, Kanpur and Kanpur Nagar Mahapalika, remained non-effective, as in most slums covered under study it was observed (personally observed by looking at immunisation cards) that either these slums were not covered under such programmes, or were visited by health personnel only once, resulting in wastage of those efforts.

The impressions we got after visiting these slums, and talking to people and local-self authorities were ; (a) the dwellers, even after being provided with lots of benefits and services were reluctant to maintain and keep these functioning (b) there should be effective management system to make the follow-up and educate people to utilise the services and (c) the essential services should be made more accessible and effective for the dwellers.

The observations made while visiting those slums where engineering work was completed, reveals that although they were provided with required facilities in terms of sewerage, pipe water system, electricity and construction of pavements, the dwellers were not trained to maintain them properly and as a results the efforts made through these projects were being diluted. As far as UNICEF/KNM socio-economic health and sanitation improvement project was concerned, virtually not much difference was found between the slums covered under UBS and the others. The efforts thus have to be made to make people understand the utility of these services and make these adequate and regular.

CHAPTER III

HOUSEHOLD SURVEY RESULTS

...des the visits to 31 selected slums and holding individual and ... group discussions, as per study design 200 women from as many ...holds were selected and interviewed through a structured ...ionnaire from 20 of these slums in Kanpur city. For the purpose, ...lums from each category (with provision of basic services under ...World Bank and UNICEF programmes and those not covered under ... programmes) were selected, using a sampling procedure, discussed ...lier section. A careful comparison of the results however, ...aled that the characteristics of both, the slums and the residents ... not differ significantly by the type of slums. In the present ...ion, therefore, most results are discussed by combining the ...vations made from both types of slums.

3.1 ...io-economic and Demographic Characteristics of the Households and Respondents

...ally, it is an understanding that the majority of slum dwellers ... migrants. The present study in Kanpur city, however, revealed ... as high as 79 per cent families living in the covered slums ...onged to Kanpur city only and among the rest 21 per cent, 16 per ...t had in-migrated from other towns of Uttar Pradesh (Table 3.1). ...discussed in the background, the main reason for such observation ... that most families had in-migrated in the city just before or ...und the time when India became independent. And, with a big time ...of around 40 or more years, they had taken themselves as non-...ants only. This was also evident from the fact that about 60 per ... of the dwellers had been staying in same slums for more than 15 ... and another 15 per cent for more than 10 years.

...covered slums were dominated by scheduled caste families, as was ...ent from the coverage of about 53 per cent scheduled caste house-...s in the sample, followed by high caste Hindu (16%), other Hindus ...) and Muslim (12%) households (Table 3.1).

...average household size in these slums was quite high, with around 6 ...sons living in a family. Most of the families being well ...led, the sex ratio of the population matched to the state average ...bout 930 which is unlike the urban characteristic, where the ratio ...should have been still lower.

TABLE 3.1 : SELECTED CHARACTERISTICS OF THE HOUSEHOLD

Slum Location	
Central part of city	67.8
Peripheral	29.0
Outside	3.2
Origin of Family	
Native of the town	78.5
Migrant	21.5
Other town of same state	15.5
Rural area of same district	2.0
Rural area of other districts of same state	3.0
Rural area of other state	0.5
Duration of Stay in Slum (Years)	
0-5	7.0
6-10	18.0
11-15	15.0
15 +	60.0
Religion and Caste	
Hindus	88.0
High caste Hindus	16.2
Schedule caste/S.T.	53.5
Other Hindus	18.5
Muslims	12.0
Christian	0.0
Average Household Size	5.9
Sex Ratio	
Number of females/1000 males	930
Total N	200

3.2 Demographic Characteristics :

The age distribution of both males and females typically resumbaled the urban age structure in the country (Table 3.2). The broad based age structure (52% in 0-14 age groups, in case of both males and females), however, reveals that the dwellers were still opting for higher family size. The observation was also in tune with higher household size of around 6 persons. The presence of higher family size was further evident from existence of very high proportion of unmarried persons (62% males and 57% females). While hardly any males remained widower, about 3 per cent females were found to be widowed. Mean age at marriage was low for both males and females (20 and 16 years, respectively). The preference for higher family size was evident with 54 per cent females had given births to more than 4 children and average ever born children being around 4 (Table 3.2). In comparison to observed very high fertility among the dweller couples, the infant and child mortality seemed to be lower with an average of 3.3 surviving children out of an average of 3.7 ever born children.

3.3 Education

The literacy level of both male (74%) and female (50%) residents (aged 6 and more years) was reasonably high. As expected, the education level however, was comparatively low with only 13 per cent males and 6 per cent females were educated upto middle or above level (Table 3.2). It is interesting to note that among children (aged 6-14 years), comparatively higher proportion of girls (58%), than their mothers in past were attending schools. Such proportion, however, was lower among boys (68%).

3.4 Economic Status :

The working status of both males and females was found to be quite low with only 74 per cent males (aged 15 years and more) and 16 per cent females (aged 15+ years) reported as working (Table 3.2). These ficures were 56 and 10 per cent respectively when children aged 6-14 were also considered. Unemployment and underemployment, among both males and females, was mentioned by quite high proportion of respondents. And, need for creating new avenues, especially for employing women was stressed upon during our discussion with the residents, more with the women folks.

TABLE 3.2 : SOCIAL AND DEMOGRAPHIC CHARACTERISTICS OF THE FAMILY MEMBERS OF SELECTED HOUSEHOLDS

Age Distribution (Years)	Male		Female
0-6	30.1		30.1
7-14	21.5		21.4
15-24	10.7		12.4
25-44	32.1		30.1
45 and above	5.6		6.0
Marital Status			
Unmarried		56.7	
Married		40.8	
Widow		2.5	
Separated/Divorced		0.0	
Total N		412	
Mean Age at Marriage	19.8		15.5
Average Number of			
Ever born children		3.7	
Surviving children		3.3	
Percentage of Women having 4 or Higher Order of			
Live births		54.0	
Surviving children		38.3	
Total N		233	
Level of Education (Aged 6 years and above)			
Illiterate	26.0		50.0
Upto primary	43.7		35.7
Upto middle	17.7		8.7
Above middle	12.6		5.6
Total N	435		412
Percentage of children aged 6-14 Attending School			
Boys		67.8	
Girls		58.4	
Total		63.3	

TABLE 3.2 (Contd.)

Percentage of working for cash and kind	Male	Female
Taking all in Denominator	39.6	7.5
After suppressing 0-6 years	55.9	10.4
After suppressing 0-14 years	74.3	15.5
Child Labour		
Working girls (6-14 years)	2.5	
Working boys (")	1.5	
All	2.6	
Household Income (Rs.)		
000	0.0	
001-200	1.5	
201-300	6.0	
301-400	17.5	
401-550	12.5	
551-750	19.0	
751-997	43.5	
Average household income per capita	641.0	
Per capita income	108.2	
Average earning	540.3	323.5
Total	243	43
Contribution of females to household income Income percentage		
0	83.5	
1-10	1.0	
11-15	2.0	
16-20	1.5	
21-30	1.0	
31+	11.0	
Total N	200	

The income level of the households revealed that although the average household income was slightly better than the defined poverty level (Rs.641 per month), as many as 38 per cent families were living under poverty line, and 25 per cent below the dire poverty line levels (Table 3.2). The average income of the working females was much lower (Rs.324) than their male counterparts (Rs.540), indicating sex differential in wage rates. The contribution of females to household income was very low and in as high as 84 per cent households, it was nil.

3.5 Housing Situation

Majority of the families in these slums were staying in rented houses (51%). While 42 per cent were owners of the houses, 7 per cent were unauthorised dwellers. Those staying on rental basis, were paying an average of Rs.40/- per month to the owners (Table 3.3). As stated earlier, majority of slums in Kanpur city was privately owned. On an average, the dwellers possessed a two room house. These rooms were small in size with an average house size being about 200 sq.feet, leading to a living space of only about 34 sq.ft. per person. This included kitchen, toilet and a small compound (varanda, in most case) space also. The structure condition of the houses, majority being privately owned, was comparatively better. In about 71 per cent houses, tiles were used as roof material, followed by RCC structure in 10 per cent houses. While in about 53 per cent houses bricks were used as wall material, 46 per cent were made of mud. While flooring in majority of houses was done by mud (74%), in reasonably good number of houses (23%) cement was also used as flooring material (Table 3.3). On the other hand, our observations revealed that in majority of houses the ventilation was very poor and only a few houses had windos. The rooms in most cases were dark and hardly exposed to sunlight.

3.6 Accessibility of Urban Basic Services (UBS) to Surveyed Households

There are certain basic services which are made available by the local self government in urban areas. These services include, availability of drinking water, adequate toilet facility, electricity, ration through fair price shops, cooking fuel (kerosene), education and health & MCH facilities. As discussed in the first section, while engineering works, namely, provision of individual water connections, electricity, sewerage, and common pavements, street lights and drainage systems were provided by the KDA in some selected slums of Kanpur under World Bank Project, the community hand pumps, health and immunisation

TABLE 3.3 : HOUSING CONDITION IN THE COVERED SLUMS

Nature of Occupancy		
	Rented	51.0
	Owned	42.0
	Occupied	7.0
Average amount of rent per month (Rs.)		39.6
Average size and Number of rooms		
	Number of rooms	1.9
	Living area (sq.ft.)	201.3
	Household size(sq.ft)	5.9
	Average space available per person (sq.ft)	34.1
Type of House		
Roof -	Thatched	7.5
	Corrugated Tin	3.0
	Old tin boxes	3.0
	Tiles/Asbestos	73.5
	RCC	10.0
	Others	3.0
Wall -	Mud	46.0
	Brick	53.5
	Metal/Tin sheets	0.5
	Others (wood)	0.0
Floor -	Mud	74.0
	Cement/Chips	23.0
	Others (wood)	3.0
	Total N	200

services, vocational trainings for women and children, Balwadis, etc. were provided by Kanpur Nagar Mahapalika with the assistance from UNICEF. From among those slums, 10 were included in the present study. The observations revealed that except in few slums where development had taken place in planned manner, no significant difference was observed between those slums where urban Basic services were provided and those not covered under these programmes. One of the reasons for such observation was, in other slums such facilities had already been provided by the Kanpur Nagar Mahapalika (KNM) under their slum improvement programme. And, only those slums which were privately owned and KNM could not provide basic services earlier, were covered under these two programmes. The data analysis, therefore, has been attempted for all the slums together, irrespective of their UBS and non-UBS status.

3.6.1 Drinking water : More than two third (69%) of the households were getting drinking water from tap, and another 21 per cent from hand pumps. Only about 10 per cent households were depending on wells (Table 3.4). While about 43 per cent households had their own individual water connections, the water need of about 53 per cent was met within the slum area. While about 88 per cent households had to walk less than 50 meters to fetch water, about 10 per cent were fetching water from a distance of less than 100 meters. The average time taken by the members of households who fetch water from outside their houses, was about one hour and 20 minutes (both evening and morning inclusive). And, according to as high as 81 per cent respondents, the water needs for their households was adequately met in all seasons. Almost all the others (18%) expressed that it becomes inadequate during summer season. The analysis, thus reveals that in most cases, the water needs of the slum dwellers in Kanpur city was adequately met by the available resources. In those households, where water has to be fetched from outside the house, in most cases female (81%) and male (39%) children, aged between 10 and 14 were doing this job. Both, the elder females and males, were rarely reported to be doing this work (Table 3.4).

3.6.2 Toilet facility : As discussed in the earlier section, the toilet facilities were in-adequate and poorly mentioned in majority of slums. While 58 per cent respondents maintained about availability of some toilet facility in or around their houses, for rest 42 per cent households no such facility was available and they were forced to use open fields to meet their daily needs. While about half of the households, who were affirmative on availability of toilet facilities, had their own flush/soak-pit (27%), or open pit (6%)

TABLE 3.4 : AVAILABILITY, ACCESSIBILITY AND ADEQUACY OF BASIC AMENITIES

Source of Drinking Water		
Tap	68.5	
Hand pump	21.5	
Well	10.0	
Spring/Others	-	
Distance from Nearest Source		
Individual connections	42.5	
Within 50 meters	45.0	
51-100 meters	10.5	
101 meters	2.0	
Adequacy of Water Suppy		
Adequate in all seasons	81.0	
Adequate in some seasons only	18.5	
Always inadequate	0.5	
Not ascertained	-	
Percentage of Fetching Water	**Male**	**Female**
None	49.6	5.2
5-9 years	11.3	11.3
10-14	39.1	80.9
15-19	-	2.6
Sub-total	115	115
Average time spent for fetching water (hours/minutes)	1:21	
Toilet Facility		
Percentage of household who had access to either private or public toilet	58.5	
Within house-flush/soak-pit	27.0	
Within house - open	5.5	
Joint flush/soak-pit	2.5	
Joint open	1.5	
Public flush/soak-pit	22.0	
Source of Light		
Electricity	47.5	
Lantern/Petromax	14.0	
Diya/Diberi/Chimney	38.5	
Total N	200	

systems ; majority of the rest were depending upon public systems (22%). It may be mentioned here that none of these public toilets had water facility and most of them were poorly maintained. Those using this facility were reluctant to use those toilets and were doing so because no other alternative was available.

3.6.3 Source of light : While 48 per cent households had their individual electricity connections, others were depending on sources like Lantern (14%), Chimney (23%) and Earthen lamps (16%) (Table 3.4). This indicates that about 50 per cent of the households in the covered slums did not have adequate source of light.

3.6.4 Type of cooking stove used and management of cooking fuel : Most of the households (83%) were using ordinary earthen chulha to meet their cooking needs. While about 6 per cent were using kerosene stoves, about 4 per cent had access to LP gas stoves. On an average females were spending about three and a half hours daily for cooking (Table 3.5). Most of the dweller households were using a mix of various fuels. Firewood (70%), cowdung (69%), coal/charcoal (52%) were mentioned as the main fuels used by them. Kerosene, as an aid was also mentioned by about 66 per cent respondents. The fuel used was mostly purchased from market. In stray cases,however, it was partially collected by male (5%) and female (6%) children. While in majority of househods, the fuel was purchased and brought by females (Firewood 53%; Coal/charcoal 59%; and Cowdung 63%), in rest households, males purchase and bring the fuel from market. In purchasing/collecting the fuel, on an average,20-25 munutes time was spent, everytime this activity was undertaken. The monthly expenditure incurred per family on firewood/coal/cowdung purchase was between 50 and 70 rupees. Apart from, about 20 rupees per month per family were spent on kerosene purchases. Those household use LP gas stoves, were spending about 73 rupees per month on LP gas.

3.7 Exposure to Mass Media

To understand the exposure of slum dwellers with the outside world, their exposure to two mass medias, namely radio and television was assessed and presented in Table 3.6. It was amazing to know that about 17 per cent households possessed television sets, and as high as 25 per cent households had access to television programmes. Also, those who had access, almost all the adult members (both males and females) and 90 per cent of children were watching TV programmes regularly. Among those respondents, who had access to TV programmes, between 61 and 74 per cent had viewed different spots related to health and family welfare programme. About 50 per cent of the viewers had seen spot on family planning and 47 per cent of them had liked those. According to the respondents, this media was the best source of information.

TABLE 3.5 : TYPE OF COOKING STOVE USED AND TIME SPENT PER DAY FOR COOKING

Type of Stove	
Ordinary Earthern	83.0
Improved/Smokeless Chulh.	0.5
Gas stove	3.5
Kerosene oil stove	5.5
Coal Sigri	7.5
Others	0.0
Average time spent for cooking (Hrs/Minutes)	3:32
Fuel used for cooking*	
Fire wood	70.0
Cowdung	69.0
Coal/Charcoal	52.0
Kerosene	66.0
Average Time Spent in fuel collecting/ purchasing	24 minutes
Total N	200

* Percentages exceed 100, because of multiple answers

TABLE 3.6: EXPOSURE TO MASS MEDIA

T.V. Ownership	
Percentage household owning TV	16.5
Percentage household having access to TV	24.5
Who Watch TV	
Adults males/females	100.0
Boys	90.0
Girls	92.0
Sub-total	49
Reach of the Message on Health & Family Planning	
Age at marriage for girls	18.0
Special food for pregnant woman	15.0
Importance of education for girls	16.5
Interval between 2 births	17.0
Immunisation of children	15.5
Special food for children to prevent blinds	15.5
F.P. and use of condoms/pills	11.5
Radio Ownership	
Percentage of household owning Radio	63.0
Percentage of household having assess to radio	66.0
How Often Respondent Listen	
Everyday	65.2
More than once in a week	20.4
Less often	14.4
Sub-total	132

The ownership of radio was much higher, with 63 per cent households possessing radio sets and 66 per cent access to radio listening. Among the respondents, 65 per cent were listinging radio everyday, 20 per cent more than once a week and remaining 14 per cent less often.

3.8 Usership of Balwadis/Anganwadis

Under UNICEF assistance, although Balwadis were opened in most of the covered slums (61 in number), the attendence of children in these balwadis was quite low. The survey results revealed that while in 7 per cent households there were no children aged 3-5 years, only from 6 per cent households some children (about 5 % both boys and girls; and 1% only boys) were reported as attending these. The two main reasons mentioned for such a low attendence were; slum did not have such facility (56%) and unaware about such facility (32%) (Table 3.7). Our observations about Balwadis in these slums, had revealed (as discussed earlier) that although such Balwadis did exist, hardly these were opened. And, in some cases where these were opened, the teachers attend these only for about an hour and go away. Similar was the situation of Anganwadis. In majority of cases, although the distribution of milk by anganwadi worker was confirmed, the dwellers felt that the supply was irregular and the quantity of milk distributed was inadequate. It was also mentioned that the worker was distributing less milk than the assigned quantity for both children and expectant/nursing mothers. Steps should therefore, be taken to streemline the distribution system.

3.9 Accessibility and Usership of Fair Price Shops

About 72 per cent of families possessed ration cards in the selected slums. In most cases (94%), the family members themselves had obtained these ration cards. While in majority cases (56%) usually females collect ration from fair price shops, in about one third (36%)cases, husbands were mentioned as the main collectors. The ration shops were situated within a distance between a quarter and one third km (average being 288 meters). On an average it takes about one and a quarter hours to collect the ration everytime (3.8). Sugar was mentioned as the main item which the dwellers collect from the ration carts. All the families possessing these ration cards were collecting their sugar quota regularly. While for about 65 per cent households, the sugar supplied by ration shops was sufficient for their monthly consumption needs, other 35 per cent have been buying it from outside also. The supply of sugar was mentioned as more or less regular through these shops (85%); kerosene(62%), wheat (64%) and Rice (55%) were the other main items , usually the dwellers were obtaining from ration shops. While for about 50 per cent of the

TABLE 3.7 : ACCESSIBILITY TO AND UTILISATION OF EDUCATION FACILITIES

Percentage of households from where Children (3-5 years) attending Balwadi	
No children (3-5 years) in the family	7.0
Yes	6.0
Boys/Girls	5.0
Girls	1.0
No	87.0
Reasons for Not Going to Balwadi	
Slum does not have such centre	55.7
Children do not like to go	0.6
Unaware about such facility	32.4
Birth certificate not available	0.0
Child is not old enough	0.0
Child is sick	0.0
Economic condition not good	11.3
Others	0.0
Sub-total	176
Total N	200

TABLE : 3.7 ACCESSIBILITY TO AND USERHSIP OF FAIR PRICE SHOPS

Proportion of households having Ration Card	72.0
Total N	200
Who Helped in getting Ration Card	
Self/Husband/No one helped	93.8
Relatives/Friends	6.2
Supply officer/Clerk	0.0
Sub-total	144
Who Collects	
Wife or other female members	56.3
Husband or other male members	36.2
Male Children	6.9
Female Children	0.7
Average Distance of Fair Price Shops from house (in meters)*	288
Average time spent in collection ration (in hours)	1.11
Sub Total	144

* Most of the days the ration shops are closed and function only for 3 to 4 days in a month. Thus during that period que has to be formed which takes lots of time.

families, the ration supplied by these shops was sufficient, the rest 50 per cent families were meeting the shortage from other shops. The supply of sugar through these shops was mentioned as more or less regular (85%).

3.10 Health and MCH Services

In the absence of planned and adequate basic services, and existence of all round poverty conditions in urban slums, health of residents get adversely affected. The infants and small children on one hand and the expectant mothers on the other, are the two most venerable section of the population in this respect. In the following paragraphs knowledge of the respondents about preventive measures against various diseases and service utilisation, have been discussed.

3.10.1 Maternal Services

In the covered slums, in all 87 deliveries took place during last two years (1986-88). Estimated crude birth rate using this figure worked out to around 37 births per thousand population which is quite close to the estimated SRS figure for the State of Uttar Pradesh. Among these women, about 66 per cent had got themselves examined by a trained personnel during their pregnancy status; 58 per cent had received both the doses of TT vaccines and iron folic acid tablets; and about 75 per cent were assisted by trained personnel during their deliveries. These figures indicate that much higher proportion of women from these slums had obtained the maternal care services from trained personnel. While reported home deliveries, continued to be much higher (70%) than institutional deliveries (30%), it was interesting to note that about 28 per cent were delivered in government hospitals (Table 3.9)

3.10.2 Immunisation

To understand about the level of respondent's knowledge regarding preventive aspects of different childhood diseases, number of questions were asked. The observations reveal that around half of the respondents (females) were aware about such immunisation measures (Table 3.10) Knowledge about OPV (oral polio vaccine) was highest among the respondents (65%) followed by knowledge of tetanus (54%) and woophing cough (52%). Similar results were obtained when asked about the source from where such vaccines could be obtained (65% polio ; 51% DPT: 52% ante-measels and 46% BCG). On the other hand, knowledge of respondents about correct age, correct number of doses and correct interval between subsequent doses, was found to be quite poor for most vaccines (between 1% and 3%). In case of polio, however, such knowledge was comparatively higher among the respondents (6 to 10%) (Table 3.10)

TABLE 3.9 : PROVISION OF ANTENATAL AND NATAL SERVICES TO WOMEN WHO DELIVERED CHILD DURING LAST TWO YEARS

Percentage of women examined by trained personnel during pregnancy	65.5
Received Tatanus Toxide (%)	
None	42.5
One dose	0.0
Two doses	57.5
Percentage Received Iron Folic Acid Tablets	57.5
Deliveries assisted by trained personnel (%)	74.7
Place of Delivery	
Govt. institutional delivery	27.6
Private Institutional delivery	2.3
Own home	70.1
TOTAL N	87

It was encouraging to note that in about 44 per cent households at least one child was immunised against at least one of these diseases. Another about 5 per cent households did not have six or less years old children. In all, about 41 per cent of total under six years of age children were covered under immunisation (Table 3.11). The main reasons mentioned for not getting their children immunised include; 'unawareness about immunisation (65%)' and 'no one came to immunise our children (31%)'. It clearly indicates that lack of knowledge among the residents and non-availability of these services at the door steps of people were the two main reasons for non-coverage of children under different vaccines. When sex differential among the covered children under different immunisation was looked into, it was found that the coverage of male children was comparatively better (53%) as against female children (47%). An analysis of the coverage by different vaccines revealedthat maximum number of children were

TABLE 3.10: EXTENT OF KNOWLEDGE ABOUT IMMUNISATION AGAINST VARIOUS DISEASES

Percentage of Households Having Knowledge About	
Disease :	
Polio	64.5
Diptheria	48.0
Woophing cough	52.0
Tetanus	53.5
Tuberculosis	44.5
Measels	52.0
Correct Age for Immunisation	
Polio	6.0
DPT	1.7
BCG	1.5
Antimeasels	0.0
Correct Number of Doses	
Polio	9.5
DPT	2.8
BCG	2.0
Antimeasels	2.0
Correct Interval	
Polio	9.0
DPT	3.0
Total N	200

TABLE 3.11 LEVEL OF UTILISATION OF IMMUNISATION SERVICES AND SOURCE OF SERVICES AVAILED

Percentage of Household Having			
No child aged 0-6 years		4.5	
At least 1 child immunised against one or more disease		44.0	
Proportion of Children (0-6 yrs)			
Immunised		40.5	
Sub-total		338	
Proportion of children immunised	Male		Female
BCG	39.1		37.1
OPV	30.7		25.8
DPT	26.8		18.2
Booster (OPV+DPT) I	7.1		6.8
Booster (DT) II	35.5		24.2
Measles	36.1		28.8
Reasons for not Immunising*			
Unaware about immunisation		65.0	
No one caresto immunise		31.0	
Source is far off		10.7	
No need/objection from family member		3.9	
Unaware of the place		5.8	
Other Reasons		6.8	
Sub-total		103	
Total N		200	

* Base is only those familieshaving children aged 0-6 years, but had not immunised against any disease. Percentage exceeds 100,because of multiple answers.

protected against tuberculosis (39% male and 37% female children) followed by polio (31% and 26%) measels (36% and 29%) and DPT (27% abd 18%) (Table 3.11). Coverage of children by booster doses were also quite high. The reported main sourcesfor immunisation were ; government hospitals/dispensaries and urban family welfare centres (27%), followed by private clinics (4%). It is encouraging to note that for getting their children immunised, the dwellers were mostly depending on the government run services. This could be due to organisation of service camps from time to time, as claimed by KNM authorities, in these slums. Our participatory observations, as pointed out earlier, however, indicated that these services were provided only for one to two times in the past two years and the required follow-up to cover children under subsequent doses was not made by any of the agencies.

3.11 Incidence of Sickness and Utilisation of Health Services

In the last one month from the survey date, at least one person from 22 per cent households had fallen sick in the covered slums. In all 53 persons (4.5%) were reported to have fallen sick during this period . As expected, majority of those fell sick was of children below 6 years of age (40%) followed by children aged 6 to 14 years (24%) . The main disease by which they suffered were: fever (55%), diarrhoea (17%) and cough/cold (13%) (Table 3.12)

Majority of the persons had taken help of allopathic system of treatment (84%). About 13 per cent had opted for homeopathy or ayurvedic systems of medicine. The main source of treatment mentioned was private clinics/practitioners (72%), followed by government clinics/hospitals (19%). This clearly indicates that for treatment of common ailments, irrespective of place, people relied more on the private source of treament as against those of the government once.

None of the adults, reported to had taken leave from their daily routine works because of their sickness. While all the 21 children aged less than six years took rest, two children aged 6-14 also had to take rest (Table 3.13). The sickness in the last one month, therefore, did not hamper any body's work. Table3.13 further reveals that, on an average about 67 rupees were spent on one sickness, and about 69 rupees on each person. The money spent include, the doctor's fees (Rs.29), medicines (Rs.18), transport (Rs.13) and on special food (Rs.7). The analysis suggests that the dwellers were spending sub-stantial amount to get treatment from private doctors, still they were preferring this service over free government services.

TABLE 3.12 : INCIDENCE OF SICKNESS AND UTILISATION OF HEALTH SERVICES (LAST ONE MONTH)

Proportion of Household with Sick Persons During One Month	
None	78.0
At least one	22.0
One	17.5
More than one	4.5
Percentage of total persons fallen sick during one month	4.5
Age of Sick Persons (Yrs)	
0-6	39.5
7-14	24.5
15-39	30.0
40+	6.0
Sex of Sick Person	
Male	54.7
Female	45.3
Disease	
Cold/cough	13.2
Fever	54.7
Diarrhoea	17.0
Others	15.1
System of Medicine	
Allopathy	84.0
Ayurvedic	13.2
Other Systems (Homeopath)	1.9
Home medicine	1.9
Source of Treatment	
Home treatment	9.4
Government hospital/UFW Centre	18.9
Private Clinic/Practitioner	71.7
Others	0.0
Subtotal	53
Total N	200

TABLE 3.13 LOSS OF MAN DAYS AND COST FOR TREATMENT

Number of Days Taken Rest	
Did not take rest	56.6
One week	22.6
1-2	11.3
More than 2 weeks	9.5
Average Amount of Money Spent for Sickness (Rs.)	
Doctors' fees	29.1
Medicine	18.1
Transport	12.6
Special foods	6.9
Average Total Amount of Money Spent per Sickness (Rs.)	66.7
Per Person (Rs.)	69.0
Per Household (Rs.)	77.3
Total N	53

3.12 Family Planning

The respondents(females) were asked about their family planning usership status. About one fourth (24.5%) couples were found to be using one or the other method of family planning (Table 3.14 The most commonly used method was condom (11%), followed by tubectomy/laproscopy (5%). Oral pill users were comparatively higher (4%) than IUD users (less than 2%). It was surprising to find that as high as 31 per cent respondents mentioned that they were unaware of family planning methods. The other main reasons for not using a family planning method include; to have more children (11%), fear of complications (11%) and husbands were against (7%) (Table 3.14). Another 18 per cent of the non-user respondents mentioned that they do not want to use any family planning method. The analysis thus reveals that there was a strong need for educating couples about benefits of small family size in these slums.

3.13 Visits by the Health Functionaries in Slums

As observed during our focus group interviews/discussions, the visits by the health workers to the dwellers houses was found to be quite low. And, only about 12 per cent households were reported to have been visited by some health worker during 6 months prior to the survey date (Table 3.15). Those workers who visited respondent's families, include; ANMs (8%), Malaria/Sanitary workers (3%) and other social workers (3%). Elsewhere, of the slum area, was visited mainly by Anganwadi, sanitary, and Malaria workers. The analysis thus indicates that inspite the adoption of about half of these slums by the KNM under UNICEF programme, both motivational as well as health/MCH care services were more or less missing in these areas. Special efforts are, therefore, required to revitalise the functionaries, who as discussed earlier, were sufficiently appointed under UNICEF programme, but as observed could not make much impact.

TABLE 3.14: LEVEL OF CONTRACEPTION AND REASONS FOR NOT USING FP METHOD

Percentage using a Family Planning Method	24.5
F.P. Methods Used	
Vasectomy	1.5
Tubectomy	6.0
IUD/Cu-T	1.5
Oral Pills	4.0
Condom	11.0
Abstinence	1.5
Total N	200
Reasons for not using F.P. Methods*	
Currently pregnant	6.0
Want more children/son/daughter	11.3
Do not want to use FP method	17.8
Unaware of FP method	30.5
Fear of complication	10.6
Opposition from husband	6.6
Others, including secondary sterility	4.6
Sub-total	151

* Answers add to more than 100, because of multiple replies

TABLE 3.15 : VISIT OF HEALTH WORKERS

Percentage of respondents reporting visits by health staff	
Visited R's family	11.5
Visited R's locality	1.0
No visit reported or answered don't know	87.5
Total N	200
Who visited*	
ANM	7.5
Anganwadi workers	0.0
Malaria workers	0.5
Leprosy worker	0.0
Sanitary worker	2.0
Social worker of VOs	3.0
Others (including doctors)	6.5

* Percentagg exceed 12.5 because of multiple answers.

3.14 Vocational Training and Job Opportunities

In Kanpur slums, UNICEF had constructed three community centres in collaboration of the community. It was envisaged that along with the other activities, these centres would also be utilised for providing vocational trainings to women and children. Our observations have revealed that although in Mannupurwa such attempts were made in collaboration with Khadigramodyog and other public sector institutions, not many efforts were made to make this programme a people's programme. An inquiry from the respondents (females) on this aspect revealed that only 5 women had acquired such kind of training, either from government/public sector institutions. It was also reported that 13 males had undergone some training, mostly from private agencies. For females, the training duration mentioned was between 1 and 4 weeks and every day for 2 to 5 hours. None of them was working for the same profession, for which she had undergone a training, mainly because either their husbands did not permit them or they did not have required machines/equipments.

When the rest of the respondents (195) were asked, why did not they undergo some vocational training; the main reasons mentioned were; unaware about such training facilities (30%) and training facilities are at far off distance (54%). These two answers suggest that, in case such training facilities are made available in an area, proper awareness and education should be imparted to the prospective beneficiaries and also more of such facilities should be made available. As discussed earlier, majority of women had expressed their keen interest, both for undergoing such trainings and also thereafter taking up some job or starting their own petty business, during indepth/focus group discussions.

Such feelings were further confirmed, as about 55 per cent women respondents had expressed their desire to take up some job (Table 3.16). The main reasons for not interested in taking up a job by 25 per cent women were; no time (6%), no one to look after their children (9%) and husband does not permit (11%) (Table 3.17). Those who wanted to undertake a job preferred, tailoring (43%) and handicraft (13%) related jobs. Given an opportunity another 41 per cent were ready to take up any sort of job (Table 3.16). The main reasons for preferring jobs of their liking were; already working/have some knowledge (28%), like the work (35%) and cannot work outside the locality (10%).

TABLE 3.16 WORKING STATUS, INTEREST IN TAKING UP JOB AND TYPE OF JOB AND PLACE OF WORK PREFERRED

Currently employed	19.5
Not employed but ready to work	55.0
Not interested in taking job	25.5
Total N	200
Preferred Place of Work	
Home	58.5
Within locality/ slum	17.9
Anywhere, including outside slum	23.6
Nature of work preferred*	
Any type of job	41.4
Tailoring	43.4
Embroidery, knitting work, match box making, handicraft	13.1
Teaching	4.8
Office job eg. Peon/class IV/Aya etc.	4.8
Others	1.2
Expected wage per day (Rs.)	
5 or less	0.7
6-10	28.3
11-20	58.6
21+	12.7
Any amount	0.0
Average expected wage/day (Rs.)	14.7
Sub-total	110

* Percentage exceeds 100, because of multiple answers

TABLE 3.17 REASONS FOR NOT WANTING TO UNDERTAKE ANY JOB

No one to look after children / young child	9.8
No time	25.5
Lack of skill	3.9
Not interested in doing job	17.6
Husband does not permit /old customs	43.2
Total N	51

Their own house was the most preferred place for work and was mentioned by 59 per cent women, followed by those preferred to work within locality (18%) and any where (24%). It was also interesting to note that quite a few women respondents, in keenness to take up a job, were ready to settle on a wage rate of Rs. 10/- or less per day (29%). An average expected wage rate, however, worked out at Rs.15/- per day (Table 3.18).

The above analysis on vocational trainings for women and their interest in taking up a job, clearly bringsout that given a suitable opportunity, majority of them were ready to take up any sort of jobs.

3.15 Membership of Financial Institutions

3.15.1 Accessibility to Banks/post Offices : While about 83 per cent families did not have any bank account , around 7 per cent had accounts on joint names (husband and wife), 8 per cent on husbands name and 2 per cent on their own name . Similarly, about 90 per cent families did not have any account in post office. Only 2 women had reported to have an account on their own names (Table 3.18). Analysis further brings out that none of the covered families were member of any cooperative society. These observations show that access to these government utiliy services was minimal, and almost negligible for women folks. This finding, however, differed from the results obtained from focus group interviews, wherein, between 40-50 per cent families were mentioned to have their bank accounts. Such differential could be because of unawareness on the part of female respondents about the bank accounts of their husbands.

TABLE 3.18 MEMBERSHIP OF FINANCIAL INSTITUTIONS

Bank	
Percentage of families having account	16.5
Percentage of women having account (either independent or jointly)	9.0
Post Office	
Percentage of families having savings account	10.5
Percentage of women having account (either independent or jointly)	4.0
Cooperative	
Percentage of families having membership of any cooperative	-
Percentage of females having membership in any cooperative	-
Total N	200

3.15.2 Loan obtained from Banks/private Bodies : Only 10 families had applied for obtaining loans from banks, mainly for opening a new business (8), and marriage performance (2). Seven of them had recrived these loans with the help of friends /relatives (4) or by themselves (3). About 17 per cent respondents, however, felt that they could get loan from banks, but did not apply mainly because, they did not need it. Most other families did not apply for loans mainly because, unaware of the facilities/difficult procedures and nobody listens to them.

Another 10 families had taken loan from private bodies/persons, mainly from relatives/friends (9 persons). These loans were mainly taken for their day to day domestic use (6), medical treatment (3), and education for her child (1). Only one family had taken loan from money lender.

3.16 Urgent Needs, as Perceived by the Dweller Respondents

Pucca house for all, was expressed as the most urgent need by as many as 60 per cent respondents an an answer to the question on their most urgent needs. The other important perceived needs mentioned include; toilet facilities (15%), loan for self employment (24%), girls education (17%) and pucca wells for drinking water (16%) (Table 3.19). Pucca houses, loans for self employment and schools for girls emerged, as the three most urgent needs, expressed by the dweller respondents.

TABLE 3.19 FOUR MOST URGENT NEEDS MENTIONED BY THE PERCENT OF RESPONDENTS

Urgent needs*	
Pucca house	60.0
Govt. loan for self employment	23.5
Educational facilities for girls	17.0
Drinking water facility	16.0
Total N	200

* Percentage exceeds 100, because of multiple answers

CHAPTER - IV

SUMMARY AND CONCLUSION

The analysis, both with the help of indepth case studies/focus group discussions, and survey results reveal that inspite of strenuous efforts made by both Kanpur Development Authorities (KDA) and Kanpur Nagar Mahapalika (KNM), with the financial assistance from World Bank and UNICEF, majority of Kanpur slums lack urban basic services. While in some of the selected slums, undertaken for engineering work under World Bank project, there were evidences of improvement in water supply, sewerage, electricity and construction of pavements, unfortunately inspite of efforts put by Kanpur Nagar Mahapalika with the assistance from UNICEF (as shown in the service statistics available with KNM) not much improvements were observed on this aspect. The conditions of both women and children in terms of nutritional aspects, education, vocational training and health delivery services (MCH & FP) remained inadequate/poor in most of the slums. In some slums, while initial attempts made by KNM (with the assistance from UNICEF) to improve the situation of women and children were evidently present, the follow-up in majority of cases was completely missing. Similarly the initiation to fulfill the assigned role, on the part of the community, was completely missing. The efforts made by KDA in their engineering work were also slowly vanishing due to lack of maintenance on one hand and non-response of the community to maintain these services, on the other. Following are some of the salient findings of the study.

- The dwellers in the covered slums, on an average, possessed small two room house. While structure condition of houses was comparatively better, in majority cases, the ventilation was very poor, rooms were dark and hardly exposed to sunlight.

- More than two third (69 per cent) of the households were getting drinking water from taps and another 21 per cent from hand pumps. In general, the water need of slum dwellers in Kanpur city was adequately met. In those households, where water has to be fetched from outside, in most cases female (81 per cent) and male (39 per cent), children, aged between 10 and 14 were doing this job.

- The toilet facilities were inadequate and poorly maintained in majority of slums while about 33 per cent were using public facilities. Rest (45 per cent) were using open fields. It may also be mentioned that none of the public latrines had water facility and were poorly maintained. And, the dwellers were using those simply because no other sources like lantern, chimney and earthern lamps.

- Sizeable proportion of the dwellers had access to TV (25 per cent) and radio (66 per cent). Those had access, almost all were seeing TV and listening radio, regularly.

- Educational facilities within slums were grossly inadequate with only 22 institutions (mostly primary or kinder garten) functioning in 31 slums. According to focus group interviews, if government run institutes for girls (middle and higher classes) were available within slums, majority of the girls intended to attend those.

- Under UNICEF assistance, although Balwadis were opened in most of the covered slums, the attendence of children was quite low. The main reasons mentioned by the respondents were; the dwellers were unaware about such facility (32 per cent) and the slum did not have such facility (56 per cent). Our observations revealed that while such Balwadis did exist, either these were not opened or were opened irregularly for a few hours. The existence of Anganwadis, was reported by most slum dwellers, but they were not happy with the existing supplement nutrition distribution system. It was reported that the supply was irregular and inadequate for both, children and nursing/expectant mothers.

- While about 50 per cent dwellers were satisfied with the ration received by them from ration shops, others were meeting their ration needs from other shops. Although, through these shops supply of other material (wheat, rice and kerosene) was made, but it was irregular and insufficient. The supply of sugar, however, was mentioned as regular and adequate (85 per cent).

- Out of 87 deliveries took place during last two years from the survey date, 66 per cent had got themselves examined by trained personnel, 58 per cent had received both the doses of TT vaccine and iron folic acid tablets, and about 75 per cent were assisted by the trained personnel in conducting their deliveries. While reported home delivereies were quite high (70 per cent), it was encouraging to note that about 28 per cen5 were delivered in government hospitals. These figures show that a high proportion of women from the covered slums were obtaining the maternal care services from trained personnel.

- In about 44 per cent households at least one child was immunised against one or more of the four diseases (polio, DPT, TB and measles). In all, 41 per cent of total under six years of age children were covered under immunisation by rest, were unaware about immunisation (65 per cent) and no one came to immunise children (31 per cent). Dwellers, mostly used government facilities for getting their children immunised. Our participatory observations, however, found that the immunisation camps by either KNM or medical college were organised only one or two times in past two years and no follow up was made to cover the children under second or third doses. It was the dwellers only who got their children immunised from hospitals for the subsequent doses.

- The dwellers were mainly approaching private medical practitioners for curative services (72 per cent), followed by the government clinics/ hospitals (19 per cent). The main reason for prefering private practitioners was easy access to them as compared to government services.

- The family planning usership was found to be quite low among the respondents users (25 per cent). Majority of them were depending on spacing methods of FP (20 per cent). The main reasons for not using family planning methods were, unaware about these methods (31 per cent) and fear of complications (11 per cent) suggesting a strong need for educating couples about family planning methods and advantages of small family size.

- The visits by the health functionaries in these slums was reported to be very low (12 per cent). The analysis suggested that inspite of adoption of about half of these slums by the KNM under UNICEF programme, both motivational as well as health/MCH care services were more or less missing in these slums. Efforts, therefore, are required to revitalise the functionaries who were sufficiently appointed under UNICEF programme, but could not make much impact.

- Only 5 women respondents were found trained under different vocational training programmes. The main reasons mentioned by others for not undergoing such training programmes were; unaware about such training facilities (30 per cent) and training facilities were at far off distances (54 per cent). This suggests the lack of awareness and education among the females about existence of such facilities. Majority of the women respondents on the other hand expressed their keen interest for both undergoing such training, and thereafter, taking up some job or starting their own small business. As high as 73 per cent female respondents expressed such desires. The analysis on vocational trainings clearly brings out that given an opportunity, majority of them were ready to take up any sort of jobs.

- Analysis on government utility services like bank, post office savings account and membership of cooperative societies suggests that the utilisation of such services was minimal in the covered slums and almost negligible by the women folks.

- The most urgent need expressed by 60 per cent women respondents was construction of pucca house, followed by government loans for self employment (24 per cent) education facilities for girls (17 per cwnt) and drinking water facility (16 per cent). During our focus group interviews however, stress upon the toilet facilities, vocational training facilities and creation of employment for them were expressed as most urgent needs of the people in the slum area, by the respondents.

Suggestions

- Although from the records of KNM, it seems that lots of efforts were being made to uplift the socio-economic and health status of the slums dwellers, in particular of women and children, the actual impact was missing. It is , therefore, suggested that for carrying out such activities large scale community involvement should be initiated.

- More of the community centres should be opened and arrangements should be made with some government agencies or NGOs, so that regular vocational trainings for women are arranged and subsequently, loans should be disbursed to engage them in such occupations at home or elsewhere.

- Financial helps should be provided to open adult education centres and also middle schools, exclusively for girls in these slum areas.

- Separate public toilet facility for both men and women should be provided in all the slums. Also, arrangement should be made to clean those regularly.

- Regular immunisation camps should be held in each slum area. The dates for such camps should be publicised through volunteers/workers well in advance.

- The supplementary nutrition food distribution system for women and children through Anganwadis should be streamlined. It is suggested that instead of making one person incharge, a committee of community leaders/ volunteers should be formed to take care of such distribution system.

- Regular cleanliness by KNM should be undertaken in these slums. Financial assistance for this purpose should be allocated.

- The involvement of community was completely missing. Efforts should be made to educate the dwellers about the community participation and voluntary self help to improve the condition of their slums.

APPENDIX - I : EXPENDITURE ON OPERATIONAL PLAN FOR SOCIO-ECONOMIC DEVELOPMENT IN 3 AHATAS OF KANPUR CITY (SEWAGRAM, MANNUPURWA & SHAKAR MILL KA AHATA)

Sr. No.	Description/Programme	Cost born by UNICEF (in Rs.)	Cost born by Participants (Community)	Remarks
1.	Pre-school education/Creche (40 children + 10 babies) (1 pre-school + 1 creche) Total 5 centres (1 in Mannupurwa, 2 each in other two slums)	14,000 (3/4th cost)	4,500 (1/4th cost)	Rs.150/- per month to teacher and Rs.75/- per Aya. Equipment Rs.1000/- for each centre 40 slates, education charts, etc.
2.	Informal adult education programme (one centre with 30 persons) Total 3 Centres (1 in each area)	6,000 (Rs.2,000 each centre, 100%)	1,800 (1/3rd cost for salary)	Rs.150/- for teacher and 2000 for equipment to each centre. (Two sewing machines and other equipments)
	Salary	3,600 (2/3 cost)		
3.	Training for adult education instructors and pre-school teachers (Training camp - 3 instructors & 5 teachers; 4 to 6 weeks at Literary house, Lucknow)	7,400/- (including food travelling and lodging cost (100%)	-	Stipend @ Rs.5/- per person per day. Travelling Rs.25/- per day, Rs.15/- per day, others)
4.	Construction of community centre (Two at Mannupurwa & Shakkar Mill Ka Ahata)	80,000 (Rs.40,000 per Centre)	Self-help basis construction	The KDA will provide upto plinth level, thereafter self help
5.	Health & Hygiene Centres (Sewagram & Mannupurwa) Equipment support	10,000 (equipment input support for 2 Ahatas, Rs.5000/- (100%)	-	Shakkar Mill, already had

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APPENDIX -I (Contd.)

Sr No.	Description/Programme	Cost born by UUNICE (in Rs.)	Cost born by Participants (Community)	Remarks
6.	Handpump Installation (Cost of boring, installation and plateform) 4 handpumps for each : Total 12 hand pumps	15,600 (@ Rs.1300 x 3 = 15,600) (100%)	Maintenance self help/Local Participation (Rs.300/- each Total Rs.3600)	Maintenance self help
7.	Income generating activity for women (To supplement family income) New model charkha (help from Swaraj Ashram) 20 females for each of 3 centres Grand total (60 women)	(Stipend to each women @ Rs.50/- per month for six months 50x20x6x3 = 18,000/- (100%) +(Payment to Swaraj Ashram for cotton, waste & repairs @ Rs.50/-)	-	-
8.	Income generating activities for Shakkar Mill Ka Ahata)			
	Cane Industry - 30 female trainees for 15 days (Cost of training for cane/plastic basket making. Chair caining and home decoration articles)			
	Stipend @ Rs.10/day to trainees	15x10x30 = 4500		-
	Stipend to instructor @ Rs.20/-	20x15 = 300		
	Cost of raw materials	= 1000		
	Cost of tools, equipments	= 1000		
		6800 (100% UNICEF)		
	Total Cost of scheme	1,79,400	9,900	
	Grand Total			1,89,300

APPENDIX - II : SLUMS COVERED IN KANPUR CITY

Category - I

- *01 Harijan Basti, Kidwai Nagar
- *02 Sakera Estate
- *03 Rolling Mill Ka Ahata
- *04 Kachi Basti, Govind Nagar
- *05 Choti Juhi
- *06 Mannu Purwa, Azad Nagar
- 07 Murari lal Ka Ahata
- 08 Baghi Bhatta
- 09 Shakkar Mill Ka Ahata
- 10 Lallan Purwa, Opp. Zoo
- 11 Lallan Purwa Ka Ahata, Azad Nagar

Category II

- *01 Fazal Hussain Ka Ahata
- *02 Dr. Devideen Ka Ahata
- *03 Jeevan lal Ka Ahata
- *04 Rani Ka Bagicha
- 05 Rajaram Batham
- 06 Satya Prakash Kanodia

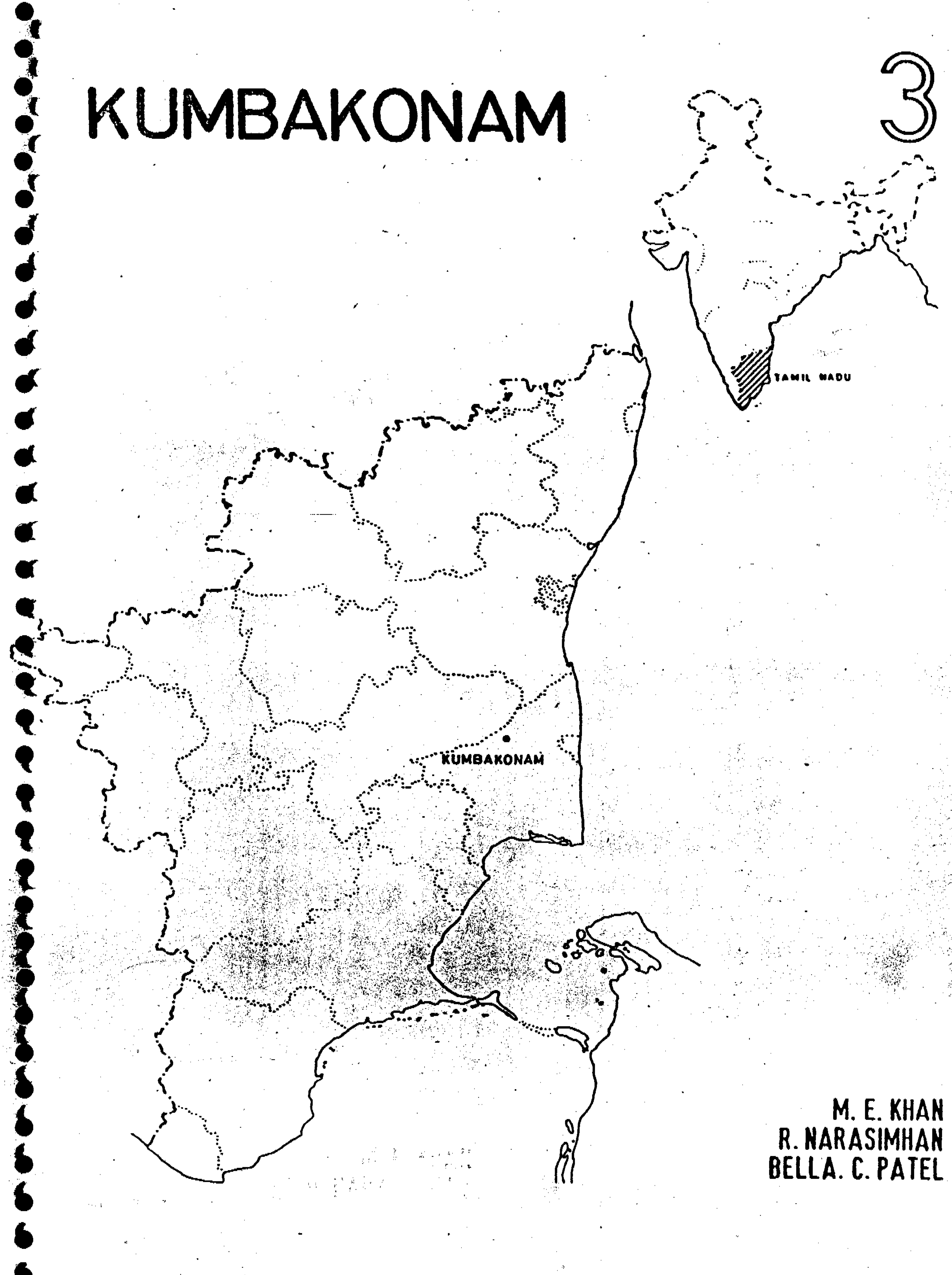
Category III

- *01 Loharan ka Bhatta
- *02 Brijendra Swaroop Park
- *03 Lala Radhey Shyam Vaishya
- *04 Sora Godam
- *05 Shiv Katra Ka Ahata
- *06 Ahmed Husian Ka Ahata
- *07 Laxmi Ratan Lane, Kabadi Market
- *08 Sharab Mill Ka Ahata
- *09 Badloo Prasad Ka Ahata
- *10 '6' Block, Govind Nagar
- 11 Bada Buchar Khana
- 12 Shastri Nagar Ka Ahata
- 13 30 Shyamji Malhotra, Opp. Zoo
- 14 'N' Block, Kidwai Nagar

* These slums were covered for household survey. The other slums were also included for the community survey.

KUMBAKONAM

3



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CONTENTS

			Page
CHAPTER	I	Physical profile of the town	1
		Population	2
		Housing condition	2
CHAPTER	II	Water facilities	4
		Electricity supply	4
		Sanitation facilities	5
		Educational facilities	6
		Health and Nutritional services	6
		Common diseases	8
		Accessibility to food and milk	8
		Employment opportunity	8
		Child labour	9
		Energy resources	9
		Banking and loan facilities	9
CHAPTER	III	Population characteristics	10
		Age structure	10
		Marital status	11
		Average number of children	12
		Literacy level	12
		Percentage of children attending school	12
		Labour force participation	12
		Child labour	13
		Household income	13
		Contribution of families to household income	14
		Housing facility	15
		Source of drinking water	16
		Toilet facicilities	17
		Source of light	17

			Page
		Ownership and access to mass media	17
		Type of fuel and stove used	18
		Level of accessibility to and utilisation of basic services by women and children	19
		Vocational training	19
CHAPTER	IV	Provision of antenatal and natal services	20
		Knowledge and coverage of children under immunisation programme	21
		Health services	23
		Expenditure	25
		Extensive work for health and preventive services	26
		Family planning practices	27
		Membership and utilisation of different agencies	28
CHAPTER	V	Current employment status and interest in participating in paid labour force	30
		Reasons for not wanting any job	32
		Membership of financial institution	32
		Awareness and utilisation of loan facilities	33
		Indebtness	34
CHAPTER	VI	Summary and conclusions	36

CHAPTER - I

INTRODUCTION

Kumbakonam is well-known as birth place of the greatest Indian mathematician Sri Srinivas Ramanujan. It is situated in the plain region of river Cauvery. According to 1981 census, the population of Kumbakonam was reported to be 132,832 and it is administered by a selection grade Muncipality. Factories of bettlenuts, brass vessel, handloom work are commonly found in the town.

The present survey of slums, sponsored by UNICEF was carried out in the last week of January, 1988. A total of 33 slums were identified by the Muncipal Authorities. Out of these, 2 areas were merged with the nearby slums making a total of 31 slums. The Slum Clearance Board of Tamil Nadu Government had fully demolished one slum in the old fish market, and the construction of housing colony was just over. Thus, during the survey period a total of 30 slums were finally identified in the Kumbakonam town. Of these slums, 19 slums were situated in the central part of the town, 10 were situated in the peripheral parts and only one slum, Pettai Adi Dravidar Street was outside the town area. One-third of the city slums were covered under Urban Basic Services scheme. All the 30 slums were covered in the survey for collecting community level information. For the detailed household survey, of the 30 slums, 10 were selected by systematic sampling of the slums according to the total number of households in each slum.

Physical Profile of the Town

The slums in Kumbakonam are quite stable as they have been existing for more than 15 years. Mela Cauvery Kudiyana Street (200 households), predominated by Muslim population, is perhaps the oldest slum in Kumbakonam. Slums like Perumandy area (155 HHs), Perumandy Adi Dravidar street (100 HHs) and Singara Thoppu (85 HHs) were equally old. Majority of slums (17 slums) are existing for more than 50 years. The remaining 9 localities have been established between 15 to 50 years ago.

23 slums were easily accessible in all weather. A few like Thoppu street, Chembodai colony etc. were not easily accessible during rainy season. 21 slums were located within 50 meters from pucca road, 3 within 50-200 meters and the remaining 6 slum areas were more than 500 meters away from pucca road.

Population

Table 1 shows the slums wise distribution of households and its population in Kumbakonam. Approximately, the total slum population in Kumbakonam works out to 17,000, living in around 3,500 huts. This comprises about 12.8 per cent of the total town population. The total children in the age group of 0-14 years in Kumbakonam town were 46,400 of which 6,037 children (13 per cent) were living in the slums.

Majority of the slum dwellers were native of the same town, Proportion of migrants from other districts of Tamil Nadu was very low. As a result turnover of the slum population is very low and could be judged by the fact that most of them were living in these areas for more than 5 years.

Most of the slum dwellers were followers of either Hinduism, Christianity or Islam and they prefer to live in pockets. For example, more than 75 per cent of the residents of Annai Sivakami Nagar and Chembodai colony were christians and more than 80 per cent of the slum-dwellers of Mela Cauvery Kudiyana street, the oldest slum in Kumbakonam, were Muslims, 9 slums have mixed population of Hindus, Muslims and Christians whereas the remaining 18 slums were dominated by Hindus.

Housing Conditions

Most of the huts in the slums were with thatched roof, mud walls and mud floor. In few cases, mangalore tiles roof, brick walls and cemented floor were also noted. The average living area in a hut was around 200 sq. ft.

Table 1 : Slumwise Distribution of Households & Population in Kumbakonam

	Name of slum	Total No. of households (approximate)	Approximate Total population
1	Fatimapuram Harijan Colony	140	800
2	Annai Sivakami Nagar	125	600
3	Kannagi Thenkottam	125	500
4	Nachiarkoil Vazhinadappu	350	1300
5	Bairaghi Thoppu	140	600
6	Veerapandia Kattabomban St.	130	600
7	A R Ramaswami Colony	115	750
8	Chekkankanni Road	140	600
9	Sivagurunathan Chettiar St	150	650
10.	Pettai Adi Dravidar St.	35	200
11	Old Palakkarai Area	75	350
12	Mela Cauvery Kudiana St.	200	900
13	Perumandy Area	150	650
14	Mela Cauvery Adi Dravidar St	175	750
15	Hajia Street	150	800
16	Manai Thuvarankurichi st	90	500
17	Pettai Hanumankoil Road	25	200
18	Pattamani Thoppu Harijan Colony	60	300
19	Yanaikaranpalayam Adi. Dra.St.	200	950
20	Thoppu St.	92	500
21	Kuttian St.	75	400
22	Chembodai Colony	68	300
23	Perumandi Adi Dravidar St.	100	600
24	Krishnappam Naiker St.	40	250
25	Kakkan colony	100	600
26	Ullur Vaikal Harijan Colony	24	160
27	Needamangalam Road	150	750
28	Vattipilliar koil St	100	500
29	Singara Thoppu	85	500
30	Madappa Street	70	400
		3479	16960

CHAPTER - II

AVAILABILITY OF BASIC AMENITIES - OBSERVATION FROM MACRO LEVEL DATA

As already mentioned in the 1st Chapter, to assess the availability of selected basic facilities in the slums a quick survey of all the slums located in Kumbakonam was made. Through observations as well as informal discussion with the slum dwellers, information on basic amenities was collected. In the following paragraphs, an overview of the available facilities has been given :

Water Facilities

One of the major problems of all the Kumbakonam slums was the non-availability of adequate drinking water. Water supply was reported to be sufficient only in about 17 per cent of the slums (Table 2.1). For remaining 83 per cent of the slums water supply was not sufficient, both for drinking as well as other domestic purpose. In about 70 per cent of the slums drinking water, though inadequate, was available within the slum area. The number of tap connections or hand-pump ranged from only one or two in most of the slums. In some of the slums like Sivagurunathan Chettiar street and old Palakkai, no tap connection for drinking purpose was available even at a distance of half a kilometer.

Table 2.1 : Availability of drinking water facility

Availability within slum (percentage)	70.0
Sufficient water supply (percentage)	17.0

For other domestic work residents of Bairaghi Thoppu, Mela Cauvery Adi Dravidar Street and Pettai Hanumankoil Road were using pond water, generally located within 0.5 km to 1 km from the slums. In fact about 50 per cent of the Kumbakonam slums depend upon the nearby river Cauvery or Canal/Ponds for meeting their domestic water requirements.

Electricity Supply

In 24 out of 30 slums, 75-95 per cent of the households were not electrified (Table 2.2). None of the households in Kakkan colony and Ullur Vailar Harijan Colony was electrified, though the former had atleast 12 public poles. The later slum had no access to public poles also. In all the slums very few street light poles had been provided and were totally inadequate with respect to area or population to be covered.

Table 2.2 : Availability of Electric Supply

No. of slums where no household electrified	7.0
Less than 10 per cent household electrified	53.0
11-25 per cent household electrified	20.0
25-50 per cent household electrified/ more than 50 per cent electrified	20.0

Sanitation Facilities

Sanitary condition in all the slums was very poor. None of the slums had any household having private toilets (Table 2.3). Public flush/pot toilet facility was available in only 6 slums.* However, there was no provision of water supply to any of these toilets. Out of all only one slum (Bairaghi Thoppu), had a separate public toilet facility for women which was not sufficient for even 10 per cent of the female population. It was surprising to note that even in such deplorable condition, few recently constructed toilets in 3 slums were awaiting to be declared "open" by the dignitaries for use. Our discussion reveals that presently 90-100 per cent of the slum dwellers, who had no access to private/public toilet, were using open fields only.

Table 2.3 : Availability of Sanitation facilities

Percentage of slums having public toilets	0.0
Percentage slum in which atleast 10 per cent hh have access to private/public latrine	10.0
Percentage slum having no drainage system	97.0

Except Pattamani Thoppu Harijan Colony, none of the slums had any drainage system.

* Fatima Puram, Kanna Kitem, Dairaghi Thoppu, R Ramaswamy, Mela Kaveri Kudiyana, Kakkan Colony

Educational Facilities

Educational facilities in slums of Kumbakonam were extremely poor. None of the 30 slums had any creches (Table 2.4). Only 2 slums, Mela Cauvery Kudiyana street and Perumandy Area had schools upto primary level. Some boys and only a few girls were attending these schools. Children had to travel a considerable distance to attend school located outside the slum. None of the slum had an adult education centre.

Table 2.4 : Educational and Vocational Training Facilities

Eudcational Facilities	
Percentage of slums having creches	Nil
KG/Primary School	7.0
School facilities for girls for above 6th class	Nil
Adult education centre	Nil
Vocational Training	
Percentage of slum having vocational training centre	53.0

It is however, encouraging to note that more than 50 per cent of the slums (16) had easy access to at least one vocational training centre located within or around the slums. These centres were giving training in type writing, shorthand and tailoring work. However, not a single girl/women till the dates of survey had started either their own business or took up job after training. The only exception was training in tailoring.

Health and Nutritional Services

Just like water, toilet and educational facilities, medical facilities available to the slum dwellers were equally deplorable. No FP/MCH clinic, maternity hospital, private medical practitioners or private lady doctor was available within 1 km from the dwelling place. For most of (93 per cent) the slums the nearest medical facility was available at a distance of 1 to 3 kilometers. The only exceptions were Mela Cauvery Kudiyana street and Madappa street which had easy access to a private doctor. In case of

Madappa street the slum had two private clinics of which one was run by a lady doctor.

An [illegible] on the visit of various paramedical staff for extension work [illegible] [illegible]ision of services revealed that during six months prior to su[illegible]y atleast half of the slums were covered by one or the other ty[illegible] of workers. For example from 17 slums (57 per cent) visit of Municipal Health staff to immunise the children was reported. Similarly 12 slums reported visit of health workers for distributing vitamin tablets to pregnant mothers. Periodic visits of Malaria workers and sanitary workers were also reported from 15 slums (50 per cent). However, visit of ANM, Social workers and Leprosy workers was reported only from 4 slums.

Table 2.5 : Facilities Available for Nutrition, Health and MCH Care Services

MCH Care	
Whether anybody visited for providing/giving	
- Immunisation to children/pregnant mother	57.0
- Distributing vitamin tablets	40.0
Visit of Health Worker during last 6 months	
Percentage slum reporting visit of -	
ANM	10.0
Sanitory Inspector	33.0
Malaria worker	60.0
Social worker from any NGO	13.0
UBSCO/PO	-
Any of them	83.0

Each of Mela Cauvery Adi Dravidar street and Perumandy Adi Dravidar Street had an anganwadi centre. Generally these centres were attended by an equal number of girls and boys. In case of Mela Cauvery the average number of boys and girls attending the Anganwadi was 25 each. The corresponding figure for Perumandy Adi Dravidar Street was around forty.

No educational films on any topic had ever been shown in any of the slums.

Common Diseases

High prevalence of gastro-intestinal disorder (dysentry, diarrhoea), viral infections, malaria and jaundice was reported from most of the slums. Other common diseases prevalent in these slums were respiratory disease, typhoid, tuberculosis, measles, skin diseases, worms and malnutrition.

Women suffered mostly from gastro-intestinal disorders, viral infections, pregnancy complications, and malaria. A fair proportion of women also suffered from diarrhoea, hook-worm, typhoid, jaundice, skin diseases, respiratory diseases, measles and malnutrition.

Just like mothers, common ailments of children included water-borne diseases, gastro-intestinal disorders (mainly dysentry and diarrhoea) viral infections, malaria and jaundice. Malnutrition, tuberculosis, typhoid, miseales and skin diseases were also reported among children.

Accessibility to Food and Milk

Only 20 per cent of the households in Yanaikkaranpalayam Adi Dravidar street had ration cards, whereas in 5 slums 50-60 per cent of the households had this facility. In the remaining 24 slums, between 75-100 per cent of the households had ration cards. Wheat, rice, sugar, edible oil and in some slums kerosene oil were provided through fair price shop. These shops were generally located at a distance from the slums,requiring considerable time for travelling and collecting the commodities.

None of the slums had any milk booth. For majority of the slums (N=29) the nearest milk booth was located at a distance of 3-5 kilometers.

Employment Opportunity

Because of extreme poverty, participation of women in paid labour force is quite common. In four slums it was as high as 90 per cent. In 21 slums proportion of the working women aged 15-59 years ranged between 20 and 50 per cent.

In the remaining five slums namely, Pettai Adi, Pidanamman, Krishapannam, Chekkankanni and Chembodhai colony female employment reported to be quite low. A discussion with community women revealed that although they are keen to do work, they did not have any openings.

Females were mainly employed as labourer, coolie or in weaving. A small proportion were also working in vessel industry and government offices.

Child Labour

Child labour is not very common in Kumbakonam's slums. However, still from atleast three slums namely Sivarugurunathan Needamangalam and Madappa lane prevalence of child labour was reported. For example 50 per cent of children aged 6-14 years of Needamangalam Road and about 10-30 per cent children of the slums located at Sivagurunathan Chettiar Street and Madappa street were working as labourer.

Energy Resources

Most of the slum dwellers were using firewood and cow-dung as cooking fuel. Kerosene was the next frequently used fuel. Bushes, cooking gas, coal and charcoal were rarely used as cooking fuel in these slums.

Banking and Loan Facilities

Banks are accessible to all slum dwellers and at least one bank was available within two kilometers from any of the slum. However, our discussion with community leaders revealed that not even 10 per cent of the households had accounts in the banks.

20 families in old Palakkari area, and 10 in Thoppu street, had received bank loans for starting idly business or vegetable selling. Otherwise only a few males had received bank loans. In absence of easy institutional loan facilities the slum dwellers were depending on private parties for getting loans. Generally these loans were taken to meet domestic expenses or certain emergencies like sickness, at a very high rate of interest, ranging between 25-40 per cent.

Singara Thoppu had its own Kumbakonam Cooperative Society and Kuttian Street had access to a cooperative of metal industry of which 6 families were members. Six slums had youth clubs/women clubs with an average member size of about 30-50 persons.

Community centre was again rare phenomenon in Kumbakonam slums. Only Kakkan colony had a community centre undertaking various social services work. The slum dwellers had no access to TV except Vattipilliar Koil street where about 5 per cent of the households had TV sets.

CHAPTER III

ACCESSIBILITY AND EXTENT OF UTILISATION OF URBAN BASIC SERVICES BY WOMEN AND CHILDREN

As mentioned earlier, apart from community survey of the slums, a household survey of few selected slums was also carried out to assess the accessibility of slum dwellers to basic services and its utilisation. For this purpose, out of the 30 slums that existed in Kumbakonam town, 10 slums were selected for the detailed household study. These 10 slums were selected by systematic sampling method according to the number of households, arranged in descending order.

The selected slums were evenly distributed over the town. Out of the ten, 5 were located in the central part, 4 in the peripheral areas and the remaining one slum, Pettai Adi Dravidar Street, was located outside the town. A total of 118 households were selected randomly from these 10 slums, 12 each from 8 slums and 11 each from the remaining 2 slums,

At the time of survey, half of the slums selected for the household survey were covered under urban basic services (UBS) scheme.

HOUSEHOLD CHARACTERISTICS

Population Characteristics: The 118 households covered in Kumbakonam had a total of 620 persons - 302 males and 318 females. Thus, the average family size worked out to be about 5 persons (5.25 + 2.3). While majority of the households (60 per cent) had 4-6 members, 23 per cent of them had more than 7 members and the remaining 17 per cent had 3 or less members in the family. According to 1981 census, the slum dwellers comprised 12.8 per cent of the total Kumbakonam population.

Sex composition showed more of the female members than the males in these slums. Number of females per 1000 males was found to be 1050.

Age Structure: About 17 per cent of the total population constituted the vulnerable age-group of 0-6 years (Table 3.1). Another about 19 per cent were in the age group 7-14 years. Yet another about 48 per cent of the population fell in the age group of 15-44 years. About 16.0 of the population were aged 45 years or above.

Table 3.1 : Age Distribution of household member of selected families

Age	Male	Female	Total
0-6	16.9	17.0	17.0
7-14	17.5	20.7	19.2
15-24	20.5	22.6	21.6
25-44	26.2	26.8	26.4
45+	18.9	12.9	15.8
Total N	302	318	620

A break up of the total population by sex showed that about half (49 per cent) of the female population were in the productive age group of 15-44 years.

Marital Status : Out of the total household members 38 per cent were married and 51 per cent were unmarried. Another about 8 per cent were either widow or widower. The remaining 2 per cent were separated or divorced.

Table 3.2 shows that the females were getting married at an early age and the mean age at marriage was estimated to be 16.8 years.

Table 3.2 : Mean Age at Marriage and Fertility Measures

Mean age at Marriage	
Male	23.3
Female	16.8
Average Number of	
Ever born children	3.6
Surviving children	2.9
Percentage of women having 4 or higher order of	
Live births	44.7
Surviving children	36.2
Total N	184

Average Number of Children: The mean number of live births to an ever married women was reported to be 3.6 (Table 3.2). The mean number of surviving children was estimated to be 2.9. This shows that fertility as well as child mortality was quite high in the slums. To some extent this observation is also collaborated with the fact that percentage of women with four or higher order of live births is as high as 44.7 per cent and about 36.2 per cent had four or more living children.

Literacy level: Analysis of the literacy level shows that only about 21.0 per cent males and 37.0 per cent females were illiterate (Table 3.3). As expected more males (54.6 per cent) as compared to females (34.1 per cent) had attended higher classes i.e. middle and above.

Table 3.3 : Literacy Level

Level of Education (Aged 6 years and above)	Male	Female
Illiterate	20.7	37.1
Upto Primary	24.7	28.8
Upto middle	41.0	27.0
Above middle	13.6	7.1
Total N	256	271

Percentage of Children Attending School: An analysis of the school going children aged 6-14 reveals that a much higher proportion (79 per cent) of boys as compared to girls (46 per cent) were attending school. However, it is encouraging to note that atleast 62 per cent of the children aged 6-14 years were attending school. The remaining 38 per cent of which majority were females, had dropped out from the school at the time of survey or had never attended.

Labour Force Participation: The analysis reveals that 70 per cent of the males and 23 per cent of the females aged 14 and above were participating in paid labour force (Table 3.4).

Table 3.4 : Working Status of Males and Females

	Male	Female
Percentage of male and female working for cash and kind		
Taking all males/females in denominator	46.0	14.4
After suppressing 0-6 years of boys/girls	55.4	17.1
After suppressing 0-14 years of boys/girls	70.2	23.2

Child Labour: As we have already observed in the previous chapter generally child labour was not common in the slums. According to the survey, only 2.5 per cent of the children aged 6-14 were participating in paid labour force. The corresponding figures for girls and boys were reported to be 1.5 and 3.8 respectively.

Household Income: Table 3.5 presents the distribution of household income of the selected families. As the table shows, the monthly income of almost half of the families was 300 or less. For about 28 per cent of the families it ranged between 301-550. The rest 23 per cent had a monthly income of more than Rs. 550. The average household income was estimated to be Rs. 378/-. The per capita income was Rs. 72/-. All this shows that practically all the households living in the slums were very poor and fell below poverty line.

Table 3.5 : Total Household Income and Average Earning of Male & Female

Household Income (Rs.)	
Less than 200	18.6
201-300	30.5
301-400	12.7
401-550	15.3
551-750	15.3
751-997	7.6
Average Household Income	378/-
Average per capita income	72/-
Average earning : Male income	250.9
Total N	139
Average earning: Female income	164.0
Total N	46

An attempt was also made to assess the average earning of the male and female living in the slums. A total of 139 males and 46 females were engaged in income generating activities. The average income of the males were estimated to be Rs. 261 as against 164 for the females. This shows that generally the jobs available for females were less paying than those for males.

Contribution of Females to Household Income: An attempt was made to estimate contribution of female members to total household income. As the figure shows in 68 per cent of the households the females were not contributing anything in form of cash income (Table 3.6). However, it is worth noting that in case of about 15 per cent of the households about one-third of the total household income was being contributed by females. Nine per cent of the women were the sole earner and were bearing 100 per cent of the household expenditure. A caution may be made here that while calculating these figures no consideration was given to the contribution which females were making in the welfare of the family as unpaid family worker or substitute labour for carrying out various activities essential for family survival.

Table 3.6 : Contribution of Females to Household Income

Percentage of total household income	
0	68.0
1-10	2.5
11-15	2.5
16-20	1.7
21-30	0.8
31+50	15.2
100%	9.3
Total N	118

Availability of Basic Amenities to the slum dwellers: In the previous chapter, based on community information we have already discussed certain basic amenities which were available to the slum dwellers. A similar exercise was done on the basis of the household survey. The findings from the household surveys are presented in the following paragraphs.

Housing Facility: The study shows that about 54 per cent of the slum dwellers were living in their own house (Table 3.7). Another about 35 per cent were living as tenants and were paying, on an average, about Rs. 32 per month as rent. The remaining 11 per cent had just occupied the space and constructed their houses. Generally these houses consist of one or two rooms (including kitchen) with average living area of about 206 sq.ft. A break up of the families shows that 50 per cent of them were living in one room house and 38 per cent had two rooms. About 15 per cent families had houses consisting of 3 to 4 rooms. With average family size of 5.3 person, average space available per person was estimated to be 40 sq.ft, which is better than what we had observed in a similar study in Kanpur (34 sq.ft), Rajkot (36 sq.ft) and Bhavanipatna (27 sq.ft).

Table 3.7 : Housing Condition in the covered Slums

Nature of occupancy	
Rented	34.8
Owned	54.2
Occupied	11.0
Average Amount of Rent per month (Rs.)	32.4
Average size and number of rooms	
Number of rooms	1.7
Living area (sq.fts.)	206.1
Household size	5.3
Average space (sq.ft.) available per person	38.9
Type of House	
Roof - Thatched	54.3
Tiles/Asbestos	39.8
Others	5.9
Wall - Mud	89.0
Brick walls	11.0
Floor- Mud	79.6
Cement/Chips	20.4

Generally the material used for the construction of houses was poor and can be judged from the fact that about 54 per cent of the roof were made of thatched whereas 89 per cent of the walls and 79 per cent of the floor were made of mud. In 47 cases (40 per cent) the roof were made of Mangalore tiles which were supplied by Tamil Nadu Harijan Housing and Development Corporation .

Sources of Drinking Water: About 60 per cent of the households were using tap water whereas 42 per cent were depending on hand pump for the purpose of drinking water (Table 3.8). In other words, all of them (98 per cent) had assess to potable water. Generally these sources of drinking water were located within 50 meters from their houses. Only 6 per cent of the households had their own connections. A probing on adequacy of water supply revealed that in majority of the cases, it was adequate only in some selected season. A minority of 3.4 percent felt that it was always inadequate.

Table 3.8 : Availability, Accessibility and Management of Drinking Water

Source of Drinking Water	
Tap	55.9
Hand pump	42.4
Well	1.7
Distance from nearest source	
Individual connections	5.9
Within 50 meters	76.3
Within 51-100 meters	13.6
Within 101 meters	4.2
Adequacy of water supply	
Adequate in all seasons	24.6
Adequate in some seasons only	72.0
Always inadequate	3.4
Percentage of male fetching water	
None	100.0
Total N	111
Percentage of females fetching water	
5-9 years	6.3
10-14 years	87.4
15-19 years	9.9
Total N	111
Average time spent for fetching water	
Time spent (hours/mins.)	2.35

Fetching of water is an exclusive domain of women activities as in none of the house any male member was reported as responsible for fetching water. In most of the cases (87 per cent) young girls (10-14 years) were responsible for fetching water. Collection of water appear to be a time consuming activity in the slums as they were spending about 2 hours and 30 minutes a day in fetching water for the family.

Toilet Facilities: Two-third (74 per cent) of the families did not have any access to toilet facilities, and were going in open field for defeacation (Table 3.9). About 25 per cent families, mainly coming from two slums, had access to public toilet facilities. Only two families had toilet facilities in their own home.

Table 3.9 : Availability of Toilet Facility

Percentage of household who had access to either private or public toilet	26.3
Within house	1.7
Public	24.6
Open field	73.7

Source of light: About one-fourth of the households surveyed had electricity connection whereas the remaining 75 per cent were using inexpensive sources of lighting such as dia, dibery, chimney, etc. As already discussed in the previous chapter, street lighting was rare phenomenon in Kumbakonam slums. Even if street lights were there they were very few in number compared to the slum size. Lack of electricity facility was their main complaint and more than half of the respondents (52 per cent) had stated getting electricity connection as their most urgent need.

Ownership and Access to Mass Media: As seen in the previous chapter, accessibility of the slum dwellers to TV was almost non-existance. Of the total 118 households interviewed only one had reported that some time they were able to watch TV at her employer's house. Access to radio, was also very low. Only a small segment of population (24 per cent) possessed radio and few others could avail this facility from elsewhere. Altogether only 35 families (29 per cent) had access to radio, Those who had access to radio, majority of

them (26 out of 35) were listening it regularly. Thus because of their lack of access to mass media they were not able to receive important messages regarding MCH & F.P. being telecasted.

Type of Fuel and stove used: All the 118 households surveyed were using ordinary earthen chulha for the purpose of cooking and were spending about 3 hours per day on cooking. Firewood (98 per cent) and cow-dung (30 per cent) were the main cooking fuels. One out of every three families (37 out of 118) depended fully or partially on collected firewood (Table 3.10). The collection of firewood was mainly done by adult females. In about one-fourth of the families (26 per cent) adult females were mainly responsible for firewood collection and on an average were spending about 1 hour and 33 mins daily. Some of the firewood collection was also done by small children (5 per cent).

Table 3.10 : Management of Cooking Fuel

Cooking Fuel	Percent using	Percent depend on collection	Who collects			Average time taken for collection
			Adult female	Male child	Female child	
Firewood	98.0	31.0	24.6	1.7	3.4	92.3 mins.
Coal	-	-	-	-	-	-
Cowdung	29.7	5.0	5.0	5.0	-	30 minutes
Kerosene Oil	3,4	-	-	-	-	-

Average monthly expenditure on firewood Rs. 34.5
SD = 25.1
Kerosene x = Rs. 11.25
$\pm$ = Rs. 6.5

Similarly, out of the 30 per cent of the families who were using cow dung, 20 per cent of them (i.e. 5 per cent of the total families) were depending on collection. This activity was again exclusively done by the adult females. The average time spent on its collection was about half an our every day.

Kerosene oil was purchased mainly on ration card and the monthly expenditure on it was calculated to be Rs. 11.25 $\pm$ 6.5 per household . The average monthly expenditure on firewood per household was estimated to be Rs. 34.5 $\pm$ 25.1 which is almost 9 per cent of the total family income.

Level of accessibility to and utilisation of Basic Services by Women and children: Of the total 118 families interviewed, 49 families (42 per cent) had atleast one child in the age group 3.5 years (Table 3.11). Of these families 35 per cent (17 families) were sending their children to the balwadi. Out of the 20 children going to Balwadi, 10 were boys and 10 girls. Further analysis shows that only 45 per cent girls and 40 per cent of the boys aged 3-5 years were going to the Balwadi.

A probing for the reasons with the families who were not sending their children to Balwadi revealed that in most of the cases (94 per cent) children did not like to go there

Table 3.11 : Accessibility to and utilisation of educational facilities

Percentage of households from where children (3-5 years) attending balwadi		
No children (3-5 years) in the family	58.5	
Yes	14.4	
Boys		7.6
Girls		6.8
No	27.1	

Vocational Training: In two of the slums selected for household survey, there were two public training centre for imparting vocational training to the slum dwellers. However, it was observed that generally these training facilities were not optimally utilised. Out of the 118 households only from 5 families one male and four females had attended training in stitching. Duration of training varied between one week to four weeks. Most of this training was obtained 3-5 years before the date of survey and it was reported that all those who had been trained were using the skill for earning.

Some of the reasons for not attending the training courses were reported to be unsuitable time for training and in few cases, opposition from husband/family members.

In the remaining slums covered for household survey as no such training facility was available, its non-availability was signed as the main reason for not undertaking the vocational training.

CHAPTER IV

UTILISATION OF HEALTH AND MCH SERVICES

During the household survey, detailed probing was made on their health seeking behaviour and utilisation of various health services. Questions were also asked on use of family planning. Attempt was also made to assess the extent the slums and its population were covered by various health functionaries. The present chapter highlights salient findings of this enquiry.

Provision of Antenatal and Natal Services: Out of the 122 couples, who were covered in the sample survey, 37 (30 per cent) had given birth during two years period prior to the survey. 9 women (7.4 per cent) were currently pregnant. A probing on the antenatal care services received during the pregnancy showed quite encouraging result. As can be seen from the Table 4.1, 90 per cent (33 out of 37) of the women were examined by one or the other trained personnel. About half of them (49 per cent) were protected against tetanus. Similarly 70 per cent had received full course of iron and folic tablets whereas 92 per cent of the deliveries were assisted by trained personnel.

Table 4.1 : Provision of antenatal and natal services to women who delivered child during last two years.

Percentage of women examined by trained personnel during pregnancy	89.2
Received Tetanus Toxide :	
None	35.2
One dose	16.2
Two doses	48.6
Percentage received iron folic acid tablets	70.3
Deliveries assisted by trained personnel	91.9
Place of Delivery	
Govt. institutional delivery	70.3
Private Institutional delivery	21.6
Own home	8.1
Total N	37

It is also encouraging to note that most of the deliveries (about 92 per cent) were conducted in institutions, mainly government hospitals (70 per cent). This shows that provision of MCH services by the public institutions in the Kumbakonam, as a whole, is quite good and even the people living in the slums were ... ling its services. A similar enquiry, with the 9 current ... gnant women also revealed that they had already received one or both doses of tetanus toxoid and were attending the MCH clinics regularly.

A few (8 out of 37) who had preferred private clinics over public, largely used it because of its easy accessibility and nearness to their home, and not because of any adverse feeling about the public services.

Knowledge and coverage of children under immunisation programme: Each of the respondents was asked to list the various infectious diseases against which the child could be protected by vaccination. Their answers are analysed and presented in Table 4.2. It is quite discouraging to note that more than half of the respondents did not know the diseases against which the child could be protected by vaccination. For example, only about half of the respondents were aware of polio and around one-third had knowledge about diptheria and whooping cough. Less than one-fourth knew that children could be protected from tetanus or tuberculosis by immunising them against the disease. Even those who knew, majority of them had no idea about the correct age and doses of immunisation or the interval required between two doses. Among all the disease, polio was relatively more known, as 48 per cent of the women knew about polio vaccine, 18 per cent knew about the correct age when polio drops should be administered and 25 per cent had correct knowledge about the number of doses and interval required for giving polio drops. In the rest cases the level of knowledge about the disease as well as its protection was very low.

A further analysis showed that the knowledge was very poor or practically non-existance among older ones. This is, perhaps, largely because their children had already been grown up and hence they had never been approached by any extension worker. To some extent, this is collaborated by the fact that the coverage of children under immunisation was relatively better than knowledge just discussed above.

The coverage could be slightly better also because majority of the deliveries are currently being conducted in institutions.

Table 4.2 : Extent of knowledge about immunisation against various diseases

Percentage of households having knowledge about	
Disease	
Polio	48.3
Diptheria	29.7
Woophing cough	33.9
Tetanus	19.5
Tuberculosis	24.6
Measles	44.1
Correct Age for Immunisation	
Polio	17.8
DPT	4.5
BCG	1.7
Antimeasles	2.5
Correct Number of Doses	
Polio	25.4
DPT	3.6
BCG	8.5
Antimeasles	8.5
Correct Interval	
Polio	16.1
DPT	3.4

Table 4.3 presents the coverage of children aged 0-6 under immunisation. As the table shows, in 47 per of the families no child aged 0-6 years was available and hence no enquiry was made about immunisation. About 46 per cent of the households had atleast one child aged 0-6 years and were protected against one or more diseases. About 7 per cent of the households though had eligible children (0-6 years) were not covered under the immunisation programme.

Further analysis also shows that out of 102 eligible children 79 per cent of the children were protected against one or the other disease. BCG, OPV, DPT and/or measles were given to about 50 percent of the eligible children. However, it may me mentioned that some children may not have been totally protected against all the six killer diseases.

Table 4.3 : Level of utilisation of immunisation services and source of services availed

Percentage of household having	
No child aged 0-6 years	47.5
Atleast 1 child immunised against one or more disease	45.8
Having no immunised child	6.7
Proportion of children (0-6 years)	
Immunised	79.4
Total N	102
Proportion of children immunised against	
Male : BCG	54.9
OPV	52.9
DPT	51.0
Booster (OPV+DPT) I	50.0
Booster (DT) II	23.1
Measles	50.0
Females	
BCG	51.0
OPV	51.0
DPT	51.0
Booster (OPV+DPT) I	50.0
Booster (DT) II	33.3
Measles	47.3

Families where none of the children aged 0-6 years were protected against any disease were asked for the reasons. Out of 8 such families, 5 were not aware of the vaccines. The remaining 3 said that the source from where they could get immunisation was located at far-away place.

HEALTH SERVICES

Incidence of sickness in Kumbakonam slums was found to be very high. Of the total population covered, one out of every 6 person (15 per cent) had fallen sick during a period of one month prior to the survey. About 69 per cent of the families had reported atleast one sickness. In 10 per cent of the families more than one person had fallen sick. Incidence of sickness seems to be much higher among females than males as out of the total sickness reported, 63 per cent were females and 37 per cent were males.

The most frequently reported disease was fever either due to malaria or other viral disease. Out of the 93 reported sickness, about 53 per cent had reported fever. In 23 per cent of cases cold and cough was reported where as about 13 per cent had suffered from diarrhoea.

Table 4.4 : Incidence of sickness and utilisation of health services (Last one month)

Proportion of household with sick persons during one month	
None	31.4
Atleast one	68.6
One	58.5
More than one	10.1
Percentage of total persons fallen sick during one month	15.0
Age of sick persons (years)	
0-6	20.5
7-14	13.0
15-39	37.6
40+	28.9
Sex of sick person	
Male	36.6
Female	63.4
Disease	
Cold/cough	22.6
Fever/Malaria	52.6
Diarrhoea	12.9
Others	11.9
Source of treatment	
Home treatment	4.3
Government hospital/UFW centre	49.4
Private Clinic/Practitioner	45.2
Others	1.1
System of Medicine	
Allopathy	89.2
Ayurvedic	8.[illegible]
Other system (Homeopath)	1.1
Home medicine	1.1
Total N	93

The frequent reporting of malaria and diarrhoea could be explained by the unhygenic sanitation environmental condition of the slums and lack of protective measures that should have been taken by Malaria worker and Sanitary Inspector of the area.

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About half (49 per cent) of the people who had fallen sick sought medical assistance from public institutions like government hospital, UFW centres or ESIS hospital. Almost equal proportion (45 per cent) did not consult any doctor and depended on home treatment.

Among various systems of medicine, most of them (89 per cent) followed Allopathy. The remaining (9 per cent) preferred Ayurvedic treatment.

An analysis of the number of working days lost due to sickness revealed that a little less than one third (29 per cent) of them did not stop working while they were sick. About half (51 per cent) of them had lost 1-6 days of work while the remaining 21 per cent could not attain their regular work for about a week to a fortnight.

Expenditure: An analysis of the expenditure incurred during sickness shows that on an average for each episode of sickness, about Rs. 61/- was spent (Table 4.5). Average expenditure per sick person was estimated to be Rs. 62 while the corresponding figure per household reporting sickness (81 out of 118 households) turned out to be Rs. 71. If we take all households in denominator, irrespective of whether or not sickness was reported during last one month, the average medical expenditure per household turned out to be about Rs. 49/- for the one month period prior to the date of survey. Considering the fact that average monthly income of families was only about Rs. 378/- an expenditure of this nature (about 13 per cent of total family income) on medical care in a month could be easily a heavy financial burden leading to indebtedness. As we will see in the next chapter, among 41 per cent of the families who had taken loan, majority (79 per cent) had taken it for medical purposes. Most of these loans (90 per cent) were taken from local money lenders at a very high rate of interest ranging between 25 to 40 per cent.

Table 4.5 : Loss of Man Days and Cost for Treatment

No. of days taken Rest	
Did not take rest	29.0
One week	50.5
1-2 weeks	7.5
More than 2 weeks	13.0
Average amount of money spent per sickness (Rs.)	
Doctor's fees	19.3
Medicine	19.1
Transport	10.8
Special foods	11.5
Total N	93
Average total amount of money spent per Sickness (Rs.)	60.7 (95)
Per person	62.0 (93)
Per household reporting sickness	71.2 (81)
Average medical expenditure per HH	48.87(118)

Figures in parenthesis indicates N

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A break down of the total expenditure per sickness revealed that about Rs. 19 each spent on doctors fee and cost of medicine while around Rs. 11 each was spent on transportation and special food for the sick person.

Extensive work for health and preventive services:

An attempt was made to assess how far the family living in the slums, were covered by government's health and family welfare functionaries. The analysis, shows that two slums Nachiar koil and A.R. Ramaswamy colony were not visited by any health worker during the last 6 months. In the remaining eight slums at least one or the other worker had visited the slum. However, 70 out of 118 (59 per cent) respondents reported that no health worker had visited them during the last six months (Table 4.6).

Table 4.6 : Visit of health worker

Percentage of respondents reporting visits by health staff	
Visited R's family	35.6
Visited R's locality	5.1
No visit reported or answered don't know	59.3
ANM	8.5
Anganwadi worker	3.4
Malaria worker	28.8
Leprosy worker	14.4
Sanitary worker	13.6
Social worker of VOs	9.3
Others (Doctors)	1.7

Among all the workers, malaria and sanitary workers were paying relatively more frequent visits to the locality or to the individual houses in Kumbakonam slums. About 29 per cent of the households surveyed had been visited by malaria worker whereas about 14 per cent each by Leprosy and Sanitory workers. Less than 10 per cent of the households covered under the study reported visit of ANM, or any social worker from the voluntary organisation.

Thus the study shows that slum dwellers were by and large neglected by health and extension workers.

Family Planning Practice: A little less than one third (29 per cent) of the couples interviewed were practising family planning (Table 4.7). 9 women were currently pregnant. Only sterilization that too mainly tubectomy was used for family planning. Out of the 34 couples practising family planning, only 4 (11.7 per cent) were using spacing methods and even among them only one was using a modern spacing method (IUD). This shows that in the Kumbakonam slums hardly any couple adopt family planning for spacing purpose.

Table 4.7 : Level of contraception and reasons for not using FP method

Percentage using a family planning method	28.8
FP methods used	
Vasectomy	5.1
Tubectomy	20.4
IUD/Cu-T	0.8
Abstinence	2.5
Total N	118
Reasons for not using FP methods*	
Currently pregnant	10.7
Want more children/son/daughter	23.9
Do not want to use FP method	10.7
Fear of complication	19.1
Opposition from husband	2.4
Others including secondary sterility	32.0
Total N	84

* Answer add to more than 100 because of multiple reply

Among the couples who were not using any F P method, about 11 per cent were currently pregnant. Another about 24 per cent were desirious of additional children whereas 11 per cent reported that they were not interested in adopting family planning. About 19 per cent were not practicing family planning because of the fear of complications or after effect of the available methods. Remaining 32 per cent gave other reasons including secondary sterility as the cause for not using family planning.

Membership and utilisation of different agencies - Fair price shops: About 84 per cent of the households covered in the survey had ration card. Most of them (95 per cent) had not faced any difficult in getting it (Table 4.8). However, in 5 per cent of the cases supply officer or the dealing clerk had to be approached and requested for getting the cards.

The fair price shops were generally located within one kms from their residence. Responsibility of collecting the ration from the fair price was mainly (89 per cent) of those of females-in 82 per cent of the cases it was adult women while in 7 per cent of the cases female children were responsible for this work. In the remaining 11 per cent households ration was collected by male family members.

On an average, the time spent in collecting ration was estimated to be 2 hours and ten minutes. This includes the travelling time as well as waiting time at the fair price shop. About one-fourth (25-30 per cent), the households interviewed were not satisfied with the adequacy of the grain /food commodities supplied.

70 to 80 per cent of the households, who had ration card, were getting regular supply of rice, sugar, edible oil and kerosene. Supply of wheat was somewhat irregular whereas pulses and gram were not supplied by the fair price shop to about 94 per cent of the households. The supply of food commodities was quite regular as only about 5 per cent of the families complained about irregular supply of wheat, sugar, edible oil and kerosene whereas in case of rice a slightly higher proportion (8 per cent) complained about its irregularity.

Those who had the ration card, were regularly using it for procuring rice and kerosene oil supplied by the fair price shop. However, because of the food-habit and being mainly rice eaters, about one-fifth (21 per cent) of the families having ration card were not using it for purchasing wheat. A small proportion, 8-13 per cent were also not using the cards for collecting supplies of edible oil and sugar respectively.

Table 4.8 : Accessibility to and usership of fair price shop

Proportion of households having ration card	83.9
Total N	118
<u>Who helped in getting ration card</u>	
Self/Husband/No one helped	94.9
Supply officer/Clerck	5.1
Total N	99
<u>Who collects</u>	
Wife or other female members	81.8
Husband or other male members	7.1
Male children	4.0
Female children	7.1
Average distance of Fair Price Shops from house (in metre)	684
Average time spent in collecting ration (in hrs)	2.10
Total N	99

Most of the days the ration shops are closed and it function only for 3 to 4 days in a month. Thus during those period Que has to be formed taking so much time.

CHAPTER - V

EMPLOYMENT STATUS, JOB OPPORTUNITIES & BANK LOAN FACILITIES AVAILED BY SLUM DWELLERS

During the household survey, a series of questions were asked to each female respondent about her employment status. In case they were not participating in any income generating activity, enquiries were made whether they would be interested in undertaking jobs and if yes what kind of job they would prefer. In case, some of them were not interested in undertaking any income generating activity, probing was made to investigate the reasons behind such attitude. Information was also collected on their membership with financial institutions, availing loan facilities from Bank, indebtness, if any etc. The responses have been analysed and presented in this chapter.

Current Employment Status and Interest in Participating in Paid Labour Force: Out of the total 118 females interviewed about 7 per cent were currently employed in income generating activities. About 85 per cent were currently not working but expressed their desire to take employment if given an opportunity. The remaining about 8 per cent were not interested in taking any job.

Those who were interested in taking job, 10 per cent were only interested if the work was given at home and they did not have to go outside for work (Table 5.1). Another 69 per cent were ready to work outside home but because of various social reasons wanted to confine their activities only within the locality or the slums. The remaining 21 per cent were unconditionally ready to take the job opportunity irrespective of within or outside their own localities.

Further probing on nature of preferred job showed that majority of them (57 per cent) were ready to take any job. While about 20 per cent were interested in embroidery, knitting work, match-box making, handicraft work. Another 20 per cent expressed desire for office job such as peon, class IV employee etc. Few (5 per cent) expressed interest in tailoring

The women were further questioned as to why did they prefer this particular job. Their response show that 70 per cent had opted for the specific job because it did not required any skill and hence they could take it without any problem. Another about 11 per cent preferred a particular job because they had the skill for doing those jobs and they felt more confident in taking it. In other 15 per cent of cases they preferred the job only because of their liking.

Table 5.1 : Working status, interest in taking up job and type of Job abd Place of Work Preferred

Currently employed	6.8
Not employed but ready to work	84.7
Not interested in taking job	8.5
Total N	118
Preferred Place of Work	
Home	10.0
Within locality/slum	69.0
Anywhere including outside slum	21.0
Nature of work preferred*	
Any type of job	57.0
Tailoring	5.0
Embroidery, knitting work, match box making, handicraft	20.0
Teaching	2.0
Office job eg. peon/class IV	20.0
Others	3.0
Expected wage per day (Rs.)	
5 or less	10.0
6-10	66.0
11-20	20.0
21+	4.0
Average expected wage/day	9.70
Total N	100

* Percentage exceeds 100, because of multiple answers.

An enquiry on expected salary or wage showed that two-third of them were ready to work at the rate of Rs. 10/- or less per day. Remaining 24 per cent were expecting a daily remuneration of Rs. 11 and more. Overall, the average expected wage was about Rs. 10/- per day.

Thus the analysis shows that majority of the women were unemployed but were keen to take job if opportunity are provided. However, their job market was getting restricted mainly because of the conditions in which they wanted to undertake the work, for example, only 21 per cent of them were ready to work outside their localities or slum area where obviously enough jobs could not be generated.

For planning point of view it is crucial that one should look into these constraints seriously while planning schemes for providing job opportunities for such women.

<u>Reason for not wanting any job:</u> The 10 women who were not interested in taking any job were asked to explain the reasons for saying so. Out of the ten, 3 mentioned that their husband did not permit for taking the job. Another 3 did not have time from their household responsibilities whereas 2 women had young children and there was nobody in the family to look after them. The remaining 2 felt that there was no' need to take job and were comfortable with their household activities.

<u>Membership of Financial Institutions</u>: It is a general observation that because of poverty, ignorance and also often due to lack of opportunities, women do not become member of any financial institutions such as bank, post office, cooperatives etc. Because of the same reasons often they are not able to avail the loan facilities which are available from these institutions, to initiate income generating activities. While this is true for most of the poor, irrespective of sex, it is more often with women. Perhaps having enough saving in banks or post office is not as important as having an account itself, because it indicates a departure from traditional attitude of keeping savings (even if it is a very small amount of money), at home. It is an indicator of changing attitude and getting exposed to modern financial institutions. Keeping these points in mind a number of questions were asked to each female respondent about their accounts or membership with various financial institutions like banks, post office or cooperatives. Their answers are presented in Table 5.2. As the table shows while 15 per cent of the families had bank account, only about 7 per cent female had account in their names, either independently or jointly. Similarly while 4 families had saving accounts in post office only 1 woman had account in her name, that too jointly.

Table 5.2 : Membership of Financial Institutions

Bank	
Percentage of families having account in Bank	15.3
Percentage of women having account in Bank (either independently or jointly)	6.8
Post Office	
Percentage of families having saving account in post office	3.4
Percentage of women having account in post office (either independent or jointly)	0.8
Cooperative	
Percentage of families having membership of any cooperative	0.8
Percentage of females having membership in any cooperative	-
Total N	118

Awareness and Utilisation of Loan Facilities: As expected, very few (16 per cent) women knew that loan could be obtained from bank for starting business (Table 5.3). A still smaller proportion (8.5 per cent) had ever applied for the loan, whereas only 6 per cent had actually received the loan. Thus the table clearly indicates that unawareness was perhaps the major bottleneck in availing the loan facilities from the bank. This could be collaborated from the fact that out of the 19 female who knew about the loan facility, 10 (53 per cent) had tried to avail it and 7 (37 per cent) had actually succeeded in obtaining the loan. This indicates that serious efforts should be made by the banks as well as, other social and voluntary organisations to educate and inform about the loan facilities and other various opportunities to the women living in the slum and other poor localities.

Table 5.3 : Awareness of Loan Facility from Bank and its Utilisation

Percentage of R who know that loan could be obtained for business	16.1
Percentage of HHs ever applied for loan	8.5
Percentage of HHs actually received loan	5.9
Total N	118
Reasons for not availing loan facilities	
Unaware of the facilities	91.7
Difficult procedures/nobody listen to us	7.4
Difficult to repay	0.9
Total N	108

Indebtness: It was of interest to see that in absence of knowledge about the loan facilities from the bank where do the poor families go for taking loans or which source is tapped for this purpose. A probing shows that out of 118 families 48 (41 per cent) had taken loan from private sources. Most of them (90 per cent) borrowed it from local money lenders whereas 10 per cent sought help from their relatives or friends. It was reported that the slum dwellers were paying very high rate of interest on the money borrowed from the local money lenders. The interest rate varied between 21 per cent to as high as 50 per cent. A further analysis showed that among those who had borrowed the loan 38 per cent were paying 30 per cent interest. Another 56 per cent were paying interest at the rate of 21-30 per cent.

It is quite disturbing to note that in majority (79 per cent) of the cases, the loan was taken for medical purposes. A small proportion, ranging between 4 to 10 per cent had taken loan for other purposes such as children's education (10 per cent), house repair (6 per cent) and other domestic works (4 per cent).

It may be noted by all those who are responsible for the slum developments, that the unhygienic condition of the slums and lack of health workers interest in covering these low income group people are causing not only serious health problems for the slum dwellers

but also leading their families to serious financial crisis and indeptness.

Table 5.4 : Loan taken from Private Sources and Purpose of Loan

Percentage of household taken loan from private body/person	40.7
Total N	118
Source*	
Relatives/Friends	10.5
Money lenders	89.5
Purpose*	
[illegible]estic work	4.2
Medical	79.2
House repair	6.3
Education of children	10.3
Total N*	48

* Asked to only those who had taken loan from private sources.

CHAPTER - VI

SUMMARY AND CONCLUSION

The present report gives an overview of the availability and utilisation of various basic services by the slum dwellers of Kumbakonam. Altogether there are 30 slums in the Kumbakonam town and all of them were covered under the present study.

Different approaches were used to collect the required information. First, all the 30 slums were visited by the executives and through informal discussions with a number of slum dwellers and their opinion leaders, information about the community, its infrastructural facilities etc. was obtained. Certain amount of observation was also made to note down the sanitation and environmental condition of the slums and living areas available to the people. At the second stage, 10 slums were selected for detailed study and sample survey of households was carried out. Altogether, 118 females selected from the 10 slums were interviewed using a structured questionnaire.

Apart from the community and the household survey, a few focus group discussions were also organised to generate soft data to understand the pressing needs of the slum dwellers, particularly those of women and girl child.

An analysis of their socio-economic and demographic profile reveals that most of the slum-dwellers were extremely poor and practically all families were living below poverty line. The average family income was reported to be Rs. 378, giving a monthly per capita income of Rs. 72 only.

Though illiteracy was not very high, it was more among females (37 per cent) than among males (21 per cent). Generally the educational facilities in the slums were quite poor as none of the slum had any creche or adult education centre. Educational facilities for girls, beyond sixth class, were also non-existent in all the slums. As a result, most of the children and girls were going outside the colony to pursue their education. However, it was encouraging to note that 62 per cent of the children aged 6-14 years were attending school. Proportion of girls going to school was however almost half (46 per cent) of those of boys (79 per cent).

An enquiry on the availability of the basic amenities like housing, drinking water, toilet facilities, drainage system, electricity etc.

showed that on all these accounts, the slums of Kumbakonam were very poor. Generally the condition of the houses and the material used for its construction was very poor. In majority of the cases the wall and the floor were made of mud, whereas the roof were largely thatched. Almost half of them were living in one room hous ncluding kitchen. The average living space available to them w t more than 206 sq.ft. per family or about 39 sq. ft. per person.

While potable water was available p ctically in all the slums inadequacy of water supply was a major constraint. The women and the girls who were mainly responsible for fetching the water had to wait in long ques for their turns and on an average they were spending about two hours and 35 minutes per day in fetching water. In none of the slums male were found fetching water for the family.

In most of the slums, neither private nor public toilet facilities were available and as a result 90 per cent and more of the slum dwellers had to go outside home in the nearby open space for defeacation. During inverview out of 118 families 33 (28 per cent) had expressed construction of toilet facility in the slum as their most pressing need. In the six slums, where public toilet facility was available, maintenance was extremely poor and could be a discouragement to anybody from its use. None of these toilet were provided with water facility. Out of the 30 slums in the Kumbakonam only one slum had drainage system. The above observation shows that the overall environmental and sanitation condition of the slums in Kumbakonam was extremely poor and as we saw subsequently causing major health problem for the slum dwellers.

For lighting the slum dwellers were mainly depending on inexpensive sources like dia, dibery, etc. Only a minority (20 per cent or less) of the houses were electrified. The number of electric poles provided in these localities was also totally inadequate. As a result, the localities in nights were dark and difficult to move. This is one of the reason that during the household survey when the respondents were asked to list their most pressing needs, almost 52 per cent demanded better electric facilities both in the form of public lighting as well as individual connections.

Practically all families were using earthern chullah. Fire wood (98 per cent) and cowdung (30 per cent) were used for cooking purposes. 31 per cent of the families in case of firewood and 5 per cent in case of cowdung were depending on free gathering. On an average, they were spending about one and half hours daily on collection of fuel which was exclusively done by females.

As already indicated the extremely bad hygienic and sanitation conditions of the slum were causing major health problems in the localities. Malaria, viral infections, gastro-intestinal disorders, tuberculosis, malnutrition and skin diseases were some of the more common disease reported during the household survey as well as community interviews. Sample survey of 118 households showed high prevalence of sickness and could be judged by the fact that in only 31 per cent of the households nobody had fallen sick during one month period prior to the date of survey. In the remaining 69 per cent of the households, in atleast 10 per cent of the households more than one person had fallen sick. Malaria was cause of sickness in more than half of the cases. More females than males had fallen sick and the ratio of female versus male sickness was 1:72 indicating that the sickness was about 75 per cent higher among the females than the males. Half of the slum dwellers depends on public health services while the rest sought assistance from private health clinics.

An analysis of the expenditure on health care showed that high prevalence of morbidity was a constant drainage on the family's economy. According to the study for each episode of sickness, on average Rs. 61/- was spent. The average monthly expenditure on medical care per household was estimated to be around Rs. 49/- which was almost about 13 per cent of the total household monthly income. The study further shows that medical expenditure was the single most important factor leading the slum dwellers to indebtedness and this could be judged by the fact that almost 80 per cent of the slum-dwellers who had taken loan had borrowed it for the purpose of medical treatment. Generally these loans were taken from private money lenders at extravagently high rate of interest ranging anywhere between 20-50 per cent. It is high time that all those who are responsible for upgradation of slums, take a note of it and improvement of the environmental and sanitation should be given the top priority. As the study shows, presently most of these slums are neglected by the government health and extension workers and could be judged by the fact that only from one-third of the slums visit of a sanitory inspector, and one-tenth of slums visit of ANM was reported during the period of six months prior to the survey. However, visit of Malaria workers and those responsible for immunisation was relatively better as atleast one visit of them was reported during the same period.

In case of MCH care the situation was relatively better as from 57 per cent of the slums, immunisation camps were reported from 40 per cent of the slums, evidences of distribution of vitamin tablets among the pregnant mothers were also available. The household survey also corroborate that the MCH cares to the pregnant mother were more organised and the slum dwellers were availing the services. It was encouraging to note that 89 per cent of the woman who had given birth during the two years period prior to the survey were examined by trained personnels in their antenatal period. Similarly about 49 per cent were fully protected

against tetanus and 70 per cent had received iron folic acid tablets. About 92 per cent of the deliveries were conducted in the institutions - mostly (70 per cent) in government institutions. Understandably, all these deliveries were assisted by trained personnel.

In case of knowledge about immunisation against the six killer diseases of children the findings was not very encouraging. More than half of the women were not aware of the vaccines and even those who were aware of hardly had correct knowledge about the number of doses required and interval between the two doses. An analysis of the coverage of children under immunisation reveals that 50 per cent of the children aged 0-6 years had received atleast one of the vaccine. No sex difference was observed in vaccination of children.

An analysis of the fertility and family planning behaviour shows that the girls were getting married at an early age (mean age at effective marriage 16.8 years). Generally the women had large family size and it can be judged from the fact that about 45 per cent of the women had four or higher order of live births and about 36 per cent had four or more living children. The mean of ever born children was estimated to be 3.6. Generally each of the mother had lost on an average one child due to various reasons.

Family planning was used by only about 29 per cent of the couples and most of them had accepted tubectomy. Spacing methods were practically not used. Desire for additional children, disliking of existing family planning methods or fear of complications were the main reasons for not accepting family planning.

An analysis of women's participation in paid labour force showed that about 23 per cent of the women aged 14 and above were engaged in income generating activities. Generally the women were employed in lesser paid jobs (average earning Rs. 164/- per month) than the males (average earning Rs. 261/- per month).

In 15 per cent of the households, the women were contributing around one-third of the total family income whereas another 9 per cent were the sole earner for the family and were bearing 100 per cent of the total household expenditure. Among those who were not participating in income generating activities, almost about 85 per cent were keen to take job, if given an opportunity. However, because of various social constraints, like unwilling to go beybnd their own localities or slum for work, job market was very limited for them. Because of poverty, job was pointed out as their most urgent need by almost half of the females. About 57 per cent were ready to take any job and two-third of

them were ready to work on a daily wage of Rs. 6-10.

The study also showed that the women did not have any access to financial institutions. Out of the 118 women interviewed only 8 of them had their accounts in bank and another 4 in post office either jointly or independently. Most of them did not have knowledge about the loan facilities available from the bank to start business. It was also observed that a few who had knowledge, had tried to avail these facilities, for example, out of the 19 women who were aware, 10 had applied for the loan and 7 had actually received it. This points to the need of launching extensive educational and awareness campaign to inform and educate slum dwellers about various loan facilities and other opportunities which are being made available under various government schemes for the people falling below poverty line and the women in particular.

APPENDIX-I

LIST OF VOLUNTARY ORGANISATIONS IN KUMBAKONAM

1. Rotary Club of Kumbakona Mid Town
   President " Rtn. Sukumaran.P.
   98, T S R Big Street, Kumbakonam

   Phone 225546, 2228

2. Rotary Club of Kumbakonam
   4, Rengarayar Agraharam
   Kumbakonam

   Phone : 21437

   President : Rtn. G. Arumugasamy

3. Rotary Club of Kumbakona Temple Wing
   Arul & Co.
   Sarangapani Sannathi
   Kumbakonam

   Phone -
   President : Rtn. G. Gurunathan

4. Lions Club of Kumbakonam
   Umayal Trading Corporation
   Babunayakam Street
   Kumbakonam

   President : A. Muthu Veerappan

5. Inner Wheel Club of Kumbakonam
   C/o. Muthuram Clinical Lab.
   Ayarkulam Road, Kumbakonam

   President: Mrs. Sivakama Sundari

6. Eves Club
   Raman & Raman
   Srinagar Colony, II Cross
   Kumbakonam

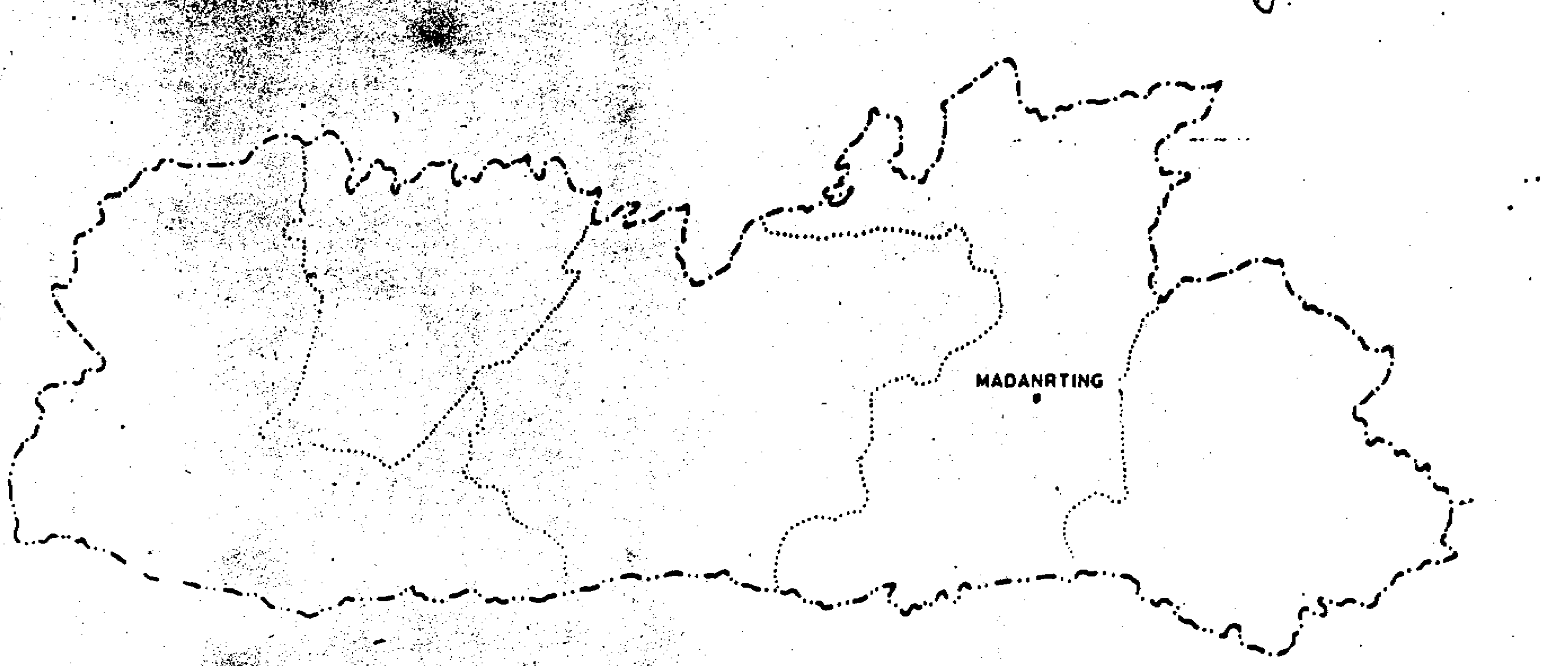
   President: Mrs. Lalitha Sethuraman

7. Leo Club
   5, Chakkarapani Sannathi Street
   Kumbakonam

   President : Leo L. Girish

MADANRTING

4



A. K. TAMANG

CONTENTS

		Page
CHAPTER - I	Utilisation of Basic Services	1
	Social Aspects of Population	1
	The Study Area : Madanrting	1
CHAPTER - II	Availability of Basic Amenities	4
	Drinking Water Facilities	4
	Electricity	4
	Housing	4
	Toilet Facilities	5
	Drainage System	5
	Mass Media and Community Centre	5
	Educational Facilities	5
	Vocational Training Centre	5
	Health Facilities	8
	Morbidity Pattern	9
	Health Care	9
	Ration Cards	9
	Employment Opportunities	11
	Child Labour	11
	Banking and Loan Facilities	11
CHAPTER - III	Availability and Accessibility to Urban Basic Amenities	14
	Origin and Migration Status	14
	Religion and Caste	15
	Marital Status	15
	Literacy and Level of Education	15

Page No.

	Childreb attending school	21
	Work Status of Family	21
	Family Income	21
	Basic Amenities	22
	Toilet Facility	22
	Housing	25
	Type of Cooking Stove Used	25
	Time Spent for Cooking	25
	Exposure to Mass Media	28
	Acess ti and Utilisation of Balwadis	28
	Vocational Training	28
CHAPTER-IV	Availability and Utilisation of MCH and other Health Services	31
	Pre and Post Natal Care	31
	Place of Delivery	31
	Currently Pregnant Women	31
	Respondents' Awareness about Immunisation	31
	Immunisation of Target Children	34
	Incidence of Sickness and Health Services Utilisation	34
	Source of Treatment	37
	Health Worker's Visit	37
	Usership of F.P. Method	37
	Ration Card Holders & Civil Supply	37
CHAPTER-V	Participation in Labour Force and Job Opportunities for Women & Girls	43
	Employment and Nature of Work Preferred	43
	Membership and Utilisation of Bank Services	43
CHAPTER-VI	Summary and Conclusions	51

CHAPTER - I

UTILISATION OF BASIC SERVICES IN SELECTED SLUMS

BACKGROUND

Shillong in which the study area Madanrting lies, is the Capital city of Meghalaya state. Physiographically, Shillong has an undulating terrain and it experiences very high rainfall. The Shillong Peak (6965 meters), the highest peak of the state and the Cherrapunjee-Mawsynram belt, the highest rainfall spot in the world, are situated about 20 km and 70 kms respectively from Shillong. The city harbours a total population of over 1.09 lakhs (1981 census). But if the population of Shillong urban agglomeration is to be included, thenthe population figures 1.76 lakhs. During 1961-71 decade the population of Shillong agglomeration was 1.22 lakhs which showed an increase of 43.43 per cent during 1971-81 decade. Shillong has weak industrial base and its economic infrastructural development has been slow owing to the physiographical constraints. However, culturally, it is well renowned. Besides handicraft and tourism, small scale industries based on timber, horticulture, limestone etc. are being promoted by the State's Industrial Development Corporation in Shillong and its perefe-rral areas. Prior to the creation of the State of Meghalaya (1970) from Greater Assam, Shillong was the Assam State's Capital. Today, Shillong continues to be the administrative headquarters of the North Eastern Council - a regional body that is responsible for the socio-economic development of the entire north-eastern states.

Social Aspects of Population

Meghalaya is exclusively a tribal state. Over 86 per cent of the state population are scheduled tribes. Shillong being the district headquarters of East Khasi Hills District, the dominant inhabitants of Shillong are the Khasis - the largest amongst the three ethnic groups viz. Khasi, Garo and Jaintia. All the three tribes share a common inheritance. Descent is reckoned in the female line and the children belong to the clan of the mothers. Inherited property passes on, with minor exceptions to the youngest daughter of the family. The women have right to choose their own life partners and remarry after widowhood.

The Study Area : Madanrting

Madanrting lies in the outskirts of Shillong Muncipal limits along Shillong-Jowai national highway. It is about 5 km uphill from Police Bazar - the 'economic hub' of Shillong. Geographically, Madanrting

is the part of Shillong urban agglomeration.

The 1981 census upgraded the status of Madanrting to a class V town from the rural component of Standard Urban Area of Shillong in 1971. As such, Madanrting forms the continuous urban spread of Shillong city. The rise of population of Madanrting from a mere 3013 during 1971 to 6160 during 1981 shows a growth of 104.45 per cent. Expansion of Shillong city and over conjestion of Shillong and growth of new settlers in the area are the possible reasons for the increase of Madanrting population. During 1971-81 decades many new settlement areas/localities have mushroomed in Madanrting.

Inspite of having the status of a town, the larger part of Madanrting has rural landscape. The inhabitants who are mostly Khasis and embrace Christanity, has an elected "Gaonburrah" meaning village Headman. The Goanburrah settles pity disputes, looks after the welfare of the community and acts as their spokesman. Infact, the entire area of Madanrting is divided into 9 localities or hamlets and each of these localities have their own Gaonburrah. Normally a Goanburrah is nominated by the adult community for life and after his death the community elect his son to hold the chair. It is interesting to note that all the 9 Gaonburrahs including the Gaonburrah of Madanrting are youths (between 25-35 years of age).

As stated earlier, Madanrting is beyond the Shillong Muncipality limits Hence the Shillong Corporation do not extend any civic facilities to Madanrting. Administratively, however, Madanrting falls under community Development Block of Mylliem which is located about 8 km from Madanrting on Shillong - Cherrapunjee Road.

The nine localities under Madanrting are (i) Assam Rifles Bazar, (ii) Mizo colony, (iii) Lumpyllon, (iv) Pdengshnong, (v) Waharting (vi) Dong Patta, (vii) Madanrting Main Road, (viii) Neng gate and (ix) Mawblei. The first two localities are predominated by Nepali speaking community and Mizo Tribes. About 40 to 45 per cent of inhabitants of Waharting are also Mizos.

These two communities grew in Madanrting area because of the recruitment of Gorkhas and Mizos in military and paramilitary forces viz. Gorkha Rifles, Assam Rifles and Assam Regiment. One of the Gorkha Rifles Training Centre, one battalion each of Assam Rifles and Assam Regiment are established in Aloo Godam and Madanrting area. The remaining seven localities are the domains of Khasi speaking community, majority of whom have migrated from the adjoining rural hill districts. Relatively Mawblei, especially its upper part (Upper Mawblei) is a newly settled colony. The earlier settlers comprising of mix communities resided in this hill slopes from 1979 onwards. Wharting having

about only 22 household is also a newly established locality. The khasis community (12 HH) settled down in this area about 10 years ago while the Mizos (10 HH) began to occupy the uphill slopes about 5 years back. On the other hand, Assam Rifles Bazar (600 HHs) and Dong Patta (80 HHs) are the two oldest colonies in Madanrting. The former was established more than 150 years ago while in the later case, the inhabitants began to settle about 100 years back. The remaining 5 localities were established between 20 to 50 years ago. Table 1 shows the locality wise distribution of Households and population.

The following paragraphs provides information regarding the status of social, economic and health services/facilities in Madanrting and and their extent of utilisation by the communities It is important to note at this juncture that Madanrting is not a slum area. The state Social Welfare Officials, Shillong Muncipality officials and opinion leaders of Madanrting denied to call Madanrting a slum. However, slum like siutation is prevalent in some pockets of Assam Rifles Bazar and Dong Patta, the two oldest localities of Madanrting. Relatively Assam Rifles Bazar has the characteristics of a slum because of the poor condition of houses, poor drainage and sanitation, flourishing trade in gambling, alcholol, prostitutions and drug menace.

Table 1 : Locality-wise Population Distribution - Madanrting.

Sr. No.	Name of the locality	Total No.of Households (Approximate)	Total population (approximate)
1.	Assam Rifles Bazar	600	3000
2,	Mizo Colony	70	400
3.	Pdengshnong	350	2000
4.	Waharting	22	100
5.	Dong Patta	80	400
6.	Main Road	90	600
7.	Neng Gate	260	1500
8.	Lumpyllon	15	80
9.	Mawblei	23	165
	Total	1510	8245 (+33.8%)
	1981 Census		6160 (+104.45%)
	1961 Censu		3013 -

CHAPTER - II

AVAILABILITY OF BASIC AMENITIES

- Observation from Macro-level Data

Drinking Water Facilities: Availability of drinking water is one of the major problems of the entire Madanrting. The problem is more acute for those localities like upper Mawblei and Neng Gate which are perched in steep hill slops. Although all the 9 localities at least have access to drinking water supplied through tap, the number of connections range from only one to six connections to serve the large community. Domestic connection of tap water is virtually non-existant in Madanrting. The source of tap water is a community owned water supply scheme (Madanrting water supply scheme) which supplies drinking water to Madanrting and adjoining areas. For the water a monthly water tax is levied ranging from Rs. 5/- to businessmen/hotellers and Rs, 2/- for domestic users. For conjested settlement like Assam Rifles Bazar (over 3000 population) the number of tap connections are only 4. Hence most of the inhabitants have to depend on spring or stream sources for non-drinking purpose like washing clothes, bathing etc. Although spring water constitutes the secondary sources of drinking water, the major problems for all localities is that these sources are available only at certain points downhill and beyond 1/2 km to 1 km distance. Moreover during rainy season the spring water gets contaminated. (Table 2.1)

Electricity: All the 9 localities are elctrified. The extent of domestic connection however ranges from 25-50 per cent (Mizo colony, Lumpyllon, Waharting) to as high as 90 per cent in the rest of the localities. None of the localities are however having street lights. Non-provision of street light has been one of the major complaints of the community leaders of Madanrting. (Table 2.1)

Housing: In Meghalaya state, there is a law that forbids non-tribals and/or non-domiciles of Meghalaya the ownership of land or property Because of this law if any other citizens originally belonging to other states wish to open a business or construct a house, he must get it registered in the name of the local tribes i.e. Khasi or Garo etc. Hence even in Madanrting, although immigrants are quite substantial, majority of the inhabitants have to live in rented quarters. The land lords who are mostly Khasis have constructed array of barrack-like single-roomed quarters. These quarters are poorly maintained and have common toilets outside. Such type of houses are dominant in Assam Rifles Bazar and Mizo colony. The common construction material used for both wall and roof by low income households are old tin sheets which are cheaper than other materials. Concrete and RCC built houses are however common amongst high income families.

Toilet Facilities : In three licalities of Waharting, Main Road and Neng Gate, almost all households (95%) were having private toilets, and in one locality more than 80 per cent of the households were having private toilet. Two localities had more than 50 per cent families using private toilets and two other localities had more than 25 per cent families access to private toilets. Whereas hardly 5 per cent of the family had access to private toilets in Assam Rifles Bazar. Majority of the families were using public toilets facilities in Assam Rifles (95%) and Mizo colony (75%). However, all these public toilets were common toilets and constructed by landlords for their tenents. There were no separate toilets for women. In contrast to other plain areas only about 5-15 per cent of the families of all localities used open field for toilet purpose. (Table 2.1)

Drainage System : Drainage facility was not available in 5 localities while the remaining 4 localities had open drainage system. These drainages were, however, not cemented or pucca. Because of hilly terrain the area did not experience any water logging problems, but excessive "run off" during monsoon created soil erosion in the open area and slopes. (Table 2.1)

Mass Media and Community Centre : All localities at least had access to one T.V. set. The localities (Lympyllon and Mawblei) had more than 20 per cent families had access to TV sets, whereas in other 7 localities hardly 5 per cent to 11 per cent families could view TV. However, every second family owned a transistor.(Table 2.1)

None of the 9 localities had any community centre, Space of the churches, school compound and residents of village headman were used for any community meeting by the inhabitants.

Educational facilities: This study highlights that all the localities of Madanrting had poor facilities for children's education. None of the localities had any creches. Only four localities had access to primary school out of which two localities ran classes only upto third standard. There was only one high school (Mizo high school) located in Mizo colony that provide secondary level education to the children. In this high school, there were 40 per cent boys and 60 per cent of girls. No drop outs among girls has beennoticed in Mizo colony whereas in Assam Rifles Bazar, girls are not treated equally as boys and hence number of girls studying was less than that of boys (230 boys and 170 girls). However, there was no separate school facility for girls. No adult education centre was available in any of the localities (Table 2.2)

Vocational Training Centre : There are only two vocational training centre in Madanrting. The first one is the Madanrting women machine knitting association run by the Madanrting Women Association and the other is privately run by a local woman at her residence. The former

TABLE 2.1 : AVAILABILITY OF WATER, ELECTRICITY AND SANITATION FACILITY

DRINKING WATER	
Available within slum (percentage)	100.00
Sufficient water supply (percentage)	22.0
ELECTRIC SUPPLY	
No. of slums where no household electrified	33.0
Less than 10 per cent household electrified	-
11-25 per cent household electrified	-
25-50 per cent household electrified/more than 50 per cent electrified	67.0
SANITATION	
Percentage of slums having public toilet	22.0
Percentage slum in which at least 10 per cent hh have access to private/public latrine	67.0
Percentage slum having No drainage system	56.0
TV	
Percentage of slum having no TV set	-
Having 1-5 TV sets	33.0
Having more than 5 sets	67.0
COMMUNITY CENTRE	
Percentage of slum having community centre	-

TABLE 2.2 : EDUCATIONAL AND VOCATIONAL TRAINING FACILITIES

EDUCATIONAL FACILITIES	
Percentage of slums having creches	Nil
KG/Primary school	44.0
School facilities for girls for above 6th class	11.0
Adult education centre	Nil
VOCATIONAL TRAINING	
Percentage of slum having vocational centre	33.0

one which is running regularly is recognised by the State Government of training handicapped persons. Normal persons are also sponsored by the Government for the training. This centre (registered in 1981) is looked after by the President of the Women Association. It is running from a small shop-like wooden hut in Lumpyllon Main Road area. A normal student is imparted 6 months of training in knitting sewing or tailoring while handicapped student has to under go 12 months of training. At a time a batch of 7-8 students can be trained. During the time of survey, there were 8 girls and 1 boy undergoing training Four of the girls were handicapped (3 hearing impairments and one short stature). The state's Social Welfare Department (SWD) not only provide stipends of Rs. 150/- per month to students but it also indirectly helps the Centre by way of supplying all raw materials needed for training. However, the products have to be given to the SWD who in turn sells them in the market.

> "The SWD sells the product prepared by our students but we do not get money from these since the raw materials belong to SWD", said the President of the Association .

According to her, the Association seeks loan for buying of knitting machine (costing Rs. 1000/- to Rs. 6000/-) from Banks. The centre has 7 knitting and 9 sewing machines which were all purchased through loans from Banks. The bank charges modest interest of 8 per cent.

The Madanrting Women Association is also doing formidable job by attempting to rehabilitate widowed women through Self Employment Scheme. The association gets loan from Bank on their behalf and help them to open tea-stall, coal or petty shops. Six widowed women have been so far benefitted by the scheme. A new body called Indira Gandhi Social Welfare Association for helping the handicap, promoting sports, vocational training etc. is being mooted out by the Madanrting Association. It was reported that the new association is getting a loan of Rs. 84000/- sanctioned from the State's Social Welfare Advisory Board for the infrastructure establishment.

Health Facilities : Health facilities available in Madanrting are very few and really shocking. There are not a single government health centre, FP/MCH clinic, maternity hospital, or private lady doctor available in any of the 9 localities or for the entire 8000 population. All these medical facilities are available beyond 3 km in Shillong. Only two localities, Assam Rifles Bazar and Main Road, have private practitioners in their area and within 1 km distance. For the Upper Newblei locality which is situated on top of the hill, the situation is more pathetic. Because of poor transport facilities, any type of critical/emergency case, occuring at night must wait for the day break to seek medical attention.

Discussion with the Village Headman and General Secretary of Youth Club of Madanrting brought to light the facts that in 1983, the community had appealed the State Health Minister and once again in 1985 for establishment of a Dispensary in Madanrting. But till date the Minister's promise

have not been fulfilled, thereby causing anxiety to the communities living in Madanrting. For any emergency cases needing hospitalisation, the people of Madanrting have to travel at least 3-5 km down hill to government or Missionary hospitals of Shillong. (Table 2.3)

Anganwadi Facilities: Madanrting is not covered under ICDS Hence no anganwadi is located in any of the locality.

Morbidity Pattern : Common ailments found in all localities were gastric disorders, respiratory diseases, Measles, skin diseases and pregnancy complications. Incidences like STD, Intoxication, viral infection, malnutrition and epilepsy were also found in some localities.

Womens mainly suffered from gastro-entestinal disorder, pregnancy complications, respiratory diseases and cough and cold. In densely populated localities of Assam Rifles Bazar, the incidence of STD for 60 per cent of male especially amongst Army people and 10 per cent of females were reported by the two private health practitioners practising at Assam Rifles Bazar. Pattern of morbidity among young children was also found to be drastic. Diarrhoea, dysentry and measles were highly prevalent among children in 5 localities of Madanrting. Incidence of such parasitic diseases were more in rainy season because of contamination of water. Other ailment more common among children were skin diseases, cold and cough, hook worms, round worms, respiratory disease and to some extent malnutrition.

Health Care : As stated earlier, the localities were not found to be served by any government or private health services. Most of the communities were not even aware of any health services. It is surprising to note that neither any health camp was organised to immunise children, distribute vitamin tablets to them nor any health workers visited any of the 9 localities during the last 6 months. Only once in last 2 years the school children of Mizo High School were covered by the Health Department for immunisation. No educational films had ever been shown in any of the locality of Madnrting. (Table 2.3)

Ration Cards : About 80-90 per cent of households in 6 localities had ration cards. In other two localities barely 50-60 per cent of households had ration cards, whereas in Mawblei, which was a comparatively new and remote area, only 15 per cent of the households especially those who were permanent residents, had ration cards. The food commodities issued to them were mainly atta, rice, sugar and edible oil, which were reported to be always inadequately supplied. In some localities commodities viz. Atta and rice were also reported to be of poor quality.

None of the 9 localities had milk booth in their area. Only in one locality (Lumpyllon) milk was brought by private vendors. (Table 2. 3)

TABLE 2.3 : FACILITIES AVAILABLE FOR NUTRITION, HEALTH AND MCH CARE SERVICES

RATION CARD	
Percentage of slums having households without ration card	22.0
MILK BOOTH	
Percentage of slums having milk booth	Nil
HEALTH FACILITIES	
Percentage of slums having any health facility :	
- within 1 km	22.0
- 1 - 3 kms	78.0
Percentage of slum having anganwadi	Nil
MCH CARE	
Whether anybody visited for providing/giving :	
-immunisation to children/ pregnant mother	Nil
-Distributing vitamin tablets	Nil
VISIT OF HEALTH WORKER DURING LAST 6 MONTHS	
Percentage slum reporting visit of -	
ANM	-
Sanitory Inspector	-
Malaria worker	-
Social worker from any NGO	11.0
UBSCO/PO	-
Any of them	11.0
FILM SHOW DURING LAST 6 MONTHS	
Percentage of slum reporting any film show	Nil

Employment Opportunities: Very low percentage of women in Madanrting were engaged in productive work for earning either in cash or kind. Only in Nang Gate area about 40 per cent of women were engaged in work, mainly because they were very poor and were compelled to work as Labourers for their survival. In Main Road area and Dong Patta area about 35-40 women were reported to be gainfully employed. Very few amongst these women were employed in Government services and as school teachers. But most of the women worked as labourers and domestic servants. Some were running petty shops and some in rearing pigs. Another unique feature of self-employment activities of women and girls which has mushroomed rapidly in the area (and throughout Shillong) is the stalling of counters of "Matka" a very popular gambling system. Matka is permitted by the state authority and there are atleast 20 to 25 counters clustered in Assam Rifles Bazar.

Some of the main reasons for unemployment amongst women were less employment opportunity, illiteracy and lack of awareness. Most women had to look after children and family and hence they had no opportunity to work.

Child Labour: Children between 6-14 years had also been found to be earning for their family. In Pdengshnong and Neng Gate 10 per cent to 25 per cent of children had been found to be engaged in productive work. In rest of the localities less than 5 per cent of children were engaged at most. Mainly they were occupied as domestic servants, labourers, carpenter or mechanic.

Banking and loan facilities: Seven localities had access to bank facilities located with 2 km distance. Only two localities (Waharting and Mawblei) had bank facilities beyond 2 km distance. These bank facilities were used by more than 50 per cent of families in 4 localities whereas 4 other localities had 10-20 per cent families having bank accounts. Only remote area of Mawblei had 6 per cent of females (2 hh) having bank accounts. Loans from banks were obtained by very few families to start own business. (Table 2.4)

Ex-servicemen Association, residing in Mizo colony, had taken loan from Meghalaya Cooperative Apex Bank, Shillong, for rearing pigs. They had directly dealt with the whole process of applying and getting loan sanctioned. During October, 1987 the Block Development Officer, under National Rural Self Employment Scheme, invited applications for loan. The loan was maximum of Rs. 13,000/- (50% loan and 50% grant) to a family for starting poultry, piggery or fishery. Initially about 100 families from Madanrting applied for the loan but later on some (20-30%) families withdrew their applications becase of the condition that an applicant must invest at least Rs. 5000/- in establishing a shed or infrastructure for the purpose.

Commenting upon the condition for loan, the village headman said,

> "If our people have Rs. 5000/- in their pocket, why would they go for loan ? The condition of Government is rediculous".

TABLE 2.4 : AVAILABILITY OF FINANCIAL INSTITUTIONS AND WOMEN'S PARTICIPATION IN LABOUR FORCE

BANK FACILITY WITHIN 2 KM OF SLUM	
COOPERATIVES	78.0
WOMEN EMPLOYMENT	
Percentage of slums reporting women emploement :	11.0
Less than 5 % HH	55.6
5-10 per cent	11.1
10-25 per cent	22.2
25 +	11.1

It was learnt that so far none of the applicants have heard anything from BDO office.

"It is just a Government propoganda for election" said the friend of the village headman who was sitting next to him.

Another important source of loan for the educated unemployed community for starting their business is the District Industrial Coroporation (DIC). The DIC at Shillong sanctions loan upto a maximum of Rs, 25,000 to those unemployed youth who have passed matriculation and whose family income is below 3000/- per annum. Unlike the loan scheme from BDO no prior investment was required by the applicants. From Madanrting 4-5 families have received the loan from DIC. They have started their own business in fabrication, hallow block construction and handicraft. However, one major problem about this DIC scheme was that it was very difficult in not only getting the loan sanctioned but also in getting the full amount applied. Commenting upon the DIC loan scheme, one of the beneficiaries of the scheme said ;

"All families asked for Rs. 25,000/- but they get only Rs. 15,000 to Rs. 20,000. That too one should have somebody known in that office".

CHAPTER - III

AVAILABILITY AND ACCESSIBILITY TO URBAN BASIC AMENITIES

Observation from HH Survey

In the previous part based on community schedules and discussion with officials, a over-view of availability of basic amenities to the slum dwellers in Madanrting has been presented. In this part, data collected from household survey has been analysed and presented. The two parts taken together will provide a clean picture about the availability and accessibility of slum dwellers to basic amenities. Throughout the analysis special attention has been paid to the extent of utilisation of these facilities by women and young girls.

MADANRTING HOUSEHOLD SURVEY - SOCIO-ECONOMIC & DEMOGRAPHIC PROFILES OF RESPONDENTS & HER FAMILY

As envisaged for the household survey, a total sample of 100 families were covered from Madanrting. A minimum of 10 families from each locality were randomly chosen and the adult woman of that family was interviewed. The one hundred families together encompassed 551 persons which represented roughly about 6 per cent of the total population of Madanrting. Out of the total 551 persons, 280 were males and 271 were females. The sex ratio works out to be 967 per 1000 males. In an average, the size of a family was 5 to 6 members (mean 5.5).

Origin & Migration Status : More than a half (54%)of the families have urban background i.e. they were brought up in Madanrting and other towns within and outside the state. Those who belong to Madanrting itself constituted 38.0 per cent of the total families whereas those who migrated from neighbouring towns comprise another 14 per cent. A negligible proportion of families (2%) migrated from urban areas of states like Assam, West Bengal, Bihar, Mizoram etc. Amongst the 46 per cent of the families having rural background, about 24 per cent came from surrounding villages while another 13 per cent hailed from villages of neighbouring districts of Meghalaya. A significant proportion of 9 per cent of the families claimed that they hailed from villages located outside Meghalaya state.

Majority (41 per cent) of the families of Madanrting have been living in this area for more than 15 years. Another 12 per cent have settled down between 10 to 15 years ago. However, there are considerable number of families (25%) who have started settling down in the Madanrting just recently, i.e. during past 5 years of less. Those who have settled down in Madanrting during last 6 to 10 years constitutes 17 per cent of the households. (Table 3.1).

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Religion and Caste: Over two-thirds (68%) of the families are christians. The number of Hindu families were substantially large (31 per cent) due to immigration and establishment of military and paramilitary units in and around Madanrting. Of the total Hindu population, one tenth was high caste Hindu and an equal proportion were other Hindus and scheduled tribes. No scheduled caste Hindu was recorded in the area. (Table 3.1).

Marital Status: About 63 per cent amongst males and almost equal proportion (62 per cent) amongst females were unmarried. Unlike in other states, marriages at young age or underaged marriage is not common or practiced. An average woman gets married after crossing 18 or 19 years (mean 19.9 S.D. 3.7) whereas the male counterparts marries at the age of 24 or 25 (mean 24.1). Majority (53.8 per cent) of the women were married when they were at the age group of 17-20 years. Another one-third (33.6 per cent) women married after crossing 20 years of age. A negligible proportion of 6.7 per cent of the women got married at the age of 14 or 15 years. It is important to note that no woman was married at premature age of 13 or below 13 years. (Table 3.2)

Literacy and Level of Education: The percentage of literate population are quite high in Madanrting. About 51 per cent males and 53 per cent of females are literates. These proportions increase substantially if the 0-6 age group is suppressed from calculation. Accordingly, the percentage of literate males and females turned out to be 74.5 and 75.3. However, very few individuals amongst the males (4.2 per cent) and females (4.8 per cent) have attained higher educational qualification, i.e. Eleventh class and above. The analysis as presented in Table 3.3 shows that there prevails little or no difference between male and female's representation regarding to the level of education. (Table 3.3)

TABLE 3.1 : SELECTED CHARACTERISTICS OF THE HOUSEHOLD

Characteristics	
SLUM LOCATION	
Central part of city	0.0
Peripheral part	31.0
Outside	69.0
ORIGIN OF FAMILY	
Native of the town	38.0
Migrant	62.0
Other town of same state	14.0
Rural Area of Same District	24.0
Rural area of other Districts of same state	13.0
Rural Area of other state	9.0
Urban Area of other state	2.0
DURATION OF STAY IN SLUM (YEARS)	
0-5	25.0
6-10	17.0
11-15	12.0
15+	46.0
RELIGION AND CASTE	
Hindus	31.0
High Caste Hindus	10.0
Schedule caste/ST	10.0
Other Hindus	11.0
Muslim	-
Christian	69.0
AVERAGE HOUSEHOLD SIZE	5.5
SEX RATIO	
Number of females/1000 males	968
TOTAL N	

TABLE 3.2 : SOCIAL AND DEMOGRAPHIC CHARACTERISTIC OF THE FAMILY MEMBERS OF SELECTED HOUSEHOLDS

Characteristics	
AGE DISTRIBUTION (YEARS)	
MALES 0-6	36.8
7-14	18.2
15-24	9.6
25-44	30.0
45 and above	5.4
Total N	280
FEMALES 0-6	36.2
7-14	20.3
15-24	14.4
25-44	26.9
45 and above	2.2
Total N	271
MARITAL STATUS	
Unmarried	61.6
Married	36.5
Widow	1.9
Separated/Divorced	0.0
Total N	271
MEAN AGE AT MARRIAGE	
Male	24.1
Female	19.9
AVERAGE NUMBER OF	
Even born children	3.6
Surviving children	3.3
Total N	
PERCENTAGE OF WOMEN HAVING 4 OR HIGHER ORDER OF	
Live Births	45.5
Surviving children	43.3
Total N	99

(Contd.)

Table 3.2 Contd.

Characteristics	
LEVEL OF EDUCATION (Aged 6 years and above)	
MALE : Illiterate	25.5
Upto Primary	32.8
Upto middle	24.0
Above middle	17.7
Total N	192
FEMALE: Illiterate	24.7
Upto Primary	36.3
Upto Middle	24.7
Above middle	14.3
Total N	190
PERCENTAGE OF CHILDREN AGED 6-14 ATTENDING SCHOOL	
Boys	89.8
Girls	83.9
Total	87.0
PERCENTAGE OF MALE WORKING FOR CASH AND KIND	
Taking all males in Denominator	35.7
After suppressing 0-6 years of boys	56.5
After suppressing 0-14 years of boys	79.4
PERCENTAGE OF FEMALES WORKING FOR CASH AND KIND	
Taking all females in denominator	8.5
After suppressing 0-6 years of girls	12.7
After suppressing 0-14 years of girls	18.6
CHILD LABOUR	
Working girls (6-14 years)	0.0
Working boys (6-14 years)	0.0
All	0.0

Table 3.2 contd.

Characteris	
HOUSEHOLD INCOME (Rs.)	
000	0.0
001-200	1.0
201-300	-
301-400	2.0
401-550	3.0
551-750	18.0
751-997	76.0
Average Household Income	
Per Capita Income	803.6
Average earning	
Male Income	757.8
Total N	100
Average earning female income	490.5
Total N	23
CONTRIBUTION OF FEMALES TO HOUSEH INCOME	
Income percentage :	
0	78.0
1-10	0.0
11-15	0.0
16-20	1.0
21-30	1.0
31+	20.0
100%	5.0
Total N	100

Table 3.3 : Literacy Level by Sex : Madanrting

	Male	Female
Total literates (all age)	51.0 (N=280)	52.8 (N=271)
Literates (excluding 0-6 years)	74.5 (N=192)	75.3 (N=190)
Illiterates	25.5	24.7
Upto Primary	32.8	36.3
Upto Middle	24.0	24.7
Upto Secondary/Metric	13.5	9.5
Higher secondary & above	4.2	4.8

C[illegible] ttending school: Most of the children 6-14 [illegible]ears of age (c[illegible]ai) were found attending school. About 90 [illegible] cent of boys an[illegible]er cent [illegible] irls were reported that they were [illegible]ing to school. Th[illegible]gher percentage of turnover of school going children in Madanrting is obvious. As explained earlier the matriachal or matrilineal tradition amongst Khasis ([illegible] dominant inhabitants of Madanrting) gives more importance to daughters. The other communities like Mizos and those following christianity also give equal importance to daughters in education. It is only families belonging to economically poor section of the society that cannot afford to send their children especially daughters to school. (Table 3.2).

Work Status of Family : Very few women in Madanrting are gainfully employed. Out of the total 100 families contacted only 23 women (8.5 per cent) reported that they are working. In comparison, there were 100 working males which means at least one male member of the household is gainfully employed. The proportions of adult working women and counterpart men work out to be 18.6 per cent and 79.4 per cent respectively if the number of working persons (male and females) is substracted from the respective adult population i.e. 15 years or above age group. This also means that about 81 per cent of adult women are housewives and only about 21 per cent adult men are unemployed. It will be seen in subsequent paragraphs that 67 out of 90 housewives (respondents) expressed their willingness to work if they got such opportunity. (Table 3.2)

Family Income: A little over three-fourths (76 per cent) of the families enjoyed a monthly income of more than Rs. 750. About 18 per cent of the families said that their income was between Rs. 550 to 750 per month. While a negligible number (3 per cent) of families earned between Rs. 400 to Rs. 550 per month.

An analysis of income generation according to sex reveals that the female earners generally brought home lesser remuneration than counterpart men. More than a half of the working women (56.5 per cent) earn Rs. 550 or less per month. Only about one-fourth (26 per cent) earn between Rs. 551 and Rs. 750. Whereas one-sixth (17.3 per cent) of the working women have monthly income exceeding Rs. 750/-. On the other hand, 65 per cent of men's earning crosses Rs. 750/- per month. While about 24 per cent of the working males have their monthly income ranging between Rs. 550 to Rs.750.

The average monthly income of a male worker and a female worker are respectively Rs. 758/- and Rs. 490/-. While the average family income calculates out to be Rs. 803.6 per month. It indicates that overall, the families of Madanrting are above the poverty line. (Table 3.2).

Parity: Although in an average, there are 3 to 4 children in a family (mean 3.3, S.D. 1.8) a considerable segment of the families (43 per cent) have 4 or more children. The average number of live births for a women in the reproductive age group is 3.6 (S.D. 2.0) and the mean number of her living children is 3.3. During the last 2 years out of the total 100 families, only one family reported that one child less than a one year, died in the house.

3 BASIC AMENITIES

Water Facility: Community tap and spring are only sources of drinking water in Madanrting. The former is accessible to 82 per cent of the families while the later source covers remaining 18 per cent of the families, especially in those settlement perched on hill tops or in remote locations. Individual tap connections to houses is a 'far fetched dream' for the inhabitants of Madanrting. Usually, a locality has one or two public connections which are centrally installed so that one need not travel long distances to fetch. Due to physiographic constraints the possibility of establishing reliable source of drinking through wells or tubewells is remote in the area.

For majority of the families (95 per cent) the available source of drinking water (which is also the source for water for other uses) is within 50 meter radius from individual houses. But undulating topography makes water fetching difficult. The growing children i.e. children between 10-14 years of age take the major burden of water fetching for the family. About 79 per cent amongst the males and 96 per cent amongst females who fetch water are children between 10-14 age group. In contrast, hardly 2 to 3 per cent of adults of either sexes devote their time to water fetching. The average time spent for water fetching per day is 2 hours 35 minutes. This length of time spent is basically due to few public connections and each individual must wait for his or her turn to fill their containers. It is important to note that the supply from public source is made twice a day and, that too, for brief durations. Hence, for most occassions the families have to dependon alternative sources like spring or small streams for bathe and for washing cloths. It is a common sight to find women and children with a basket load of clothes on their backs proceeding towards spring sources downhill for washing.

Irrespective of the source, the water supply or availability is always adequate for 26 per cent of the families only. On the other hand, for 67 per cent of the families, the supply is adequate seasonally only. While to 7 per cent of the families, the water supply is alsways inadequate throughout. (Table 3.4)

Toilet facility: Very few families (7 per cent) did not have any access to toilet facilities. Private toilets (individual or within house) were available to over half (51 per cent) of the families contacted. Another 38 per cent had joint facilities while a meagre few (4 per cent) used public facilities. Majority of these facilities (69 per cent) were hygienically safe because they were flush/soak pit toilets. About 38 percent of which were private toilets. On the contrary 13 per cent of the family with private toilet facilities and 11 per cent with joint facility were open toilets. (Table 3.4)

TABLE 3.4 : AVAILABILITY, ACCESSIBILITY AND ADEQUACY OF BASIC AMENITIES

Basic Amenities	
SOURCE OF DRINKING WATER	
Tab	82.0
Hand Pump	-
Well	-
Spring/Others	18.0
DISTANCE FROM NEAREST SOURCE	
Individual connections	1.0
Within 50 meters	95.0
51-100 meters	4.0
101 meters	-
ADEQUACY OF WATER SUPPLY	
Adequate in all seasons	26.0
Adequate in some seasons only	67.0
Always inadequate	7.0
Not ascertained	--
PERCENTAGE OF MALES FETCHING WATER	
None	36.4
5-9 years	11.1
10-14	0.0
Total N	99
PERCENTAGE OF FEMALES FETCHING WATER	
None	53.5
5-9 years	1.0
10-14	44.5
15-19	1.0
Total N	99
AVERAGE TIME SPENT FOR FETCHING WATER	
Time spent (hours/min)	2.35

Table 3.4 contd.

Basic Amenities	
TOILET FACILITY	
Percentage of household who had access to either private or public toilet	93.0
Within house - flush/soak pit	38.0
Within house - open	13.0
Joint flush/soakpit	27.0
Joint open	11.0
Public flush/soakpit	4.0
SOURCE OF LIGHT	
Electricity	70.0
Lantern/Petromax	30.0
Diya /Diberi/Chimney	0.0
Total N	

Sources of Light: About 70 per cent of the families had electricity connection while the rest 30 per cent used kerosene based lantern for illumination of the house during nights.

Housing: As mentioned earlier, in Madanrting (as in whole State of Meghalaya) only the local citizens have right to land and property. A non-citizen al, if he at all wishes to buy a land, he must register under the name of local inhabitants i.e. Khasis. Because of the restrictions, majority of the settlers of Madanrting live in rented accomodation. Out of the 100 families interviewed, 58 families are living in rented houses, while 40 families who were all khasis claimed that they own the house.

Generally speaking, the sizes of the houses are small, It is but obvious in hilly terrain where the physiography provided constraints to housing sites and locations. In Madanrting only 13 per cent of the houses of the families interviewed were larger houses with four rooms or more. Those houses with an average size i.e. 3 rooms (including kitchen) constitute one-fourth of the total (25 per cent). The rests (62 per cent) were single roomed dwellings. But 9 per cent amongst these had no separate kitchen room. The average number of rooms is 2.5 while the average living area is 275.5 sq. ft. (Table 3.5)

Building Materials: The most common material used for construction of roofs is Tin-either corrugated tin sheet or flattened old tin boxes. The former type was noticed in 19 per cent of the houses while the latter type was quite conspicuous, covering almost three-fourths of the houses (74 per cent). Only 9 houses had RCC roof. The majority of the houses in Madanrting have floor and walls constructed with wood. Wooden planks although difficult to maintain during rainy season (as they get moist) help in keeping the dwellings much warmer during winter as compared to rest of the materials. Relatively wood especially of rough wooden planks are also cheaper and readily available. Wood as construction material for wall and floor are used in 75 per cent and 87 per cent of the houses respectively. The second most common material for wall is old tin sheets (13 per cent) likewise, the second most common material for floor is cement (9 per cent).(Table 3.5)

Type of Cooking Stove Used: Firewood being the main source of fuel for majority of the familes, it is but obvious that most of the families (67 per cent) use ordinary earthern chulha as cooking stove. In this area there has not been much impact of improved chulha (1 per cent). Kerosene burner or stove comprises the next common cooking stove. About 29 per cent of the families use this means of cooking at home. Gas stove are used by few families (3 per cent) only who are economically better off. (Table 3.6)

Time spent for Cooking : About half of the families (49 per cent) responded that they spent at least 4 to 5 hours a day in cooking. A considerable number of families (29 per cent) still persisted that

TABLE 3.5 : HOUSING CONDITION IN THE COVERED SLUMS

NATURE OF OCCUPANCY	
Rented	58.0
Owned	40.0
Occupied	2.0
AVERAGE AMOUNT OF RENT/ MONTH (Rs.)	129.8
AVERAGE SIZE AND NUMBER OF ROOM	
Number of rooms	2.5
Living area (sq. fts.)	275.5
Household size	5.5
Average space (sq.ft.) available per person	50.1
TYPE OF HOUSE	
ROOF - Thatched	0.0
Corrugated Tin	19.0
Old tin boxes	74.0
Tiles/Asbestos	0.0
RCC	7.0
Others	0.0
WALL Mud	2.0
Brick walls	9.0
Metal/Tin sheets	13.0
Others (wood)	76.0
FLOOR Mud	4.0
Cement/Chips	9.0
Others (wood)	87.0

TABLE 3.6 : TYPE OF COOKING STOVE USED AND TIME SPENT PER DAY FOR COOKING

TYPE OF STOVE	
Ordinary Earthern	67.0
Improved/Smokeless Chulha	1.0
Gas stove	3.0
Kerosene oil stove	29.0
Coal Sigri	-
Others	0.0
AVERAGE TIME SPENT FOR COOKING (Hrs./minutes)	4.45

they had to spend more than 5 hours (300 mins) a day for carrying out this essential domestic work. The rest of the families (22 per cent) were some what spending lesser amount of time (between 2 to 4 hours) in cooking. Amongst these group include 8 per cent of those respondents who said they have to spent only 2 to 2½ hours a day in cooking.

Exposure to Mass Media: Although 11 per cent of the families expressed that they had atleast an access to T.V. only 3 families (3 per cent) actually owned television sets. It is interesting to know that girls (100 per cent) and adult women (91 per cent) were more keen in watching T.V. The proportion of boys who watch T.V. was 73 per cent only.

Roughly, one out of every three families (34%) owned a radio or transistor sets in their homes. The majority of the families (66 per cent) did not own radio. When the 36 per cent of the women respondents owning radio/transistor were asked how often they themselves listen to the media, the response was encouraging. More than three-fourths (78 per cent) amongst them said they listen to radio/transistor every day. On the other extreme, hardly 3 per cent said they never listen. Those who mentioned that they listen once a week or less often, comprised modest proportions of 11 and 8 per cent respectively. (Table 3.7)

Access to and Utilisation of Balwadis: Madanrting does not have any Balwadi or Anganwadi facilities. Hence question of availing such facilities does not arise.

Vocational Training : The number of persons who had undergone vocational training were very few. Out of the 100 families contacted, only seven families responded that one of their family members had undergone such training. It was interesting to note that all the seven trained persons were women. These women had received training in handicraft work (2), tailoring (1) and in knitting (4). Three of the women had received training in a government institution, one had completed her training course from a private source while the remaining three said that they received training from an institute run by voluntary organisation. Whereas the duration of training of the four women could not be ascertained, each of the remaining three women had their training lasting respectively from less than a week, 3-4 weeks and about 1-2 months. Five out of the seven women had undergone training about 4 years ago while each of the two women completed their training 2 years and 3 years back respectively.

It was disappointing to find that none of the seven women were gainfully employed after undergoing training. The burden of looking after their young children (3 women) and husband not allowing her to do the job (1 woman) were basic domestic factors dissuading the women to do jobs. But for two women, non-availability of resources like machine/equipment or fund to buy these, were major constraints that came on their way to start their business.

TABLE 3.7 : EXPOSURE TO MASS MEDIA

Percentage household owning TV	3.0
Percentage household having access to TV	11.0
WHO WATCH TV	
Adults males/females	90.9
Boys	72.7
Girls	100.0
N	11
REACH OF THE MESSAGE ON HEALTH & FAMILY PLANNING	
Age at marriage for girls	4.0
Special food for pregnant woman	7.0
Importance of education for girls	7.0
Interval between 2 births	6.0
Immunisation of children	6.0
Special food for children to prevent blindness	8.0
F.P. and use of condoms/pills	2.0
Percentage of household owning Radio	34.0
Percentage household having access to radio	36.0
HOW OFTEN RESPONDENT LISTEN	
Everyday	77.8
More than once in a week	11.1
Less often	11.1

To those women (93) who responded that they did not have any sort of trainings in their lifetime, they were probed about the reasons for not undergoing vocational training. The three basic reasons given by them are (i)'No time for such training', (ii) unaware about any training facility, and (iii) training time was not suitable. Every third respondent gave either the first or the second reason. While every fifth respondent cited the third answer for not undergoing vocational training. However, another 9 per cent of the respondents said that all the training institutes are located far away from their homes.

CHAPTER IV

AVAILABILITY AND UTILISATION OF MCH AND OTHER HEALTH SERVICES

PRE AND POST NATAL CARE

During the last two years about 68 per cent of the women were pregnant. At the time of their pregnancy majority of them (87 per cent) utilised the service of trained personnel like doctors, ANM etc. for periodic check-ups. However, very few pregnant women (21 per cent) were effectively protected against neonatal tetanus by receiving two doses of tetanus toxide, while 19 per cent could receive only single dose during their pregnancy stage. Iron and folic acid Tablets were received by 61 per cent of the women only. It is encouraging to note that for the 83 per cent of the deliveries, the services of trained personnel were utilised. (Table 4.1)

Place ot delivery : More than half (56 per cent) of the mothers got admitted to government hospitals for delivery. While only 43 per cent preferred to get delivered at home. The overall pictures shows that women in Madanrting are preferred to refer pregnancy cases to government hospitals for both antenatal check-ups and delivery. Distance and non-availability of government dispensary or MCH clinic within the locality are the major inhibiting factors for mothers especially from poor families who cannot afford to travel 3-5 km distance to reach the nearest government hospital . (Table 4.1)

Currently Pregnant Women: At the time of survey only 8 women were currently pregnant. Half of these women (4 women) have been receiving services of trained personnel at government hospitals for antenatal check up. Of them only one women who was eligible for Tetanus Toxide injection have had completed the 2 doses. Iron and folic Acid Tablets were being received by all the four pregnant women who were consulting trained personnels. The remaining 4 pregnant women did not consult any one for check ups.

Respondents' Awareness about Immunisation: Hardly 40 to 50 per cent of the women respondents were found to be aware about the diseases for which if the children were vaccinated in time, they could be protected from these diseases. Evaluation of their knowledge disease-wise, revealed that only about 23 per cent and 29 per cent of the women were aware about vaccines for tetanus toixide and deptheria respectively. About pertusis (whooping cough) only 37 per cent of the respondents gave affirmative reply. On the other hand level of knowledge about vaccines for T.B. (46 per cent) and Polio (52 per cent)

TABLE 4.1 : PROVISION OF ANTINATAL AND NATAL SERVICES TO WOMEN WHO DELIVERED CHILD DURING LAST TWO YEARS

Percentage of women examined by trained personnel during pregnancy	86.8
Received Tetanus Toxide :	
None	60.3
One dose	19.1
Two doses	20.6
Percentage Received Iron-Folic Acid Tablets	60.9
Deliveries assisted by trained personnel	83.3
Place of Delivery	
Govt. institutional delivery	55.9
Private Institutional delivery	1.5
Own home	42.6
Total N	68

and Measles (57 per cent) were comparatively quite high amongst those women.

Although three-fourth of the women having knowledge of the vaccines also were aware of the sources of these vaccines, it was discouraging to find that most of them did not know the correct age, correct dose and correct interval between doses. It is evident from the table (Table 3.2) that about the correct age for administrating polio and whooping cough vaccines, hardly 3 to 4 per cent were knowing. Whereas for Diptheria and Tetanus, none of the women could give correct age. One may assume that the same proportion (4 per cent) of the women are also actually aware of the correct age since vaccines for these two diseases are administered to a child in combination with tetanus toxide vaccine (i.e. DPT vaccine). Moreover, oral polio vaccine is also normally given to the child at the same time. Surprisingly, the proportion of women's having knowledge about correct age for T.B. and measles vaccines were higher (46 and 51 per cent respectively).

About doses, except for T.B. (61 per cent), tetanus (52.2 per cent) and measles (49 per cent), most of the women did not know the correct number of doses. Even for polio, the correct number of doses to be given were known to only about 33 per cent of the women. It was also discouraging to note that hardly 11 to 30 per cent of the women knowing about the vaccines could correctly tell the interval between doses for polio, diptheria whooping cough and tetanus vaccines. Thus, it can be concluded that absence of any Govt. clinics in Madanrting and poor IEC or mass media coverage of the area by government health department are responsible for the low level of knowledge of the women about immunisation.

Table 4.2 : Knowledge about Immunisation Against Various Diseases

Diseases	% women knowing about child could be protected against diseases	sources from where it could be obtained	Knowledge about (among those who know about vaccination) Correct age	Correct doses	Correct interval
Polio	53.0	78.8 (41.0)	3.8 (2.0)	32.7 (17.0)	28.8 (15.0)
Diptheria	29.0	72.4 (21.0)	-	17.2 (5.0)	13.8 (4.0)
Whooping cough	37.0	75.6 (28.0)	2.7 (1.0)	16.2 (6.0)	10.8 (4.0)
Tetanus	23.0	82.6 (19.0)	-	52.2 (12.0)	13.0 (3.0)
T.B.	46.0	84.8 (39.0)	45.7 (21.0)	60.9 (28.0)	N.A
Measles	57.0	89.5 (51.0)	50.8 (29.0)	49.1 (28.0)	N.A

Figures in parenthesis indicate percentage to total respondents.

Immunisation of target children (0-6 years): Attempt has been made to assess the level of coverage under immunisation of all children aged 0-6 years. There were altogether 133 children under this age group distributed to 100 families. Out of the total families, 48 families had at least one child under this age group immunised against one disease or the other. But in 44 families all the target children available were covered by at least one immunisation agent. The survey revealed that to some extent BCG immunisation had better coverage (37 per cent each boys and girls) to the target children than any other immunisation agents. Incidentally, there was hardly any or no difference in immunisation coverage between the sexes. It is also surprising to find that very low percentage of boys (9.5 per cent) and girls (8.5 per cent) were covered by oral polio vaccines. Moreover, the Booster doses of DPT administered to children aged between 18 to 24 months was very meagre (1.3 for boys and 3.7 for girls). (Table 4.3)

Source of Immunisation: Out of the 48 per cent families who had at least one of their children aged 0-6 years immunised, 40 of them stated that they took the child to government hospital. While another 6 families had gone to private clinic for the purpose. For the remaining 2 families, their children received immunisation at the school.

The reasons for not immunising the target children against the six childhood diseases were spelled out by all the 52 families. One third of them (18 families) said that they were not aware of immunisation. Almost equal proportion of families (17 families) explained that the sources of immunisation was located far away from their homes. The respondents of 5 families (10 per cent) felt that as their children were healthy, they required no immunisation, while another 9 per cent of the families complained that no health worker had visited their homes for immunising their children. (Table 4.4)

Incidence of Sickness and Health Services Utilisation: Roughly, in every third household (33 per cent) at least one person was reported to have fallen sick during the previous one month of the survey. This include 7 per cent of the families, where more than one person falling ill was reported. The overall incidence of sickness per month in the total 100 families (551 population) works out to be 7.2 per cent (40 persons).

Age-Sex Distribution of Patients: Females (57.5 per cent) outnumbered males (42.5 per cent) in falling sickness during last one month. Age wise distribution reveals that children between 0-6 years comprised the largest proportions (52.5 per cent) amongst those who had fallen sick. Boys and girls almost equally represented this age-group. Besides there were no specific sickness distinguishing boys and girls. Amongst the 17 adults patients (15 or more age), 12 (70 per cent) were females. (Table 4.5)

TABLE 4.3 : EXTENT OF KNOWLEDGE ABOUT IMMUNISATION AGAINST VARIOUS DISEASES

PERCENTAGE OF HOUSEHOLDS HAVING KNOWLEDGE ABOUT	
Diseas	
Polio	52.0
Diptheria	29.0
Wooghing Cough	37.0
Tetanus	23.0
Tuberculosis	46.0
Measels	57.0
Correct Age for Immunisation	
Polio	2.0
DPT	1.0
BCG	21.0
Antimeasels	29.0
Correct Number of Doses	
Polio	17.0
DPT	8.0
BCG	28.0
Antimeasels	28.0
Correct Interval	
Polio	15.0
DPT	4.0
Total N	100

TABLE 4.4 : LEVEL OF UTILISATION OF IMMUNISATION SERVICES AND SOURCE OF SERVICES AVAILED

PERCENTAGE OF HOUSEHOLD HAVING	
No child aged 0-6 years	-
Atleast 1 child immunised against one or more disease	48.0
PROPORTION OF CHILDREN (0-6 YEARS) IMMUNISED	
Immunised	48.0
Total N	194
PROPORTION OF CHILDREN IMMUNISED AGAINST	
MALE : BCG	37.0
OPV	9.7
DPT	15.0
Booster (OPV+DPT)I	1.3
Booster (DT) II	10.7
Measles	12.2
FEMALES	
BCG	37.0
OPV	8.5
DPT	17.0
Booster (OPV+DPT) I	3.7
Booster (DT) II	13.0
Measles	14.9
REASONS FOR NOT IMMUNISING*	
Unaware about immunisation	34.6
No one care to immunise	5.8
Source is far off	32.7
Unaware of the place	3.8
No need/objection from family members	0.0
Other Reasons	23.1
Total N	52

* Base is only those family having ch any disease.

Minor ailments like cold and cough, diarrhoea and other diseases attacked these women folks. Whereas except one all the adult males complained about diarroheal diseases only.

Table 4.5 : Distribution of Age and Sickness According to Sex

Age (years)	Cold & Cough Male	Cold & Cough Female	Fever Male	Fever Female	Diarrhoea Male	Diarrhoea Female	Others Male	Others Female	Total Male	Total Female
0-6	4	3	1	2	3	4	2	2	10	11
7-14	1	-	-	-	-	-	1	-	2	-
15-40	-	4	-	-	1	4	-	3	1	11
40+	1	1	-	-	3	-	-	-	4	1
Total	6	8	1	2	7	8	3	5	17	23

Sources of Treatment : To those who had fallen sick, Government hospital and private clinics were the two major sources of treatment. About 45 per cent of the patients referred the former source while another 40 per cent of the patients went to private clinics located in Madanrting Home treatment was given to 7.5 per cent of the patients. Almost all (95 per cent) the patients preferred allopathy system of medicine. Indigenous system of medicine was not generally preferred by the communities. Irrespective of the type of nature of illness, over 97 per cent of the sick persons continued to do their routine activities. While only 2.5 per cent of the patients reported that they took rest for a week or so. (Table 4.6)

Health Worker's Visit: None of the 100 families reported that any health functionary or anganwadi worker paid visit to their homes during last 6 months.

Usership of F.P. Method : An overwhelming majority of the families (93 per cent) do not use any contraceptives for birth control. Amongst these include 79 per cent of the families/couples who do not want to use contraceptives and another 6 per cent of the women confessed that their husbands object to accepting any contraceptive devices. Lack of knowledge of F.P. methods were expressed by 2 per cent of the respondents. Non-acceptance to contraceptive is largely imbeded in the religious believe that Christianity does not allow use of birth control methods. (Table 4.7)

Ration Card Holders & Civil Supply : Only about one-fourth (26 per cent) of the total families were holding ration cards. This low proportion of ration card holders among the 100 respondents was because of two reasons- Firstly, the ration cards were issued to only permanent residents of Madanrting and secondly, to most of them although, the civil supply officer had promised to issue one, after registering their names, no

TABLE 4.6: INCIDENCE OF SICKNESS AND UTILISATION OF HEALTH SERVICES (Last one month)

PROPORTION OF HOUSEHOLD WITH SICK PERSONS DURING ONE MONTH	
None	67.0
Atleast one	33.0
One	26.0
More than one	7.0
PERCENTAGE OF TOTAL PERSONS FALLEN SICK DURING ONE MONTH	7.3
AGE OF SICK PERSONS (YRS)	
0-6	52.9
7-14	5.0
15-39	30.0
40 +	12.5
Total N	40
SEX OF SICK PERSON	
Male	42.5
Female	57.5
DISEASE	
Cold/cough	35.0
Fever	7.5
Diarrhoea	37.5
Others	20.0
SYSTEM OF MEDICINE	
Allopathy	95.0
Ayurvedic	2.5
Other systems (Homeopath)	2.5
Home medicine	0.0
SOURCE OF TREATMENT	
Home treatment	7.5
Government hospital/UFW Centre	45.0
Private Clinic/Practitioner	40.0
Others	7.5

TABLE 4.7 : LEVEL OF CONTRACEPTION AND REASONS FOR NOT USING FP METHOD

Family planning usership	
PERCENTAGE USING A FAMILY PLANNING METHOD	7.0
FP METHODS USED	
Vasectomy	2.
Tubectomy	2.0
IUD/Cu-T	2.0
Oral Pills	
Condom	0.0
Abstinence	1.0
Total N	100
REASONS FOR NOT USING FP METHODS	
Currently Pregnant	8.6
Want more children/son/daughter	4.3
Do not want to use FP Method	84.9
Unaware of FP method	2.2
Fear of complication	2.2
Opposition from husband	6.5
Others including secondary sterility	-
Total N	93

* Answer add to more than 100 beca

Answer add to more than 100 because of multiple reply.

cards have been issued so far. The respondents of Dong Patta locality complained saying; "most of the famlies here do not have ration cards, though people from supply office had come to register our names, when we went to enquire in the supply office we did not get any respose. We are poor and illiterate, that is why nobody come forward and help us". However, among ration card holders, for 60 per cent of the card holders, the respondents themselves procured the ration cards without anybody's help. For 28 per cent of the card holders, the relatives and friends helped to obtain the same from the civil supply office. While for the remaining 11 per cent of the families the husbands obtained the ration cards. This indicate that most of the women/housewives, besides their domestic chores, they have to carry out such task of procuring ration cards from civil supply offices. The husbands or adult male members of the majority of the families are least concerned about it.

For the collection of rations from fair price shops, the women respondents (42 per cent) and the husbands (38 per cent) take the responsibility. Children especially boys are deputed for fetching rations in 15 per cent of the households. Fair price shops were located within reach. In an average a family need not travel beyond 350-400 meters for obtaining rations from their fair price shops. However, a family or a ration card holder have to spent about 1 hour or so for getting her/his turn to collect the rations.(Table 4.8)

Rice and sugar are found to be the two most important items sought by the families from the fair price (FP) shops. About 89 to 92 per cent of the card holders purchased these two items from the FP shops. Wheat flour (40 per cent) and edible oil (48 per cent) were preferred by less than half of the families. It is however, important to note at this juncture that for the majority of the communities rice is the staple food. Even for breakfast and as tiffin for children, rice is served. Thus the consumption of rice is very high in every family. Moreover almost all communities in Madanrting are meat-eaters. Consumption of Beef and Pork are quite high even amongst low-income families. Because the rich diet (animal proteins and Fats) intake, one can seldom find malnutritioned women and children. Children with rosy cheeks with todders in their backs and playing up and down slopes is a common sight in Madanrting.

Attempt was made to assess the extent of regularity of the supply of each of the essential items at their respective fair price shops. The study revealed that to more than three-fourths of the card holders, the supply of Rice (81 per cent) and Sugar (77 per cent) were regular. For rest of the items opinions were equally divided about the regularity or irregularity of the supply.

TABLE 4.8 : ACCESSIBILITY TO AND USERSHIP OF FAIR PRICE SHOP

Proportion of households having Ration Card	26.0
Total N	100
Who Helped in getting Ration Card	
Self/Husband/No one helped	72.0
Relatives/Friends	28.0
Supply officer/Clerck	0.0
Total N	26
Who Collects	
Wife or other female members	46.1
Husband or other male members	38.5
Male Children	15.4
Female Children	0.0
Average Distance of Fair Price Shops from house (in metre)	363
Average time spent in collecting ration (in hrs)	1.07
Total N	26

Most of the days the ration shops days in a month. Thus during tho: time.

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Table 4.9 : Whether Supply is Regular

(N=26)

	Regular	Somewhat regular	Irregular	Not purchase
Wheat	16.0	-	24.0	60.0
Rice	80.8	-	11.5	7.7
Pulses/Gram	-	-	16.0	84.0
Sugar	76.9	-	11.5	11.5
Edible oil	24.0	4.0	20.0	52.0
Kerosene	4.0	-	4.0	92.0

About the quantity of supplymade to each of the card holders, the responses are discouraging. The supply of rice and sugar were felt adequate for only 42 and 23 per cent of the families respectively. Even the quantity of wheat and edible oil supply were adequate to few families procuring these items from the FP shops. (Table 4.7)-

Table 4.10 :Whether Adequate for Family

(N= 26)

	Yes	No	No purchased	No supply
Wheat	12.0	28.0	60.0	-
Rice	42.3	50.0	7.7	-
Pulses/gram	4.0	12.0	84.0	-
Sugar	23.1	65.4	11.5	-
Edible oil	8.0	40.0	52.0	-
Kerosene	4.0	4.0	92.0	-

CHAPTER - V

PARTICIPATION IN LABOUR FORCE AND JOB OPPORTUNITIES FOR WOMEN & GIRLS

Employment & Nature of Work Preferred:

Out of the 100 women respondents, 10 were already gainfully employed. The rest were housewives. But 67 housewives expressed their willngness to work or take up some job. While 23 housewives declined from taking up jobs even if opportunities were given to them as they have nobody to look after their children (85 per cent) while another 13 per cent of the housewives straightaway said that they have no interest in doing job. The remaining 4 per cent of them confessed that their children are very young to permit them to do any jobs. (Table 5.1

Amongst those 67 housewives who expressed that they were willing to do jobs, majority of them (84 per cent) did not specify the nature or type of job theypreferred. Instead, they were willing to take up any type of job if opportunities exist. Specific jobs demanding skills related to handicraft or knitting were pointed out by 6 per cent of the housewives. Knowledge or experience about the job (36 per cent), job security (27 per cent) and to some extent the job was easy, were the major reasons cited by the respondents for a particular job preference. However, majority of the job seekers (48 per cent) preferred that they should work within the locality. But about 27 per cent of the respondents were ready to work anywhere. Whereas only 11 per cent of them choosed to work outside the locality. (Table 5.2).

It was interesting to know that overwhelmingly large number of wommen (82 per cent) expected that their daily wage should be more than Rs. 10 to as high as Rs. 30. Some respondents (8 per cent) especially those who preferred to start business expected a daily income/wage between Rs. 40 to 75. However, a little over 7 per cent of the respondent were ready to work for any amount of wages they would get.

Membership and Utilisation of Bank Services: Communites perception about savings were almost none-existant in Madanrting. Out of the 100 families contacted only 9 families reported that they have opened savings accounts that too in banks only. Equal number of male and female (4 each) had their individual accounts while joint account was maintained by one family only. (Table 5.3)

It was also amusing to find that 99 per cent of the families did not have membership to any cooperative societies. Only one male member of one family responded that he was member of a cooperative society.

TABLE 5.1 : REASONS FOR NOT WANTING TO UNDERTAKE ANY JOB *

Reasons	
No one to look after children/ young child	86.9
No time	13.1
Lack of skill	0.0
Not interested in doing Job	0.0
Husband does not permit/ Old customs	0.0
Total N	23

* Percentage add to more than 100 because of multiple reply

TABLE 52 : WORKING STATUS, INTEREST IN TAKING UP JOB AND TYPE OF JOB AND PLACE OF WORK PREFERRED

Currently employed	10.0
Not employed but ready to work	67.0
Not interested in taking job	23.0
Total N	100
Preferred Place of Work	
Home	3.0
Within locality/slum	47.8
Anywhere including outside slum	49.2
Nature of work preferred *	
Any type of job	83.6
Tailoring	0.0
Embroidery, knitting work, match box making, handicraft	6.0
Teaching	0.0
Office job eg. peon /class IV/ Aya	10.4*
Others	
Expected wage per day (Rs.)	
5 or less	0.0
6-10	0.0
11-20	50.7
21 +	41.8
Any Amount	7.5
Average expected wage/day	22.40
Total N	67

* Majority of them were prefering cooking or sanitary job.

TABLE 5.3 : MEMBERSHIP OF FINANCIAL INSTITUTIONS

Institutions	
BANK	
Percentage of families having account in Bank	9.0
Percentage of women having account in Bank (either independent or jointly)	5.0
POST OFFICE	
Percentage of families having saving account in post office	-
Percentage of women having account in Post office (either independent or jointly	-
COOPERATIVE	
Percentage of families having membership of any cooperative	1.0
Percentage of females having membership in any cooperative	-
Total N	100

Loan: Out of the entire 100 families only one family had applied for loan, that too for meeting domestic needs. However, till date the loan did not get materialised.

About one-third of the families (33 per cent) were found to be aware and confident that for starting a business, one can get loan. Howe-ever, they had not applied for such ventures. Opinions were divided on the reasons for not applying the loan even after knowing that one can get loan for starting a business. About 24 per cent of the fami-lies said that it was very difficult to get loan. While an equal proportion of families (24 per cent) did not have faith that their applications will be accepted. They feared that nobody will listen to them at the financing institutions. For about 12 per cent of the families, the high rate of interests discouraged any such moves, where-as an equal proportion still were not sure about the availability of loans. (Table 5.4)

Loan from Private Sources: Getting loan from private sources was relatively quite popular. About 14 per cent of the families have utilised such sources. For half of the borrowers, (50 per cent), their relatives were the source of loans while for another 43 per cent of them, their friends and neighbours provided the loans. Few families (7 per cent) had approached private money lenders for loan.

Purpose of loan: It was difficult to establish from about 43 per cent of the respondents the purpose of acquiring loan by their families. But investment in houses like house repairs (36 per cent) and for other domestic or household needs (21 per cent) were two most common purposes for which the families had to seek loan from private sources. (Table 5.5)

Urgent Need of Families : All the women respondents were asked to specify their two most urgent needs or goals which they would like to fulfill. The responses were amusing. Although initially 67 per cent of the women had expressed their willingness to take up job if they were given opportunity, this matter did not receive any importance to over 93 per cent of the women when they were provoked with the above question. It is evident from the table (Table 3.5) that a good (pucca) house was the most desired goal for majority of the women (47 per cent). About 20 per cent of the women expressed that their first preference was to have a loan from government sources for starting a business of their own. Getting loan from government sources was also the second most important goal expressed by 12 per cent of the families. Children's education and job opportunities were the other ambitions which were equally highlighted by 6 to 7 per cent of the families. (Table 5.6).

TABLE 5.4 : AWARENESS OF LOAN FACILITY FROM BANK AND ITS UTILISATION

Percentage of R who know that loan could be obtained for business	34.0
Percentage of HHs ever applied for loan	1.0
Percentage of HHs actually received loan	0.0
Total N	100
Reasons for not availing Loan facilities	
Unaware of the facilties	70.7
Difficult procedures/ nobody listen to us	18.2
Difficult to repay	4.0
No need of loan	6.1
Total N	99

TABLE 5.5 : LOAN TAKEN FROM PRIVATE SOURCES AND PURPOSE OF LOAN

Percentage of household taken loan from private body/person	14.0
Total N	100
SOURCE*	
Relatives/Friends	92.9
Money lenders	7.1
PURPOSE*	
Domestic work	21.4
Medical	-
House repair	35.7
Education of children	-
D-K	42.9
Total N*	14

* Asked to only those who ha

* Asked to only those who had taken loan from private sources.

TABLE 5.6 : TWO MOST URGENT NEEDS

Needs	Rank 1	Rank 2	Total
1. Pucca house	47.0	3.0	50.0
2. Well for drinking water purpose	-	-	-
3, Toilet facility	1.0	-	1.0
4. Job opportunity	7.0	6.0	13.0
5. Gas stove/gas connection	1.0	5.0	6.0
6. Electricity	-	-	-
7. Clock	3.0	4.0	7.0
8. Education of girls	7.0	7.0	14.0
9. Govt. loan for self employment/business	20.0	12.0	32.0
10. T.V.	2.0	1.0	3.0
11. Others	10.0	7.0	17.0
12. Don't know/cannot say	2.0	-	-

% exceeds 100 due to multiple answers.

CHAPTER-VI

SUMMARY AND RECOMMENDATIONS

Madanrting, because of its 'fringe' locations, it does not receive all the urban basic services. During 1971 decade, although Madanrting's population increased to two folds from a mere 3013 (1971) to 6160 (1981) and enjoyed the status of Class V town, the larger part of it still retains rural landscape. The settlements are divided into 9 localities each under a 'Gaonburrah', of village Headman. Majority of the inhabitants are Khasis - a unique ethnic group that believes in matrilineal tradition. The earliest settlers in Madnarting are however, mixed communities who started their colonies soon after the establishment of military and para military forces in and around the region. Although Madanrting is not a slum, the socio-environmental conditions prevailing in some pockets of old localities portrays a slum-like situation.

Madnarting lacks essential amenities like government health care centre, maternity homes/antenatal clinics, Balwadi for pre-school children, secondary school, roads and streetlights, adequate drinking water facilities and playground for youths. The extent of vocational training centre and job opportunities especially for women and girls are much to be desired. It is discouraging to find that little work is done by government and missionaries to ameliorate the living conditions of Madanrting people. Moreover, no other voluntary agency or NGO is involved or actively working in the area, either for improving health and nutritional status, for providing educational services or for other basic sources.

Culturally, the inhabitants of Madanrting promote equal educational and job opportunities to women and men. The Khasi women, for instance participate in the self employed business or trade which include piggery, grocery, vegetable stalls, fish stall and they even participate in stalling booking office or counters for a locally popular gambling system called "Madka". Inspite of this fact the population of Madnarting, particularly those belonged to economically weaker section still need urgent attention for the improvement of their socio-economic conditions. A free health care service is the immediate requirement for Madanrting.

From the point of view of social welfare, there are a couple of welfare Associations like ex-servicemen's associal and a branch of Shillong Nepali Mahila Samiti. Their activities are basically confined to solving local issues, promote education and sports and create communal harmony. Because of the lack of financial base and governments support, these welfare associations are not able to make much headway in achieving their goals. However, for the upliftment of the socio-economic conditions, especially of downtrodden women and girls, there is one women welfare association called Madanrting Women's Association comprising of 60 members. This association has opened a

vocational training centre (Madanrting Women Machine Kniting Association) where normal as well as handicapped girls are imparted training in knitting and sewing. The states' social welfare department have come forward to recognise the vocational training centre and eligible students are paid stipends for undergoing training in this centre. Moreover, the Department share the financial burden of the association by providing raw materials for knitting and sewing.

The second, yet credible activity undertaken by this association is rehabilitation of widowed women. The association arranges loan from banks on behalf of the widowed women and help them to open small stalls or petty shops. So far 6 widowed women could be successfully rehabilitated by the Association. The association is very promising and recently the state's social welfare advisory board is reported to have sanctioned a loan of Rs. 84,000 to the Association's President for establishing the Indira Gandhi Social Welfare Association for helping the handicapped. Once this new Association is established, its activities can be expanded (though government's motivation) in other spheres such as Balwadi, Adult education, health and MCH, etc.

In the absence of any other NGOs in Madanrting, this association can be further involved in any intervention programmes, that is community based, in coordination with the states social welfare board.

RAJKOT

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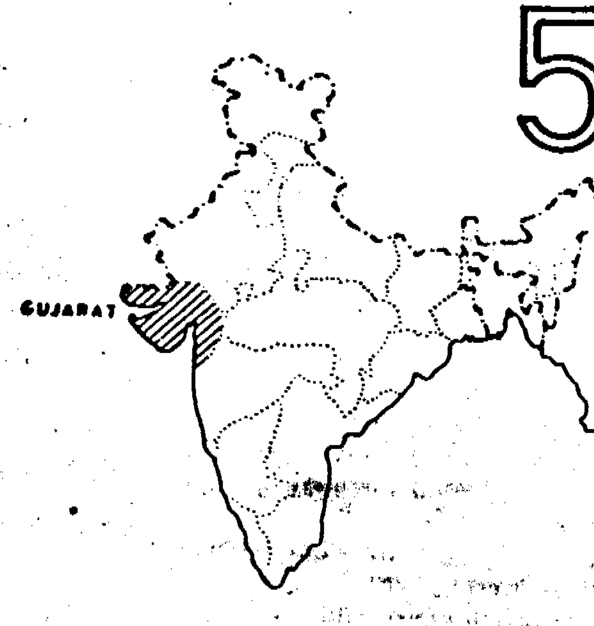
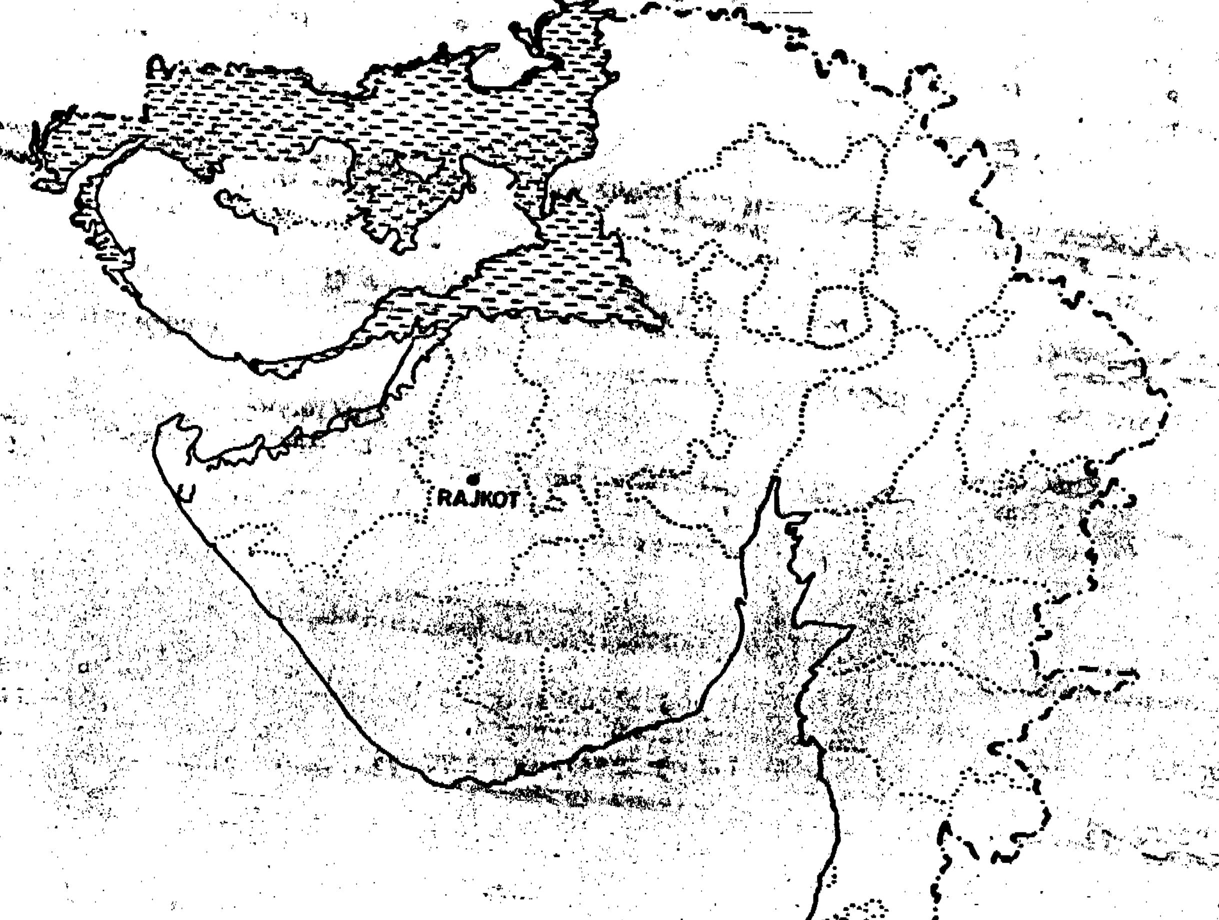




C. V. S. PRASAD

CONTENTS

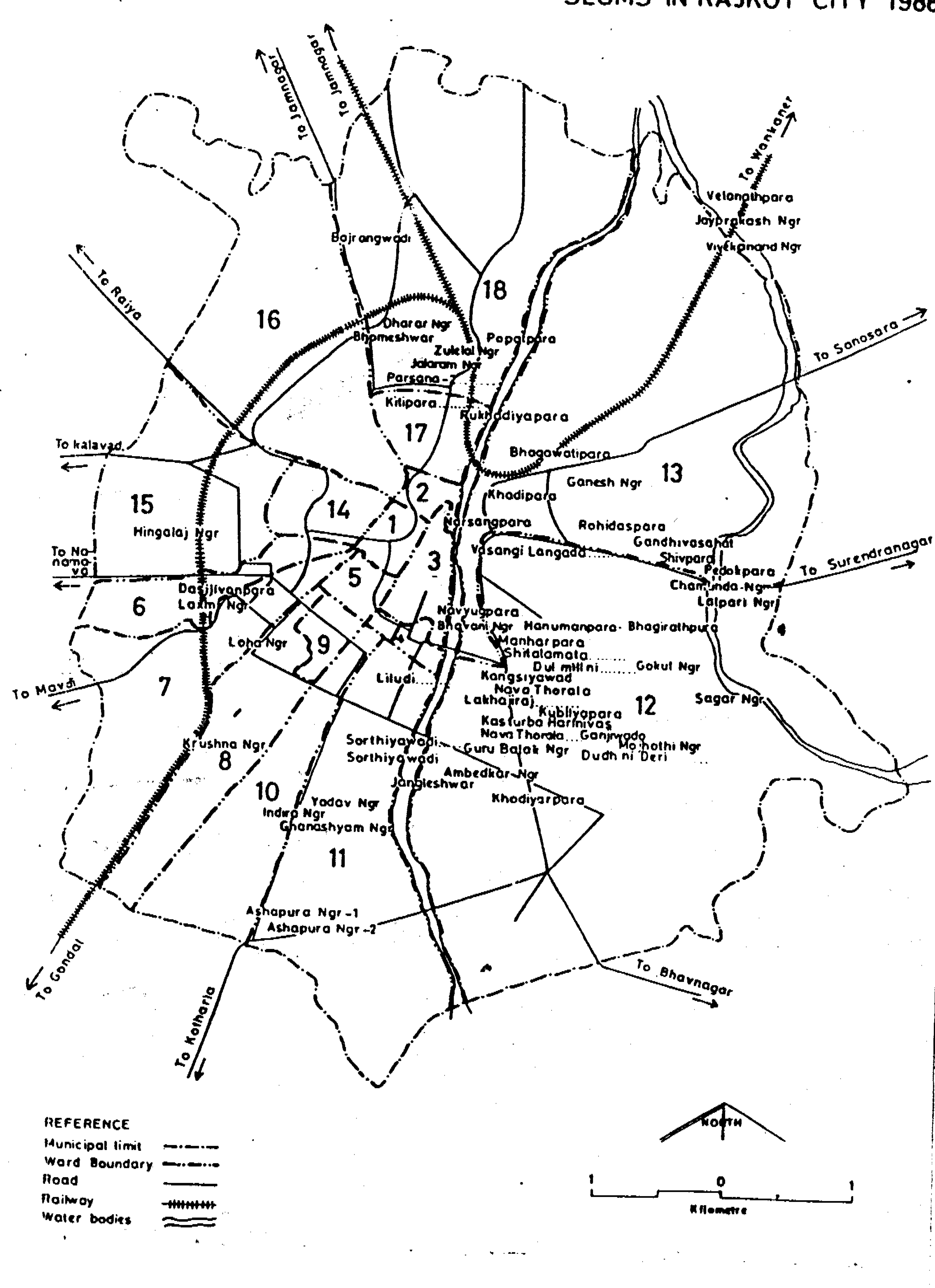
		Page No.
1.0	Background	1
1.1	Urban Basic Services Scheme in Rajkot	2
2.1	Physical Characteristics	4
2.2	Extent of Availability of Basic Services	5
3.0	Accessibility and Extent of Utilisation of Urban Basic Services	12
3.1	Socio-economic and Demographic Characteristics	12
3.2	Social Background Information of Slum Population	13
3.3	Economic Background of Slum Population	16
3.4	Housing Condition	16
3.5	Basic Amenities	16
3.6	Exposure to Mass Media	19
4.0	Extent of Availability and Utilisation of Basic services by Women and Children	21
4.1	Educational and Vocational Training Services	21
4.2	Extent of Utilisation of MCH and Health Services	26
4.3	Extent of Use of Family Planning	33
4.4	Current Employment Status and Work Opportunities for Women and Girls	35
4.5	Membership and Extent of Availing Certain Public Service Agencies/Institutions	36
5	Summary Conclusions and Suggestions	41

ANNEXURE I : Slum Upgradation Scheme initiated during 76-79

II : Revised Slum Upgradation Scheme during 1982

III : Selected NGO's in Rajkot city - Their activity profile

SLUMS IN RAJKOT CITY 1988



1.0 BACKGROUND

Rajkot city is one of the important centres of small scale industries in the country. Developed on the banks of river Aji, Rajkot is the most centrally located city of Saurashtra region of Gujarat state. Prior to 1948, it was the capital of old Saurashtra state.

The city of Rajkot, which according to 1981 census had a population of 4.5 lakh has witnessed a rapid urbanisation during the last three decades. Its annual growth rate has been around five per cent in recent years. At the present rate, the population of the city is expected to touch 9 lakh by the turn of the century.

With increasing activities of trade and industry where diesel and oil engines, printed sarees and steel furnitures are major commodities of production. Rajkot has been a source of attraction to rural people particularly the poor people of the district and neighbouring region who come in search of jobs and settled down in slums. Thus one section of population that is growing rapidly is the slum population. According to 1981 census, there were 26 slums with 39,226 inhabitants and according to a recent survey conducted by Rajkot Municipal Corporation (RMC), the number of slums had swollen over the last seven years to 58. (The map showing the location of the slums is given in Figure-1). In the opinion of Medical Officer, RMC, out of the estimated 7 lakh population of the city, 30 per cent was accounted for by slum dwellers. Such a rapid growth of slum population has been a challenge to RMC in providing basic amenities to them. They have been earmarking more and more funds in Municipal budgets every year to upgrade the existing facilities with the aid from central and state governments. RMC has been undertaking a number of schemes with the objective of improving the living conditions of the urban poor in the city. Slum upgradation scheme, which was introduced in 1977 was a major effort according to which out of 58 slums existing as of today about 28 were covered. The list of these slums under the scheme and the norms set are given in Annexure-I and II respectively. A brief account of the efforts which are directed to uplift weaker sections and slums in particular by voluntary organisations is given in Annexure III.

However, a review of all these slum/environmental development/improvement or upgradation of slums indicates that though some improvements have been made, particularly in housing, roads, street lighting, etc., the scheme did not cover hundred per cent of slums. All basic needs within the slums on one hand and the problems specific to the women and children belonging to the slums/poor sections of the society were not handled adequately.

1.1 Urban Basic Services Scheme in Rajkot

The erstwhile urban community development programme, small and medium town development and low cost sanitation scheme were integrated into one and called Urban Basic Service Scheme. UNICEF has come forward to finance the scheme. Ho[illegible] its major interest is to uplift women and children belonging [illegible] slums and weaker sections of the society. With this understanding [illegible] has participa[illegible] in the scheme. As far as the financial grants are concerned the state governments and UNICEF would share 40 per cent each and the remaining 20 per cent would be contributed by the centre. The Rajkot Municipal Corporation would not have to bear any expenditure, but they would be the implementing authority. During the survey period RMC was preparing the plan. This plan should be approved by district collector and then by the Director, Urban Affairs. Subsequently it would be submitted to the Ministry of Urban Development. Once the plan including its financial and utiliy aspects are okayed, the scheme will be implemented. Some positions are already filled in at state and corporation level and in January orientation training was given to community development supervisory staff of Municipal Corporation as a Part of the UBS Scheme. Before launching the scheme effectively, the UNICEF authorities, however, wanted to assess the existing situation with regard to the women and children of slums in terms of the extent of accessibility and utilisation of basic services including education, health, water supply and sanitation, vocational training and job opportunities.

UNICEF is also interested in identifying the potential of voluntary organisations giving helping hand to RMC in providing one or other of these services to women and children. The present study is an effort in this direction.

As per the research design thirty out of fifty-eight slums were sampled using systematic random sampling procedure. The community level information was obtained by canvassing a community schedule among leaders and elder members of the thirty selected slums out of the total 58 slums. Besides, to collect household information and women and children related issues, firstly a sub-sample of 15 slums was chosen at random. From each of these slums 10 HHs were chosen, using a list of households as a sampling frame. A currently married woman in the age-group of 15-44 years was selected at random from the list of all such women and interviewed in each selected household.

In the following sections an attempt has been made to analyse the slum profiles on the basis of information collected through the community schedule and women's and children's accessibility to and the extent of utilisation of basic services in the selected slums.

2.1 Physical Characteristics of the Sampled Slums

An analysis of the characteristics of the 30 slums surveyed is presented in Tables 2.1 to 2.3

2.1.1 Number of years of existence : Out of 30 slums under study, 11 (36.7%) were less than 10 years old, another 9 (30%) came into being between 11 and 20 years ago, while the remaining 10 (33.3%) were reported to be more than 20 years.

2.1.2 Number of slums having approach road : Sixteen (53.3%) out of 30 slums were observed to be having pucca roads and were accessible in all seasons while the rest had kutcha roads which were not motorable during monsoon.

2.1.3 Area of slums : Of the 30 slums, 11 (40%) had an area less than 0.5 hectares. Another 7 were spread in 0.5 to 1 hectare area, while the remaining 10 had an area of more than one hectare. On an average a slum had an occupied area of 1.1 hectare.

2.1.4 Type of HH structure : Contrary to general expectations the housing conditions by and large in all surveyed slums of Rajkot were far better.

Majority of these slums were observed to have mangalore tiles as roof material. Further majority of households in all 30 slums were having brick walls. While 21 (70%) slums houses mostly had with cement flooring and the remaining 9 (30%) had earthen floor. Thus the housing condition in slums of Rajkot are far better than expected.

2.1.5 Population size : As many as 11 slums (36.7%) had an estimated population of less than thousand. Another 10 slums (33.3%) had a population between 1000 and 2000. While the remaining 33.3 per cent had a population of 2000 and above. The total population estimated of the 30 slums put together was 77,134. Accordingly the estimated population of all the 58 slums in Rajkot would be around 1,50,000. The estimated number of HHs were 10,670. Thus on an average a slum had an estimated population of 2250 and 356 HHs.

Accordingly, on an average a slum had 1.1 hectares of area and an estimated population of 2250, giving an average density of about 2000 slum people per hectare of urban area or one per five square meters. Although the building conditions were better, due to high density the per capita area available for living was observed to be less in these slums.

2.1.6 Religious composition : Half of slums covered had 90 to 100 per cent Hindu population. Four slums (13.3%) had 80-90 Hindus and 10-20 per cent Muslims, while remaining 11 slums had more than 20 per cent Muslims and correspondingly less than 80 per cent Hindus.

2.1.7 Migration status : It can be seen in the table that the formation of slums was generally due to rural to urban migration from the district of Rajkot itself (76.7%). However, slightly more than 20 per cent of slums were reported to have people living in the town for years. Lack of jobs in rural areas, drought conditions and better employment opportunities due to trade and small scale industrial development that has been taking place in the city can be listed as major factors for such migration from Rajkot district.

2.2 Extent of Availability of Basic Services

2.2.1 Drinking water facility : Twenty-five out 30 slums surveyed (83.3%) were reported having drinking water facility within the slum (Table 2.2) However, many of the tube wells got dried due to severe drought or were dug without seeing properly water table as affirmed by community people in some places.

In case of two slums the people had to go 250 meters to fetch water and in another three slums, people had to ge beyond 250 meters. In 90 per cent of the slums acute shortage of water was reported. According to RMC they were sending tanks to different parts of the city including slum areas. However, their utilisation seemed to be marginal in the most of the slums surveyed.

2.2.2 Electricity : Twenty-two slums (about 75%) had domestic connections in more than 75 per cent of homes (Table 2.2) while 3 slums (10%) had 50-75 per cent HHs with electricity facility. Remaining about 15 per cent had lower coverage with less than 50 per cent houses having electrical connection.

2.2.3 Toilet facilities : Fourteen out of 30 slums surveyed (47%) were reported to have been provided with public toilet facilities for men and women separately. However, the use of these toilets was reported to be marginal because of water problem and lack of maintenance. Hence almost all the people living in slums go into open areas for excretion.

private

2.2.4 Drainage/Sewage : In Rajkot city as a whole the drainage system is open sewage. In slums invariably there were no drainage facility available. Twentyout of 30 slums had some open drainage system. That was not pucca. It was observed during the survey that in many slums the drains were overflowing through the middle of the streets, causing public health problems.

TABLE 2.1 : PHYSICAL CHARACTERISTICS OF THE SAMPLED SLUMS

Number of years of existence (yrs)	No.	Percentage
10	11	36.7
11-20	9	30.0
21+	10	33.3
Total N	30	
Mean	13.7	
(SD)	(6.6)	
NA	-	
Number of slums having accessibility		
Yes	16	53.3
No	14	46.7
NA		
Area (Hectare)		
Upto 0.5	11	39.3
0.5-1	7	25.0
1-2	3	10.7
2+	3	10.7
Total N	28	
Mean	1.1	
(SD)	(0.1)	
NA	2	
Type of Housing structure		
Roof of Mangalore tiles	30	100.0
Wall of bricks	30	100.0
Floor of cement	21	70.0
Floor of mud	9	30.0
Population size (as estimated by community leaders)		
1000	11	36.7
1001-2000	10	33.3
2001-5000	5	16.7
5000+	4	13.3
Total N	30	
Total population	77134	
Mean population	2250	
Total No.of households	10670	
Mean households	356	

Contd.....

TABLE 2.1 (contd.)

	No.	Percent
Religious Composition (Hindu)		
90%	15	50.0
80-90%	4	13.3
80%	11	36.7
Total N	30	
(Muslims)		
0%	9	30.0
10%	6	20.0
10-20%	4	13.3
20%	11	36.7
Total N	30	
Migration status		
Same town	7	23.3
(Rural areas of same dist.)	21	70.0
Same state	2	-
Total N	30	

2.2.5 Communication : Twenty seven out of 30 slums had TV facility. The number of HHs possessing TV ranged between one to as many as two hundred. However, in 20 slums, the number of HHs with TV was 10 or less. It was observed that there was no slum with a community centre television/common television (Table 2.2).

2.2.6 Educational facilities : There was no single slum with a creche 19 slums had Balwadis/Anganwadi centres (AWC) meant for children aged 3-5 years. These centres are open 10.00 am to 2.00 pm every day. The children are served food at these centres. In all 146 Anganwadi centres were functioning as on the date of survey. Running responsibility of these centres was shared by Municipal Corporation and various voluntary organisations. The following is the break-up:

Name	Number of AWCs
1. Kanta Stree Vikas Gruha	20
2. Indian Red Cross Society	20
3. Putlibhai Udyog Mandir	20
4. Lok Seva Samaj	20
5. Saurashtra Kalyan Kendra	20
6. Municipal Corporation	46
	146

In these Anganwadis, a minimum matric passed women are appointed as Anganwadi workers. They are assisted by helpers. Normally the house of the helper is used as the centre so that she will get about Rs.200 per month in the form of her salary and rent. Every V.O. has appointed one supervisor to supervise the functioning of their 20 centres. The supervisor and other staff of VOs carry food prepared at a central place to these centres and distribute to children. Antenatal mothers also get nutritive food and iron folic acid tablets from these centres. The district level ICDS staff or RMC doctors visit the centres once a month to supervise the work. Immunisation services are provided to antenatal mothers and children during their visits. The centres keeps records of ANC PNC, Immunisation to children etc.

2.2.7 School facility : Six out of 30 slums (20%) had primary school within slums. Two slums had high school facilities exclusively for girls within 1 km. However 14 out of 30 had high school facilities combined for boys and girls within reach (less than 1 km) (Table 2.2).

TABLE 2.2 : DISTRIBUTION OF SLUMS ACCORDING TO BASIC SERVICES AVAILABLE

	No.	Percent
Water		
Number of slums having drinking water facility		
Within slum	25	83.3
Outside but within 250 meters	2	6.7
Beyond 250 meters	3	10.0
Whether water facility adequate?		
Yes	3	10.0
No	27	90.0
Electricity		
Proportion of households having electricity		
25	1	3.3
25-50	4	13.4
50-75	3	10.0
75-100	22	73.3
Toilet		
Having public toilet facility (Male)	14	46.7
Not having public toilet facility "	16	53.3
Having public toilet facility (Female)	14	46.7
Not having public toilet facility "	16	53.3
Drainage		
Having drainage facility	20	66.7
Not having drainage facility	10	33.3
Having TV sets	27	90.0
Not having TV set	3	10.0
Education		
Having Balwadis	19	64.0
Not having balwadis	11	36.0
Having upto primary school	6	20.0
Not having upto primary school	24	80.0
Having school facility for girls (above 6th standard)	2	6.7
Not having school facility for girls (above 6th standard)	28	93.3
Having school facility of combined	14	46.7
Not having school facility of combined	16	53.3
Having adult education centres	1	3.3
Not having adult education centres	29	96.7
Having vocational training centre	1	3.3
Not having vocational training centre	29	96.7
Having boys/girls Anganwadi Centres	21	70.0
Not having boys/girls Anganwadi	9	30.0

private?

2.2.8 Adult education centre : Only one slum had such a centre. It was being attended by about 20 females per day.

? Reasons for girls not studying further : An analysis of the responses given by a group of community members in all the 30 slums indicate that by and large the girls were not going to school for the following four reasons:

1. Poor economic conditions of the families
2. The schools are far off
3. Girls have to attend domestic chores
4. Social inhibitions

2.2.10 V.T.C. : One out of the thirty slums had vocational training centres (V.T.C.) . Their activities are practically nill.

2.2.11 Health facilities : Table 2.3 shows that 25 out of 30 slums had access to health facilities as they reported having at least private medical practitioners within one km. Another 3 slums had them within 3 km. Sixteen slums reported even having private lady doctor within 1 km. The government facilities like maternity hospitals were accessi ble to people of 4 slu and FP/MCH clinics to those of 9 slums. However, for many of the slums (21), these government facilities were avilable within 3 kms. It was generally observed that the services of private medical practitioners were availed by the slum people.

2.2.12 MCH Care : In 30 per cent of slums, community level respondent reported government health staff visiting the slums to provide immunisation services to mother and children. In 27 per cent slums, the leaders reported the staff distributing vitamin tablets to women.

2.2.13 WHO visited during last six months : In majority of the slums (80%) the visit of Malaria health workers was reported. The visit of other workers like ANM, Sanitary Inspector was reported in very few slums (10 to 23%).

2.2.14 Film shows : Film shows related to promotion of health and family planning or any other aspects were not at all shown in slums of this city.

2.2.15 Milk booths : Few slums (23%) were reported having milk booths.

TABLE 2.3 : HEALTH FACILITY

Health facility	1 km		1-3 kms		3+ kms		Total
	No.	%	No.	%	No.	%	N
FP/MCH Clinic	9	30.0	12.	40.0	9	30.0	30
Maternity Hospital	4	13.3	17	56.7	9	30.0	30
Private Medical Practitioners	25	83.3	3	10.0	2	6.7	30
Private lady doctors	16	53.3	9	30.0	5	16.7	30

3.0 ACCESSIBILITY AND EXTENT OF UTILISATION OF URBAN BASIC SERVICES

As mentioned in the earlier section, to understand the existing level of accessibility and utilisation of urban basic services by slum women and children, a sample survey of households was conducted. As per the design of the study, first a sub-sample of 15 slums was selected at random from among the 30 slums chosen for community survey. From each slum selected for HH survey, a random sample of 10 HHs was drawn using a list of HHs supplied by RMC as sample frame. Interviews were conducted with a currently married women aged between 15-44 years selected at random from among the list of such women prepared in each selected household. Thus in all 150 currently married women were contacted and interviewed with a structured questionnaire. Attempts are made to present in this section the analysis of the data of all 15 slums pooled together.To begin with, the household characteristics of sample households are analysed as they constitute the background information.

3.1 Socio-economic Demographic Characteristics

Under this the demographic characteristics like age, sex composition of HH population,HH size and cumulative fertility, migration status, social background variables like literacy level, religion and caste structure and economic indicators like occupation, household income, housing conditions, area of HH and ownership status of the household population of the selected households of all 15 sampled slums put together are analysed and presented in Table 3.1. A brief discussion on each of these is presented in the following paragraphs.

3.1.1 Age and sex structure of household population : Table 3.1 shows that the total household population of 150 households was 830 as on the date of survey. Of these 418 were males and 412 were females giving a sex ratio of 985 females for every 1000 males. The table further shows that about 21 per cent belonged to 0-4 year age group, 28 per cent 5-14, 40 per cent 15-44 and about 11 per cent 45 and above. This analysis indicates prevalence of high fertiliy among slum population. Further analysis of age data by sex indicates that among males, 47 per cent constitute children under 14 years and the rest 53 per cent adults. The corresponding percentages were about 50-55 in case of females.

3.1.2 HH size : Table 3.1 shows that the average household size of the sample HH was 5.5.

3.1.3 Cumulative fertility : On an average a currently married women in the reproductive period gave about 4 live births (Mean 3.8). In fact, nearly half of the women had four or more live births. Ths supports our earlier observation that the sample population has a relatively high fertility (Table 3.1).

3.1.4 Average number of surviving children : On an average a women in the reproductive period had 3.3 children who were surviving at the time of survey (Table 3.1).In other words on the average the couples in the reporductive period experienced 0.5 child loss. In terms of percentage, 38.3 per cent reported having four or more living children.

3.1.5 Marital status : Table 3.1 shows that of the 412 females, 41 percent were married, 2.5 per cent were widows and the remaining 56.4 per cent were yet to be married. The corresponding percentages for males were 40.7 per cent, 0.4 and 58.9 per cent respectively. The average age at marriage for females was 17.4 years and for males it was 21.3 years.

3.2 Social Background Information of Slum Population

3.2.1 Educational status : Table 3.1 shows that out of 324 females, who were 6 or more years old, 62 per cent were illiterate, 27 per cent studied upto 5th standard, 7 per cent upto 8th standard and the remaining four per cent had secondary education.

Table further shows that out of 335 males, who were 6 or more years old, 47 per cent were illiterate, 24 per cent studied upto 5th standard, about 20 per cent upto middle and the rest about 10 per cent had secondary education. Thus the analysis indicates that males were relatively better educated than females.

3.2.2 Religion and caste : As high as 89 per cent of the sample HHs belong to Hindu community, while the rest 11 per cent were muslims (Table 3.1). A further break-up of the Hindu population shows that the slum population consisted of SC (58%), other backward caste (24.7%) and scheduled tribe (7.3%) and negligibly small proportion of households (2.7%) were of high caste Hindus.

3.3 Economic Background of Slum Population

Table 3.1 shows that majority of males (87%) in the age group of 15+ years were engaged in gainful employment. On the other hand only about 3 out of 10 females of the same age group were working for cash or kind.

On an average, the earnings of adult males who are engaged in gainful employment was Rs.449.8 per month (Table 3.1). Corresponding figure for females was Rs.168.8. The average household income worked out to be Rs.625.8 and the per capita income turned out to be Rs.113.1 per month. Thus the analysis indicates that majority of the HHs were below the poverty line. It can be further seen from the table, on an average about 10 per cent of the total household income was contributed to by the females. This findings suggests that generally the participation of women in labour force was low and there by their contribution to their family income was also low.

TABLE 3.1 : SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE OF SAMPLE POPULATION

(Percentage)

Age		
0 - 4	21.0	
5 - 14	28.0	
15 - 44	40.0	
45 +	11.0	
Total N	830	
Average HH size	5.5	
Average No. of Everborn children	3.8	
Living childre	3.3	
Percent of women having 4 or more living children	38.3	
Marital Status	Males	Females
Unmarried	58.9	56.4
Married	40.7	41.1
Widowed	0.0	0.0
Separated/Divorced	0.4	2.5
Total N	418	412
Mean age at marriage (yrs)	21.3	17.4
Educational status		
Illiterate	46.5	62.1
Primary	24.3	26.9
Middle	19.5	6.8
Highschool	9.7	4.2
Total N (6+ yrs)	335	324
Percent working for cash or kind		
Taking all in denominator	45.9	15.5
After suppressing 0-6 years	65.9	19.8
After suppressing 0-14 years	86.9	30.9
Religion and Caste		
Hindus	88.7	
High cast Hindus	2.7	
SC/ST	65.3	
Other Hindus	20.7	
Muslims	11.3	

TABLE 3.1 (contd)

Household Monthly Income (Rs)	
000	0.0
001-200	2.0
201-300	4.0
301-400	12.7
401-550	18.7
551-750	30.0
751-997	32.6
Average household income	625.8
Per Capita income	113.1
Average earning	
Male income	449.8
Total N	221
Female income	168.8
Total	64
Contribution of Females to Household income (%)	
0	63.3
1 - 10	3.3
11 - 15	2.7
16 - 20	5.3
21 - 30	10.0
31 +	15.4
100%	-
Total N	150
Average contribution	10%

3.4 Housing Conditions

Table 3.2 shows that by and large the houses in Rajkot slums were observed to be pucca buildings with mangalore tiles or RCC being used for roofs by as high as 99 per cent and brickwalls by about 87 per cent. Fifty three per centof the households also had cement flooring. On an average each household had two rooms.

The total area of a HH was estimated at 199 sq.ft. The HH size being 5.5, the per capita living area of a slum resident worked out to be 36 sq.ft. As rejards the ownership status of HH table shows that 73 per cent respondents reported ownership, 15 per cent were paying rent and the remaining 12 per cent had just occupied neither owning nor paying the rent.

3.5 Basic Amenities

Under this an attempt is made to assess the extent of availability of facilities or amenities like drinking water, toilet, source of light, type of fuel and stove being used for cooking etc. The analysis of the data selected to these aspects is presented in Table 3.3.

3.5.1 Drinking water facility : Table 3.3 shows that 80 per cent of HHs were depending either on tap/standpost i.e. the municipal water connection (43.3%) or on tube-wells (37%). The remaining 20 per cent mentioned other sources like well etc. RMC was supplying drinking water to different parts of the city including slum areas through tanks. However, the slum people did not report it as a source of drinking water. During our field work the women in slums were observed to be moving out of their slum areas to fetch water. A probing on the location of source of drinking water indicates that half of the HHs had to go out of slums to fetch water, another 33 per cent had to depend on common source located in slums itself. Only 16 per cent of respondents mentioned that the facility was located within the house premises. On probleing those whose source was outside the house as to how far they had to walk to get the source, 76 per cent mentioned that they had to walk upto 100 meters, while the remaining 8 per cent had to walk beyond 100 meters (Table 3.3).

Data suggests that only in 12 per cent HHs males' help in fetching water was reported. Interestingly, even among females the water fetching was an exclusive affair of girls aged 10-14 years as 90 per cent of females who fetch water belonged to this age group. On the average, 2 hours 21 minutes were spent per day exclusively for fetching water required for household consumption. Regardless of the source and locations, on the question as to whether the supply of water was adequate or not, only 10 per cent replied positively, while the rest 90 per cent mentioned inadequacy of water supply either always (31%) or during some seasons (55%).

TABLE 3.2 : HOUSING CONDITION IN THE COVERED SLUMS

Nature of Occupancy		
Rented		14.7
Owned		73.3
Occupied		12.1
Average Amount of Rent per Month (Rs.)		86.8
Average size and Number of Rooms		
Number of rooms		1.8
Living area (sq.ft.)		199.1
Household size		5.5
Average space available per person (sq.ft.)		36.2
Type of House		
Roof -	Thatched	0.0
	Corrugated Tin	0.0
	Old tin boxes	0.7
	Tiles/Asbestos	92.0
	RCC	7.3
	Others	0.0
Wall -	Mud	12.7
	Brick	87.3
	Metal/Tin sheets	0.0
	Others (wood)	0.0
Floor -	Mud	46.7
	Cement/Chips	53.0
	Others (wood)	0.0

TABLE 3.3 : AVAILABILITY, ACCESSIBILITY AND ADEQUACY OF BASIC AMENITIES

BASIC AMENITIES	Males	Females
Source of Drinking Water		
Tap	43.3	
Hand Pump	36.7	
Well	20.0	
Spring/Others	-	
Distance from Nearest Source		
Individual connections	16.0	
Within 50 meters	36.0	
51-100 meters	40.0	
101 meters	8.0	
Adequacy of Water Supply		
Adequate in all seasons	10.0	
Adequate in some seasons only	54.7	
Always inadequate	31.3	
Not ascertained	4.0	
Water Fetching	Males	Females
None	88.2	0.0
5-9 years	11.8	9.6
10-14 years	0.0	90.4
15-19 years	0.0	0.0
Total N	126	126

Average time spent for fetching water = 2 hrs 21 minutes

Toilet facility	
Percentage of HH who had access to either private or public toilet	32.0
Within house - flush/soak pit	2.7
Within house - open	0.0
Joint flush/soakpit	1.3
Joint open	3.3
Public flush/soakpit	24.7
Source of light	
Electricity	62.0
Lantern/Petromax	0.0
Diya/Diberi/Chimney	38.0

3.5.2 Toilet facilities : Table 3.3 shows that 68 per cent of households did not have any toilet facilities while the remaining 32 per cent had one or other kind of toilet facilities, most of these being public flush/sockpit (25%).

3.5.3 Source of light : Table 3.3 shows that 62 per cent of the HHs were having electricity connection, while the other 38 per cent were using kerosene oil lamps.

3.5.4 Type of stove : It can be seen in the table 3.4 that 42 per cent of the HHs were using kerosene stove, 34 per cent ordinary chulha, while 13 per cent were using improved/smokeless chulha. On an average time spent on cooking was about three hours thirty minutes (Table 3.4.).

TABLE 3.4 : TYPE OF COOKING STOVE USED AND TIME SPENT PER DAY FOR COOKING

Ordinary earthen	34.0
Improved/smokeless chulha	13.3
Gas stove	0.7
Kerosene oil stove	42.0
Coal Sigiri	24.0
Others	0.0

Average time spent for cooking = 2 hrs 32 minutes

3.6 Exposure to Mass Media

3.6.1 TV and radio ownership : Table 3.5 shows that 13.3 per cent (20 out of 150) of HHs owned TV. However 69 per cent of respondents mentioned that they had access to TV.

It can also be seen in the table that 81 per cent adult females, about 71 per cent of girls (0-14 years) and 80 per cent of boys (0-14 years) reported having exposure to TV. About one third of the respondents were exposed to one or other family welfare messages including those on age at marriage (34%), female education (31%), initial between two successive births (33%), immunisation of children against infectious diseases (32%), FP and use of condom & pill (34%). Other messages which were somewhat less popular were good care of pregnant women (26%) and special food for children to prevent blindness (17%).

3.6.2 Own or access to radio : About 60 per cent of respondents reported owning or having access to radio (Table 3.5), the remaining 40 per cent did not have any access to radio. Considerable proportion of them (58%) reported that they would listen to radio every day.

TABLE 3.5 : EXPOSURE TO MASS MEDIA

Percentage of household owning TV	13.3
Percentage of household having access to TV	69.3
Who watch TV	
Adults males/females	81.4
Boys	80.4
Girls	70.6
Total N	102
Reach of the message on Health & F.W.	
Age at marriage for girls	34.0
Special food for pregnant woman	26.0
Importance of education for girls	30.7
Interval between 2 births	33.3
Immunisation of children	32.0
Special food for children to prevent blindness	17.3
F.P. and use of condoms/pills	34.0
Percentage of household owning Radio	59.3
Percentage of household having access to Radio	72.6
How often respondent listen	
Everyday	57.8
More than once in a week	36.7
Less often	5.5

4.0 EXTENT OF AVAILABILITY AND UTILISATION OF BASIC SERVICES BY WOMEN AND CHILDREN

The basic services covered under this include :

1. Educational
2. Vocational training
3. MCH services
4. General health care delivery services
5. Public distribution system
6. Banking and loan services

Besides analysing the extent of utilisation of services, an attempt is also made to understand the extent of desire of women for employment, nature and place of employment, job preferences etc. It is expected that while this section will not only provide the status of the coverage of slum women and children by various basic services, but also their future intentions towards employment will also be known, an information which can be utilised for planning some training and introducing job opportunities. Analyses of the data are presented in Tables 4.1 to 4.8.

4.1 Educational and Vocational Training Services

4.1.1 Balwadi services : It can be seen from the table 4.1 that the proportion of children (3-5 years) attending balwadi was about 64 per cent. We have seen that only 11 out of 15 slums had Balwadis. However, an analysis indicates that even in slums where Balwadi did not exist, few boys were going to neighbouring places and attending the Balwadis. Sex-wise break-up of the data indicates a higher proportion of girls (66.8%) than that of boys (60.7%) attending Balwadi. However, the difference was not statistically significant.

4.1.2 Reasons for not going to Balwadi : All those respondents in whose households there was at least one child in the age group of 3 to 5 years, but reported their children not going to Balwadi, were asked the reasons. The reasons were analysed and presented in Table 4.1. It can be seen in the table that the respondents were quite divided in their replies. However, their answers reflect broadly their ignorance, lack of interest and or helplessness due to lack of birth certificates, which the Anganwadi worker and other staff would insist on. Some women who go to their native place in rural areas for delivery would not register their children's birth with Panchayat and hence no birth certificates were available either out of unawareness and or lack of interest to obtain the same. Some women give answers like unawareness of such facility (13.5%) or child was not old enough (13.5%), child was not well (5.4%).

TABLE 4.1 : ACCESSIBILITY TO AND UTILISATION OF EDUCATIONAL FACILITIES

Percentage of Children Attending Balwadi	
Among Children (3-5 years)	64.0 (128)
" Boys "	60.7 (55)
" Girls "	65.8 (73)
Reasons for not going to Balwadi	
Slum does not have such centre	**10.8**
Children do not have suchd centre	**24.3**
Unaware about such facility	**13.5**
Birth certificate not available	**16.2**
Child is not aged anough	13.5
Child has ailments	5.4
Economic condition not good	**10.8**
Others	**0.0**
Total N	**37**

Figures in parantheses indicate corresponsing basis

4.1.3 Number of children currently studying : Table 4.2 shows that out of 192 children aged 6-14 years 125 (65%) were reported to be attending school. Sex-wise analysis of the data shows that the proportion of female children attending school was 59.4 per cent which was significantly less than that of male children (70.8%).

TABLE 4.2 : EDUCATIONAL STATUS OF CHILDREN (6-14 years)

Percentage of children (6-14 years) attending school	
Boys	70.8
Girls	59.4
Average	65.1

4.1.4 Reasons for not attending school : Probing was made about those children (6-14 years) who were not attending school, as to why they were doing so. The analysis of the reasons perceived by respondents are presented in Table 4.3.

A perusal of the table shows that children were not studying for variety of reason. For about 23 per cent of children non-availability of sc hools within or close to their slum was responsible, for 20.9 per cent admissions were not given as they could not produce birth certificates, poor economic condition of their households was a reason for 11.3 per cent children. Yet another 12.9 per cent of children were not going to school because of elder's traditional outlook, while 8.1 per cent children were not going as they had to attend household chores. Physical disability was responsible for 8.1 per cent children to abandon schooling. 9.7 per cent just did not show interest in education.

TABLE 4.3 : PERCEIVED REASON FOR CHILDREN (6-14 YEARS) NOT ATTENDING SCHOOL

	No.	%
School is far off/slum does not have school	14	22.6
Due to lack of birth certificate no admission	13	20.9
Poor economic conditions	7	11.3
Busy with HH works	5	8.1
Working outside	2	3.2
Traditional outlood/social inhibitions	8	12.9
Handicapped/sickness	5	8.1
Not interested in studies	6	9.7
Others	2	3.2

Total N / [illegible]

4.1.5 Vocational training : In all about 25 adults attended one or other vocational training. Of them 10 were males and 15 were females. As regards the type of training they received 18 (72%) mentioned tailoring/stiching, the remaining 7 embroidery/handi-crafts like beads work etc.

Of these 25, 11 underwent training in government institutes, another 7 in NGO or voluntary organisation, while the rest 7 in private organisations.

Fourteen out of 25 could not reply about the length of training period. Among the remaining 11, most of them (8) got a training for one to six months.

On the time lapse since they had their training, 13 people got these training three or more years ago, 2 got 1-2 years, 4 got in less than one year and the remaining could not recollect as to when they got trained.

4.1.6 Extent of use of training received : Interestingly, 23 out of 25 were working and utilising their training. The remaining two could not utilise it due to lack of required machinery/equipment.

4.1.7 Reasons for not undergoing any vocational training by females: All those respondents who did not undergo any vocational training were asked for the reasons. Their answers are presented in Table 4.4. It can be seen from the table that out of 135 who did not undergo any training 50 (37%) reported that they did not have time to go for training. Another 44 (32.6%) because of either the institution being at a distance or the times not being convenient to the respondents. Thirteen (9.6%) because it was expensive. Opposition from husband and other elder members was listed by six respondents (4.4%). Another 15 (11.1%) confessed their ignorance about such facilities.

TABLE 4.4 : REASONS FOR NOT UNDERGOING TRAINING

Reasons	Percentage
Non-availability of time	37.0
Centre located at a longer distance/ timings not convenient	32.6
Expensive	9.6
Ignorance about such facility	11.1
Opposition from husband and other elders	4.4
Others	5.3
Total N (those R's who did not undergo vocational training)	135

4.1.8. Current employment status of women and girls : Out of 313 females aged 6 years or more 67 (21%) were working for earning in cash or kind.

Analysis of the type of job they have been engaged in is presented in Table 4.5. Table shows that the slum women were generally engaged as labourer (40%) or maid servant (30%), running petty shop or doing casual jobs to earn livelihood was reported by 19.4 per cent. A small percentage of women and girls (10%) were doing tailoring and or related works.

TABLE 4.5 : NATURE OF WORK WOMEN AND GIRLS CURRENTLY ENGAGED IN

	%
Labour works/sweeper	40.1
Servant maid	30.0
Running petty shop/self employed	19.4
Tailoring	4.5
Handicraft/embroidery	4.5
Others	1.5
Total N (Working females 6 years and more)	67

4.2 Extent of Utilisation of MCH and Health Services

4.2.1 Antenatal cares : Analysis of the data indicates that during last two years there were 80 live births in the 150 sample households. Of these 80 women, 56 per cent underwent examination by trained personnel during antenatal period (Table 4.6). 53.3 per cent received atleast one dose of TT of which 44.7 per cent cases infact received the required two doses during pregnancy. About 74 per cent of women receivediron folic acic tablets. As regards the place of delivery, out of 80, 22.5 per cent were delivered in government hospital, 7.5 per cent in private while the remaining 68.8 per cent at their residence itself (Table 4.6).

In all as many as 53 per cent of the deliveries were assisted by trained persons including doctors irrespective of the place of delivery (Table 4.6).

TABLE 4.6 : PROVISION OF ANTENATAL AND NATAL SERVICES TO WOMEN WHO DELIVERED CHILD DURING LAST TWO YEARS

Percentage of women examined by trained personnel during pregnancy	56.3
Received Tetanus Toxide	
None	46.7
One dose	9.1
Two doses	44.2
Percentage received iron folic acid tablets	73.7
Deliveries assisted by trained personnel	52.7
Place of Delivery	
Govt. institutional delivery	22.5
Private institutional delivery	7.5
Own home	70.0
Total N	80

About 99 per cent of children born during last two years were reported to be surviving at the time of survey. This figure reflects very low level of infant mortality.

Thus the foregoing analysis indicates that the coverage of pregnant women under various MCH services seemed to be better in Rajkot slums.

To study the current situation with regard to the utilisation of MCH services, analysis of the currently pregnant women (CPW) has also been carried out. As per the analysis out of 156 currently married women in the reproductive age group 15-44 years, 14 (7.5%) were pregnant at the time of survey. Out of 14, 7 were being examined by trained persons from time to time. Seven of these fourteen pregnant women were in 7th month or more. Three were given 1st dose of TT, another two were given all the two doses and the remaining 2 has not got immunised. Four out of 14 were receiving iron and folic acid tablets.

4.2.1 Knowledge about immunisation to children against infectious diseases: All the respondents were asked whether the child could be protected against infectious diseases, which were the sources, where from the required services could be obtained, the age at which the child should be given vaccine, how many and at what interval the doses to be given. Their answers are analysed and the proportion of the respondents who gave correct replies to the above issues are presented against each disease in the Table 4.7. It shows that 40 to 77 per cent respondents knew that children could be protected against all the disease. The diseases, for which the proportion of respondents giving correct replies was highest for polio (77%) and lowest for diptheria (41.3%).

Ninety two to ninety eight per cent of the respondents who could say correctly that the children could be protected against diseases and could tell the source of service correctly.

With regard to age at which the first dose of vaccine should be given to protect children against various diseases, very few knew the correct age at which a particular vaccine should be administered to prevent incidence of a particular disease. For instance, only 5 respondents (3.3%) knew the correct age of the child for the first dose vaccine against measles. The correcponding figures for tuberculosis, diptheria tetanus, whooping cough and polio were 9, 15 and 27. However, the number of doses to be given to protect against various diseases were correctly mentioned by relatively a bigger percentage of respondents. For example, 44 per cent of respondents could tell the correct number of doses of polio vaccines. Such proportion was lowest for measles (23.3%). The interval between two successive doses was correctly mentioned by 48 per cent for polio, 29 per cent for DPT

TABLE 4.7 : EXTENT OF KNOWLEDGE ABOUT IMMUNISATION AGAINST VARIOUS DISEASES

Percentage of Households having Knowledge about	
Disease	
Polio	77.3
Diptheria	41.3
Woophing Cough	60.0
Tetanus	61.3
Tuberculosis	51.3
Measels	65.3
Correct Age for Immunisation	
Polio	26.7
DPT	14.7
BCG	8.7
Antimeasels	3.3
Correct Number of Doses	
Polio	44.0
DPT	27.3
BCG	27.3
Antimeasels	23.3
Correct Interval	
Polio	48.0
DPT	29.3
Total N	150

4.2.2 Extent of coverage of children (0-6 years) under immunisation : The extent of coverage of children 0-6 years under immunisation is worked out separately for BCG, OPV, DPT, Measels by taking the ratio of the number of children covered under each of the immunisation agent and the total number of children (0-6 years) of all sample HHs put together. The ratios are worked out sex-specific and presented in Table 4.8.

In all there were 238 children aged 0-6 years. Of these 53 per cent were reported to have been covered under one or other immunisation services (Table 4.8). Overall, the coverage was slightly better for males compared to females. While the coverage of OPV, BCG, DPT ranged between 41 to 53 per cent for males against 40 to 44 per cent for females. In case of booster doses I & II, the proportion of children covered respectively were 15 and 22 per cent for males against 10 and 16 per cent for females. However, the percentage of children protected against measels was 20 both for males and females (Table 4.8).

TABLE 4.8 : LEVEL OF UTILISATION OF IMMUNISATION SERVICES AND SOURCE OF SERVICES AVAILED

	Males	Females
Percentage of Household having		
No child aged 0-6 years	30.6	
Atleast 1 child immunised against one or more disease	38.7	
Proportion of Children (0-6 years) immunised		
Immunised		53.4
Number		238
Proportion of Children Immunised Agents	**Males**	**Females**
BCG	40.6	39.7
OPV	53.0	44.0
DPT	46.9	40.9
Booster (OPV+DPT) I	14.8	9.7
Booster (DT) II	21.6	15.8
Measels	20.2	20.2
Reasons for Not Immunising*		
Unaware about immunisation	84.8	
No one care to immurise	2.2	
Source is far off	15.2	
Unaware of the place	2.2	
No need/objection from family members	0.0	
Other reasons	15.2	
Total N	105	

*Base is only thosefamilies having children aged 0-6 years but had not immunised against any disease

A probing on the source of immunisation of children indicates that almost all the respondents mentioned either Government Hospital/ Dispensary/Urban Family Welfare Centre (57%) or Anganwadi Centres (31%). During our field visits, we scanned various registers maintained by the Anganwadi workers. We observed the visits of the doctors to anganwadi centres for conducting immunisation on children and antenatal mothers. However, it was noticed the registers were not up to date in many of the slums. On enquiry the workers informed us that the doctors came with the twin purpose of providing immunisation services and supervising the overall work of the Anganwadi centres.

4.2.3 Reasons for not getting their children immunised :A Probing was made to assess the reasons for which the children were not immunised The answers are presented in Table 4.8. It shows that most of the respondents (85%) reported that their children did not get immunised due to ignorance about availability of such immunisation agents to protect children against the infectious diseases.

4.2.4 Incidence of sickness and utilisation of health services : Table 4.9 shows that in about half the households, at least one member fell sick during one month preceeding the survey. In case of Rajkot the month under reference was November-December, 1987. Of the total 830 HH members 94 fell sick during the period. This works out to sickness rate of about 11 per cent per month (Table 4.9). Sex-wise analysis does not suggest any difference, the percent rates being 10.4 for female and 12.2 for males. However, broad age group and sex wise analyses indicate, significantly higher proportion of male children falling sick (18.3%), followed by adult women (11.1%), female children (9.8%) and the least for adult males (6.8%).

Analysis of the data on the type of sickness indicates that out of 94 patients, about 39 per cent suffered from cough and cold (Table 4.9), 31 per cent from fever, about 11 per cent from diarrohea, and the remaining 19 percent from other kind of sicknesses. Incidence of sickness was mostly due to cough and cold and fever. This might be because of the winter season.

A probing was made as to which source and system of medicine was sought by patients and the analysis of their responses is presented in Table 4.9. It shows non-utilisation of government health services. As high as 78 per cent either depended on private doctor/clinic (58.5%) or their own home treatment (19.1%) while only 17 per cent availed govt. services.

4.2.5 System of medicine : Table 4.9 shows that as high as 84 per cent depended on allopathy irrespective of what type of sickness they suffered from. The remaining 16 per cent used Indian system of medicine.

TABLE 4.9 : INCIDENCE OF SICKNESS AND UTILISATION OF HEALTH SERVICES (LAST ONE MONTH)

Proportion of Household With Sick Persons During One month	
None	48.7
Atleast one	51.3
One	42.0
More than one	9.3
Percentage of total persons fallen sick During One Month	11.3
Age of sick persons (yrs)	
0-6	47.9
7-14	11.7
15-39	28.7
40+	11.7
Total N	94
Sex of sick Person	
Male	54.3
Female	45.7
Disease	
Cold/cough	39.4
Fever	30.9
Diarrhoea	10.6
Others	19.1
System of medicine	
Allopathy	84.0
Ayurvedic	8.8
Other Systems (Homeopath)	0.0
Home medicine	7.5
Source of treatment	
Home treatement	19.1
Government hospital/UFW Centre	17.1
Private Clinic/Practitioner	58.5
Others	5.3

4.2.6 Loss of time : Not much wastage of time due to sickness is observed from the analysis of the data on the number of days not worked during illness. 52 per cent reported they did not miss any day (Table 4.10,) while most of the remaining (45%) lost a maximum of one week, 11 per cent lost one to two weeks and about 10 per cent lost more than 2 weeks.

TABLE 4.10 : LOSS OF MAN DAYS AND COST FOR TREATMENT

Number of days taken rest	
Did not take rest	52.1
One week	44.7
1-2 weeks	2.1
More than 2 weeks	1.1
Average amount of money spent per sickness (Rs.)	
Doctor's fees	5.3
Medicine	5.2
Transport	2.0
Special foods	0.5
Total N	94
Average total amount of money spent per sickness (Rs.)	13.0 (101)
Per person	14.1 (94)
Per household	16.5 (80)

Figures in parenthesis indicates base N

4.2.7 Amount of money spent : Table 4.10 further shows that on an average for a sick case Rs.5.30 was spent towards fees, Rs.5.20 was spent for medicine, while Rs.2 was spent against transport and a very marginal amount of 50 paise was spent extra. That is in all per sickness Rs.13 was spent.

4.3 Extent of Use of Family Planning

4.3.1 Current level of F.P. Acceptance : Table 4.11 shows that 66 couples (44%) were currently using FP while the remaining 84 (56%) were not using any method. Methodwise break up of acceptors indicate that out of 150 respondent 29 percent underwent tubectomy operations and 2.7 per cent vasectomised. Among modern temporary methods IUD seemed to be relatively more popular with 2.7 per cent usership against 0.7 per cent each of pill and condom. Others including natural/traditional methods like abstinence were being used by the remaining 85 per cent of all current users.

TABLE 4.11 : LEVEL OF CONTRACEPTION AND REASONS FOR NOT USING FP METHOD

Family Planning Userhip	Percentage
Percentage using a family planning	44.0
FP METHOD USED	
Vasectomy	2.7
Tubectomy	28.7
IUD/Cu-T	2.7
Oral pills	0.7
Condom	0.7
Abstinence	8.5
Total N	150
REASONS FOR NOT USING FP METHODS*	
Currently pregnant	16.7
Want more children/son/daughter	70.3
Do not want to use FP Method	0.0
Unaware of FP method	4.8
Fear of complication	1.2
Opposition from husband	4.8
Others including secondary sterility	3.6
Total N	84

* Answers add to more than 100 because of multiple replies

4.3.2 Reasons for not currently using family planning : Table 4.11 shows that 16 per cent were not using currently because they were pregnant. Seventy per cent wanted to achieve their desired family size or sex combination of children. Of the remaining 5 per cent admitted that they did not know any FP method another 5 per cent expressed their husband's opposition towards FP. Interestingly after-effects of FP was mentioned hardly by 1 per cent. The analysis indicates that by and large the slum couples too did not use FP as long as they wanted to have children.

4.3.3 Client-functionary interaction: Respondents were asked whether anybody from the health department visited theirs or anybodyelses' household in their slum, and further probing was made of those who responded positively as to who was that. The analysis of the data is presented in Table 4.12. A review of the table indicates that the malaria worker was the most frequent visitor of slums (72%) followed by ANM (27.3%), A.W. Worker (23.3%) and voluntary workers (17%). This corroborates our observation made on community level data that the malaria worker had visited most of the slums frequently.

TABLE 4.12 : VISIT OF HEALTH WORKER

Percentage of respondents reporting visits by health staff	
Visited R's family	78.7
Visited R's locality	5.3
No visit reported or answered don't know	16.0
ANM	27.3
Anganwadi worker	23.3
Malaria workers	72.0
Leprosy worker	2.0
Sanitary worker	7.4
Social worker of VOs	17.0
Others (Doctors)	8.3

4.4 Current Employment Status and Work Opportunities for Women and Girls

In this section an attempt is made to study the extent of women and girls' interest to work, if opportunities are provided; their preference for nature and place of work, expected wages. The analysis of their responses are presented in Table 4.13.

Table 4.13 shows that 11 per cent were currently engaged in gainful employment. Another 67 per cent, though, presently not doing any work expressed their interest to work if opportunities are provided, while the rest 22 per cent did not show any interest in doing any job.

As regards the nature of jobs preferred as high as 40 per cent showed interest on tailoring. 19 per cent on embroidery and knitting work, 17 per cent on papad making, 17 per cent liked to work as aya, peon, maid servant, 7 per cent teaching while the remaining 19 per cent did not show interest in any specific job.

A probing as to why they preferred that particular job shows that they wanted to do that activity mainly because either it was easy (38%) or it would not need moving out of the locality (23%) or it would help augment their family's finances (14%), or they possessed necessary training or experience (10%)

Seventy per cent of the respondents preferred the place of work to be within the locality. In fact, a majority of them wanted work, if possible within the house premises itself (46%). Fifteen per cent had not expressed any option while the remaining 15 per cent preferred outside work only. For certain jobs like peon/servant/aya, they could not expect to get within their locality (Table 4.13). Analysis of data on their expected daily wages shows that 60 per cent wanted Rs.6-10 per day, 31 per cent Rs.11-20 while the remaining 9 per cent wanted Rs.5 or less per day.

4.4.1 Reasons for Not Taking up Job

Table 4.14 shows that for majority of the respondents lack of help to look after her children (48.5%) or husband's opposition for working (36.4%) was major factor for not planning to do any job Though not much credence could be given, some people reported that they would not get time to do work. Lack of skill and or interest were marginally reported as the reasons for not working.

TABLE 4.13 : WORKING STATUS, INTEREST IN TAKING UP JOB AND TYPE OF JOB AND PLACE OF WORK PREFERRED

Currently employed	11.2
Not employed but ready to work	66.7
Not interested in taking job	22.1
Total N	150
Preferred Place of Work	
Home	46.0
Within locality/slum	24.0
Anywhere including outside slum	30.0
Nature of work preferred*	
Any type of job	17.0
Tailoring	40.0
Embroidery, kniting work, match box making, handicraft	19.0
Teaching	7.0
Office job eg. peon/class IV/Aya	17.0
Others	19.0**
Expected wage per day (Rs.)	
5 or less	9.0
6-10	60.0
11-20	31.0
21+	0.0
Any Amount	0.0
Average expected wage/day	9.90
Total N	100

* Percentage exceeds 100, because of multiple answers

** Majority of them were preferring papad making

TABLE 4.14 : REASONS FOR NOT WANTING TO UNDERTAKE ANY JOBS*

Reasons	Percentage
No one to look after children/ young child	48.5
No time	21.2
Lack of skill	9.1
Not interested in doing job	3.0
Husband does not permit/old customs	36.4
Total N	33

* Percentage, add to more than 100 ,because of multiple reply

4.5 Membership and Extent of Availing Certain Public Service Agencies/ Institutions:

In this section an attempt has been made to study the extent of availing the public service agencies like fair price shops (FPs), banks, post offices, cooperatives etc.

4.5.1 Ration from FPs : Table 4.15 shows 62 per cent of the possessed ration cards as on the date of the survey. Almost all of them (97%) reported that they made their own efforts to obtain the ration cards and sought no help from anybody (Table 4.15).

It seems from the table that usually the collection of ration from Fair Price Shop (FPS) was a female's job. As per the respondents in 72 per cent of HHs, females against in 15 perrcent HHs, males would go to FPs to collect ration. In about 10 per cent of HHS, male children were reported to be going to FPS for ration.

On an average, a FPs was located at a distance of three fourth km from slum dwelling in Rajkot. It took on an average a total time of 1 hour 30 minutes to fetch the ration (Table 4.15). An analysis of the data on adequate and regular supply of the rations shows that situation was not satisfactory with respect to items like cereals, pulses, sugar and edible oils, but was relatively better in case of kerosene, in which as high as 75 per cent reported adequacy. In case of former items the percentage of respondents reporting adequacy ranged between 20 per cent for pulses to 65 per cent for rice.

As regards the regularity of supplies, the observations were quite contrary. That is, the items which were inadequate were regular at supply and kerosene which was adequate was reported to be irregular in supply by 65 per cent. Items like cereals and sugar were reported in regular supply by more than 90 per cent. In case of pulses and edible oil, regular supply was reported by 57 to 66 per cent only.

TABLE 4.15 : ACCESSIBILITY TO AND USERSHIP OF FAIR PRICE SHOP

Proportion of households have Ration Card	62.0
Total N	150
Who Helped in Getting Ration Card	
Self/husband/no one helped	96.8
Relatives/Friends	2.2
Supply officer/Clerk	1.0
Total N	93
Who collects	
Wife or other female members	72.0
Husband or other male members	15.1
Male children	9.7
Female children	3.2
Average distance of fair price shop from house (in meters)	719
Average time spent in collecting ration (in hours)	1.30
Total N	93

4.5.2 Bank, Post office accounts and membership with Cooperatives : Table 4.16 shows that in 88 per cent HHs, no one operated bank accounts and in 10 per cent HHs one or other male members have been holding bank accounts. Hardly in one per cent HHs the females had got bank accounts (0.7%) and 1.3 per cent HHs both husband and wife had joint accounts.

As regards the post office accounts, almost all the households (99%) had no practice of opening accounts in post offices (Table 4.16).

Even with respect to membership of cooperatives, as many as 92.7 per cent households reported negatively, while the remaining 6.7 per cent HHs had one of their male members registered with cooperatives.

TABLE 4.16 : MEMBERSHIP OF FINANCIAL INSTITUTIONS

	%
Bank	
Families having account	12.0
Women having account (either independent or jointly)	2.0
Post office	
Families having saving account	1.4
Women having account (either independent or jointly)	1.4
Cooperative	
Families having membership of any cooperative	7.4
Females having membership in any cooperative	0.7
Total N	150

4.5.3 Utilisation of bank loan services : 20 per cent of the HH (30) applied for bank loans (Table 4.17). The purpose for loan however varyied among these HHs. The major purpose ~~was starting~~ business (51.6%), house repairing (12.9%), rickshaw purchase (22.6%), or marriage (6.5%).

TABLE 4.17 : AWARENESS OF LOAN FACILITY FROM BANK AND ITS UTILISATION

	%
R who know that loan could be obtained for business	55.3
HH ever applied for loan	20.0
HH actually received loan	6.0
Total N	150
Reasons for not availing loan facilities	
Unaware of the facilities	56.7
Difficult procedures/ Nobody listen to us	16.7
Difficult to repay	10.0
No need of loan	12.5
Total N	120

Table 4.17 shows that 56 per cent of respondents knew that they could apply for bank loans for business/self employment. While the remaining 88 (62.4%) never perceived of such facility. In fact 30 HHs (20%) applied for loan from Bank

Out of 30 applicants, 9 got their lcan sanctioned. Only 2 of the applicants who got loans reported that they were helped by a bank officer in getting the loan sanctioned.

4.5.5 Reasons for not availing loan facilities : However, when asked those who perceived of the loan facility as to whx did they not apply for the loan, a large proportion of them indicated their unawareness of such facility (57%), or for them the repayment of loan with interest would be a problem (22.6%). In 9 per cent cases they could not apply for want of application forms. Another 17 per cent felt that it would be difficult to get loan sanctioned due to procedural delays (Table 4.17).

4.5.6 Loans from private sources : Twenty-three respondents mentioned that they had to take loans from private agencies, most of them (21) being their relatives. The loan money was generally used for medical treatment (15), children's education (4) and HH expenditure (31) (Table 4.18).

TABLE 4.18 : LOAN TANKEN FROM PRIVATE SOURCES AND PURPOSE OF LOAN

Percentage of household taken loan from private body/person	15.3
Total N	150
Source*	
Relatives/Friends	95.7
Money lenders	7.1
Purpose*	
Domestic work	13.0
Medical	65.2
House repair	4.3
Education of children	17.4
D.K.	-
Total N*	23

* Asked to only those who had taken loan from private sources

SUMMARY CONCLUSIONS AND SUGGSTIONS

5.0 Present study is the outcome of a bench mark survey among a sample of slums in Rajkot city, Gujarat, conducted for UNICEF, Delhi, mainly to understand the extent of accessibility of urban basic services to women and children living in slums.

To generate the necessary information, a sample of 30 slums out of 58 existing at the time of the survey were chosen to gather community level information. A sub-sample of 15 out of 30 slums were selected to carry out a household survey among 150 HHs, drawing 10 HHs at random from each of the 15 slums. Besides, various non-governmental organisations which are engaged in social services activities, particularly in slums, were contacted to know the kind of services being provided and to assess whether they were interested in working further for women and children living in slums. Concerned MC officials were also contacted to get an idea of the Corporations' plans and programmes in this direction.

5.1 General Scenario of Slums

Majority of the slums were formed due to migration of people from rural areas of the Rajkot district and its surrounding areas. The slums were found to be rather stable as most of them had been in existence for more than ten years. Unusually, the housing conditions were far better with Mangalore-tiled roofs and brick wwalls. Generally the slums in this city were larger in terms of population size, the average being 2250. However, the average area of a slum was 1.1 hectare, indicating very high population density. About half of the 30 slums visited had pucca roads, while in the rest the approach roads needed to be constructed. Acute shortage of drinking water was reported in most of the slums (90%). Non-functioning of many hand pumps dug in slums was a common feature. The community members complained that the pumps were dug did not go to adeouate depth, due to which the water was not available right from the first day of the installation. This finding is a matter of caution to UNICEF while financing water supply schemes in slums.

About half the women reported that they had to go out of their slums to fetch water. 33 per cent had to depend on common services, while the remaining 16 per cent reported having drinking water facility within their household premises. Water fetching was an exclusive task of females, particularly of girls aged 10-14 years.

Toilet facilities were scanty. Wherever the public toilets were available, the use was marginal due to lack of water and poor maintenance.

5.2 Education

Considerably high percentage of children aged 3-5 years (66% girls and 61% boys) attended Balwadis. This was because of the Anganwadi centres,most of which were run in slums by non-governmental organisations. The remaining about 35 per cent children were reported to be not attending Balwadis mainly because of lack of admission capacity of the existing Anganwadi centres (AWCs) or the parents could not submit the birth certificates of their children. This observation was further corroborated by our discussion with NGO's. They said that they could not increase the admission capacity due to financial constraints as they had to serve food to children attending the AWCs. They also indicated that they were keen to enlarge their activities by establishing more centres as well as increasing the admission capacity of the existing one, if their financial resources were strengthened.

Among the children of school-going age (6-14 years), 60 per cent girls against 71 per cent boys were going to school indicating that a relatively a larger proportion of boys compared to girls were studying. The reasons for others particularly girls not studying were reported to be lack of schools within or nearby the slums, elders' traditional outlook, social inhibitions and the household chores like water fetching etc.

5.3 Vocational training

The study indicates that all women and girls except 25 did not receive any vocational training although there are quite a few voluntary organisations including Kanta Stree Vikas Gruha; Putlibhai Udyog Mandir, Indian Redcross Society, All India Women's conference, Mother Therresa Missionary Health Centre which also conducts sewing classes etc. However, 23 out of these 25 who underwent vocational training in tailoring or papad making have been working in the same line. Those who did not undergo any vocational training mentioned that they could not undergo because of lack of time, longer distance of the facility or inconvenient timings. NGO's were interested in doing something to improve the skills of the women living in slums. It may be suggested here that the Anganwadi centres which are run everyday between 10 am and 2 pm may be used between 2 pm and 4 pm or so as premises for conducting training classes for women who normally are free during this period from their household chores. It was observed that these women take afternoon nap during this period. Instead, the leisure time could be utilised more effectively as this would counter the above reasons which were reported to be hurdles for not undergoing any vocational training. This idea, if considered, would call for provision of certain financial avenues to NGOs interms of additional trained manpower, equipment and service workers at centre etc.

5.4 Labour force

A slightly less than one-third of women in the labour force age group (i.e. 15+ years) against 87 per cent males in the same age group were engaged in economic activities. Although most of the women were not gainfully employed, at present they were keen to do some job as tailoring, papad making, beads work or services like servant maid, Aya etc. Majority preferred to work within the slums, if possible within their residential premises.

5.5 Fertility

About half of the household population was in the age group of 0-14 years. On an average a currently married woman in the reproductive period had given 3.8 live births. 80 live births took place during last two years (1985-87) in the 150 sample HHs with 832 members. All these findings consistently indicate the prevalence of high fertility among slum women.

5.6 MCH Services - Utilisation

The utilisation of MCH services by slum women of this city seemed to be somewhat better. 56 per cent of the 80 women, who delivered live births during last two years, underwent medical check-ups by trained personnel. 53 per cent received the 1st dose of TT while 45 per cent received two doses. 74 per cent received iron folic acid tablets. About 30 per cent deliveries were conducted either in Government (23%) or private hospitals (7%). Another 23 per cent of home deliveries of live births were attended by trained personnel.

Knowledge about immunisation to children against infectious diseases was also relatively better with about 40 to 77 per cent naming the correct preventive immunising agents, the number of doses, the source etc. against specified infectious diseases affecting children.

Out of 232 children of 0-6 years, 53 per cent were reported to have been covered under one or the other immunising services. They got services from government hospital/urban family welfare centre (57%) or Anganwadi Centres (31%).

Thus the location and functioning of AWCs in slums acted positively in increasing the coverage of population under MCH services. The coverage of MCH services through AWCs would be further increased if the supervision component is strengthened. Currently irrespective of which NGO runs the centre, one supervisor looks after 20 AWCs. Similarly the ICDS staff/UFWCs or staff corporation visits the slums only once in a month for providing MCH services due to lack of adequate staff as reported. If UNICEF plays a role in strengthening the supervision and augments the necessary funds for increasing the trained manpower the MCH programme, would get certainly further boost.

5.7 Other Public Services

(2 per cent of HHs possessed ration cards. Collection of ration was reported to be generally a female's job. Except kerosene, the supply of other items was not adequate to the respondents.

Operating Bank or Post Office accounts was not usual with slum-dwellers as only 12 per cent reported having only Bank accounts. Obviously, very few (9) reported taking/availing of loan facilities. As a matter of fact, financial transaction was quite limited among slum population as most of them were below the poverty line.

5.8 Suggestions

From the foregoing summary analysis and discussion, one may suggest that there isa great deal of scope for UNICEF's intervention in providing the basic services to women and children living in slums, taking the help of NGOs.*

i. UNICEF can financially help to strengthen the existing AWCs and open new AWCs.

- to increase the rate of admission in Balwadis
- to help improve the nutritional status of the pre-school going children
- to increase the supervision component
- to expand its activities by using the premises for vocational training for women and girls.

2. UNICEF can help provide

- necessary logistic support by supplying the nutrients,medicines and immunising agents to the NGOs like Mother Terresa Missionary hospital.
- necessary equipment for strengthening the vocational training activities of AIWC, IRS, Kanta Stree Vikas Gruha, Putlibhai Udyoga Mandir etc.
- finances for the construction of building of AWCs in slums.

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* A brief review of NGOs contacted during our field visits is presented in Annexure-III.

SLUM UPGRADATION SCHEME INITIATED DURING 76-79 - RAJKOT

Slum Name	WC		W.T.(Standpost)		Streetlight		Road		Expenditure incurred (Rs.)	Date & year sanctioned	Remarks
	Sanctioned	Provided	Sanctioned	Provided	Sanctioned	Provided	Sanctioned	Provided			
Dasi Jivanpura	70	48	7	7	8	8	Yes	Yes	1,33,650	4-2-76	
Thakkarbapa Harijan vas	80	-	1	1	1	1	Yes	Yes	87,900	-do-	
Sharadanand Harijanvas	20	8	2	2	13	13	Yes	Yes	1,32,660	-do-	
Popatpara	70	40	3	3	5	-	Yes	Yes	1,41,810	-do-	
Dubaliyapara, New Navatharla	140	80	14	14	14	30	Yes	Yes	1,51,500	-do-	
South of Anandnagar Colony	140	124	18	-	36	16	Yes	Yes	2,46,510	-do-	
East side of Aji River	40	32	12	11	21	21	-	-	1,14,800	13-4-76	*Revised 82
Gangaeshwar Mahadev	-	-	-	-	1	1	-	-	14,480	-do-	*Revised 82
Near Anandnagar Colony	30	18	8	-	17	17	Yes	Yes	79,200	-do-	*Revised 82
Thakkarbapa Society, Refuji Colony (Kitipara)	30	20	7	-	11	11	Yes	Yes	67,250	-do-	*Revised 82
Alkha Harde, Ramnathpara	40	22	11	-	15	4	Yes	Yes	1,23,900	-do-	*Revised 82
Near powerhouse	30	21	10	9	8	8	Yes	Yes	1,30,680	-do-	*Revised 82
Shramjini Society-Bedipara	30	30	7	6	10	8	Yes	Yes	95,550	-do-	*Revised 82
Near K S Diesel Factory	20	20	6	6	13	13	Yes	Yes	68,220	28-3-77	*Revised 82
Bhistivad	20	16	2	1	6	-	Yes	Yes	57,210	28-3-77	
Shramjivi Society Near Rajmoti oil Mill	10	10	2	2	3	-	Yes	Yes	22,500	-d0-	*Revised
Near Mahaprabhujis Bethak	-	-	-	-	1	-	-	-	2,575	-do-	*Revised
Near Sitamatha Temple	-	-	2	-	1	-	Yes	Yes	15,575	1-7-77	
Near Chamunda Society	10	4	3	-	6	-	Yes	Yes	39,712	-do-	
Mahatma Gandhi Society,	10	6	2	-	12	12	-	-	30,750	-do-	
Vivekanandnagar	10	6	2	-	12	-	-	-	46,286	23-3-78	
Behind Virani High school, Vankar Society	10	10	-	-	1	1	-	-	24,616	23-3-78	
Narsangpara, Behind Collector Office	10	10	2	2	10	10	Yes	Yes	11,790	25-1-79	

REVISED SLUM UPGRADATION SCHEME DURING 1982

ANNEXURE-II

Slum Name	Amenities Sanctioned				Amenities Provided				Expenditure incurred (Rs.)	Remarks
	W/C	W/T	SL	Road	W/C	W/T	S/L	Road		
Near Anand nagar Colony	30	6	17	-	18	-	17	Yes	55,700	V.C not sent
Shramjivi Society, Bedipara	30	7	10	-	30	6	8	Yes	86,500	-d0-
Near Power house	30	10	8	-	21	9	8	Yes	1,10,350	-do-
Gangeshwar Mahadev	-	-	1	-	-	-	1	-	17,015	-do-
East side of Aji River	40	12	21	-	32	11	21	-	94,230	
Near Alla Ravi Ramnathpara	40	11	15	-	22	-	4	Yes	1,00,775	-do-
Thakkarbapanagar Refuji Colony (Kitipara)	30	7	11	-	20	-	11	Yes	66,690	-do-
Shramji Society, Near Rajmoti Oil Mill	10	2	3	-	10	2	-	Yes	38,280	-do-
Mahaprabhujnu Bethak (Panjarapole)	-	-	1	-	-	-	-	Yes	7,906	-do-
Near K S Diesel Factory	20	65	13	-	20	6	-	Yes	1,00,975	
Ghanjiwada*	154	63	80	-	20	6	13	Yes	18,81,810	Atpresent

One of the two slums where the slum upgradation scheme is in operation last mont h. The second slum details could not be procured.
In case of W/C for the slum, 50% are meant for men and 50% for women

ANNEXURE-III

SELECTED NGO's IN RAJKOT CITY - THEIR ACTIVITY PROFILE

During our field work in Rajkot city, we met some of the non-governmental organisations which are engaged in social services, particularly for women and children belonging to vulnerable sections of society. Discussions were held with respective incharges to understand the nature of activities and their intentions to extend their services to UNICEF. A brief account is given below on each of these NGOs.

1. Kanta Stree Vikas Gruha

President : Dr. (Mrs.) Sushilaben Sheth, presently Minister for Social Welfare, Gujarat

The institution, established in 1945, has huge a building and premises

Its activities include :- Running 10 Anganwadi Centres, (AWCs) in slums for the last 5 years

- Rescue and preventive services for women
- Rescue home
- Working women hostel
- Tailoring certificate course (Three years)
- Family guidance and advice Centre, Social Welfare*

Dr. Sushilaben suggested that the AW Centres could be run in the best possible way if it has its own building. She added that the government should allot some land, say of 20' x 20' right in the slum locality itself. Under ICDS operating in urban areas, the centre was run in a private household on a rent of Rs.100 p.m. and mostly taking the services of housewife as the helper to Anganwadi worker. The helper is paid generally Rs.100 p.m. as salary, while the salary of the A.W. worker was around Rs.250/- to 330/- depending on her qualification. Due to paucity of funds, Dr. Sheth further said, only one supervisor was appointed to supervise 20 AWCs. She admitted that one supervisor cannot really supervise the work of 20 AWCs and at least one more supervisor was needed.

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* Running extension Centres (Balwadis, Women's clubs, Youth clubs, Adult education) both for rural and urban areas.

Also she was of the opinion that the salaries of AWW and helper should be raised to Rs.400-450 and Rs.300 to 350 respectively. She expected that such recommendations should emerge from the current study. She was interested to extend a helping hand to UNICEF in its efforts in improving the lot of slum women and children in Rajkot city.

2. Lok Seva Samaj

President : Dr. (Miss) Shantaben Chawda
formerly General Secretary of Gujarat Pradesh Congress Committee.

She has an office of her own, where she listens to the grievances of people particularly of down-trodden and tries to help solve their problems, using her political base.

According to her, the samaj is running 20 Anganwadi Centres in slums of Rajkot. She said that at present, as per scheme, food worth of Rs.0.65 to child and Rs.0.95 to the lactating mother is served every day. She feels it is quite inadequate and should be increased. Presently with the grants available, the centre can feed 60 children and 30 women per day. She feels that it should be increased to atleast 100 and 60 respectively. She points out that the kits required for AWCs are not received in adequate number. She suggests that the responsibility of supplying kits may be taken up by UNICEF. She also wants that atleast one more post of supervisor may sanctioned to strengthen functioning of the AWCs.

Besides AWCs, the Samaj is running sewing classes admitting about 35 students at a time. Samaj is also running an adult education centre. In six slums she has opened centres in the name of a magazine and news-paper club, which also conducts indoor and outdoor games.

Dr.(Miss) Chawda is ready to extend full cooperation to UNICEF if opportunity is given to her to do so.

3. Putlibai Udyog Mandir

President : Mrs. Bhaktiben Desai

Vice President : Mrs. Heeraben Sheth

This Mandir, which is about 10 years old and housed in a big building, is having number of activities as listed below:

- Running 20 AWCs in slums
- Running balmandir and adult education centre
- Creches
- Women's library

Running sewing classes at the main centre and 9 other places

Running Embroidery classes

Beads work training : Until six months ago, the institution was giving free training to the women. Now they stopped such training due to paucity of grants

Beads work : It provides beads to the women and buys the finished products at reasonable rate

Masala pickles preparation

Papad-making

As the president was not well. we could not talk to her in person. However, she assured on phone that with her 35 strong man-power, she can work with UNICEF in slum area.

4. Mother Terresa Missionary Health Centre

The centre is more than 5 years old. Basically devoted to poor people and slum people, its location is quite close to few slums. It runs the following activities:

- Medical trust : Treatment of minor ailments by a visiting docotr. Immunisation to children. One sister of the centre visits slums and looks after sick persons.

- Malnutrition Centre/Orphan Centre : About 60 mothers and children per day are given milk and biscuits freely.

- Running Medical Centre in Kubuliapara Slum: Two sisters go daily to the slum, distribute milk and medicines to children and sick persons

- Slum Schools : In two slums, the centre runs primary classes. Daily sisters teach the slum students in two seasons.

- Individual Health Cares : Old and disabled people are given ration of edible oils, milk powder, grains twice a month. Further look after TB, Asthmatic and Leprosy patients, who are generally poor and socially neglected.

- Health Education : Sisters visit slum people and talk about personal and environmental hygiene and sanitation.

- Sewing classes : Every year 15 girls are given training in sewing and related skills. The training period is one year. The centre has six machines.

As the main person was not there at the time of our visit, we, talked with a sister, second in command.

She welcomed the UNICEF idea of increasing the accessibility of the basic services to slum women and children.

She suggested :

- If UNICEF augments funds for purchase of milk, they can extend this service to more children.
- UNICEF may supply immunising agents for more coverage
- UNICEF should supply sewing machines to the centre so that the strength can be increased.

5. Indian Red Cross Society : (IRCS)

Incharge : Dr. Y.V. Dave

A discussion with Dr. Dave and other senior staff of the society indicates that the society is running 20 Anganwadi Centres in slums. They also appointed only one supervisor to look after all 20 AWCs. The responsibility of food preparation is handed over to some other voluntary organisation viz. Ashapura Mahila Mandal, whose major activity is understood to be preparation of food for Anganwadi centres run by voluntary organisations.

Further IRCs is running the following:

- 2 Family welfare centres
- 2 MCH centres
- 2 Sewing classes (with capacity of 30 students per year)
- 1 Adult education centre (30 people attendance)
- 20 ICDS centres
- Blood camps
- Diagnostic camps
- Immunisation camps (school health)

The Society is much interested to undertake any activities proposed by UNICEF to help improve the conditions of slum women and children. They suggest that the UNICEF should supply them sewing machines and help them financially to meet the expenses of youth hostel and community hall which are under construction in the same premises of the soeicty. They also wanted financial help for setting up delivery and maternity ward with necessary apparatus and beds etc.

6. All India Women Conference (AIWC)

President : Mrs. Hargangaben Desai

The AIWc is located in a decent building with spacious front yard. We could not meet the president as she was away but met senior staff of the AIWC to know more about its activities:

The AIWC is running

- One working women hostel
- Three creches (2 in Ramnathpur slum and one in J. Tower)
- Sewing classes (20 machines, one year certificate course running in IRCS Building)
- Old people Ashram
- Family Planning Centre, and
- Cultural activities including
  a) Healthy baby competition
  b) Ras-garbha

7. Lions/Rotary/Inner wheel club

We had a discussion with various executive committee members of these three clubs separately. These clusbs are performing a number of medical social and community activities.

The activities include :

- Eye camp
- Diabetics camp
- Polio and immunisation camp
- Road maintenance drive
- Traffic discipline drive
- Blood donation drive
- Supply of teaching aids
- Conducting education competitions to students
- Adopting villages where dispensaries distribution of free medicines, running of sewing classes etc.

In all the above clubs, doctors constitute a major group. These clubs have no infrastructure facilities. Whenever they undertake any activity/camp, they recruit some volunteers on temporary basis.

They suggest that UNICEF priorities areas in Rajkot city slums are:

a) Nutrition to children

b) Supply of immunising agents, particularly polio

c) Improve sanitation facilities

d) Health education on environmental and personal hygiene to people