2024 Chadhar. This is an Open Access article distributed under the terms of the Creative Commons-Attribution-Noncommercial-Share Alike License 4.0 International (http://creativecommons.org/licenses/by-nc-sa/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly attributed, not used for commercial purposes, and, if transformed, the resulting work is redistributed under the same or similar license to this one.

Journal of Political Studies

Vol. 31, No.2, July-December, Winter 2024, pp. 49-60

Standard of facilities available for females in Slum Settlements

Zeeshan Saif Chadhar

M. Phil Scholar, Department of Political Science Forman Christian College (A Chartered University) Lahore, Punjab Pakistan Correspondence: <u>zeeshansaif42@gmail.com</u>

ABSTRACT

Slums are one of the huge impoverished sectors in any country. These communities are living in small or fragile dwelling on vulnerable patch of acreage. Their households usually have no proper sanitation system and no potable water. This paper discovers the standard of facilities provided to females living in slum dwellers. This paper used quantitative approach with close ended questions. Two sections of Slums were chosen i-e Bhutto colony and juggie community. Statistical Package for Social Sciences was used for the explanation of figures. The statistics was examined by using cross-tabulation. This paper will be valuable for state machinery, NGOs, and academicians for making policies.

Keywords: Juggie communities, Vulnerable communty, Quantitative approach, Cross-tabulation, NGOs.

Introduction

The notion of Slums was initially well-express in Vaux's 1812 where it was use with same meaning of 'racket' or 'criminal trade' (Planet of Slums). The name derives from the Irish language "Slomic" and its meaning is "vulnerable place" (Davis 2004). There are several names used for this kind of section of society such as informal settlements, squatters, favelas in Brazil, gecekondus in Turkey, townships in southern Africa, and aashawa in Egypt and juggies in India (Fuchs 2006 & O Hare 1998). "Slums are found on sharp mountains or river banks. In India, numerous slums are located on flooded seashores, mangrove swamps, and waste mounds, burial grounds and under high-tension power lines (Murthy 2012). Slums are a vital fraction of country. But this group is ignored by state machinery and they are facing difficulties concerning the supply of basic amenities. Slums Katchi Abadi the most underprivileged groups in Pakistan, Slums are existing in all main urban areas of our country, these communities cover all almost 30% of the metropolitan inhabitants. There are three thousand slums groups in Pakistan, out of which there are 2302 have legal status (Zahara 2009). According to United Nation Nearly Thirty-Two Million cities masses of our country are spending their life in slums (UNMDGs. (2019). Slums seemed in our country due to the fast entrance of emigrants from India in 1947 (Zahra 2009). The state apparatus in 1947 to 1959 was fully ineffective in management the matter of managing the facility of houses for migrants. In these

Received: November 17, 2024

Revised: November 30, 2024 & December 09, 2024

Published: December 31, 2024

years, the demand of shelter lagged far behind the demand for them. The initial idea was the eviction of katchiabadis2in 1951; almost 152,161 individuals lose their households. The military regime in 1958 and 1968 abolished the slum regions; turn them into accommodation patterns, which enlarged the high call for households. All of these factor lead to the demand for slum communities growing".

Types of Slums

Registered Slums

Some Slum settlements that have given proprietary rights by the country they are known as registered slums. The level of amenities availability of daily life is a slightly improved in registered slums (Riaz et al., 2015).

Non-Registered Slums

Some slum settlements that have no proprietary rights the individuals spending their life on state property. These are known as non-registered slums.

Literature Review

The dwellers face many problems regarding the facility of housing. Taubenböck& N. J. Kraff 2014 selected three slum communities in Mumbai. The main motive for selecting these communities was to handle the temporal, spatial, and thematic perceptive of urban morphology. 89% of the buildings in Dharavi, 97.6% in Santosh Nagar, and 95.9% in Bharat Nagar are located in slum areas (H. Taubenböck& N. J. Kraff 2014).

There is no facility of a washroom in slums they used pits or open space. In Mumbai, one toilet is used by 500 members (Nolan 2015). According to Benjamin Marx, et; al in New Delhi eighty- three percent of toilet seats were full of fecal or other substances, slum dwellers have no space where they can dispose of their garbage so they throw it on the roads. Due to this unhygienic environment, many germs spread in these areas. People can easily get infected with diseases. In slums, children below the age of five years die due to nutritional deficiency and they have problems with low weight and short height. There are more chances of infant mortality in urban areas as compared to rural areas. The author explains the five important factors due to these factors development is not starting in these slums. The residents have no formal land titles. They are living on vacant government property. Without permanent owner order of this patch of land, they are not serious about renovating their houses. They think that it is useless to waste their money on these temporary houses. There is an increase in slum dwellers and they are not serious about investing in slums. They have low salaries and live their lives in rented small houses. So, with this meager amount, they have to bear the life expenses. Paying rent is very difficult for them. Another factor is the government's failure to provide an adequate lifestyle. There is no sense of law and order the local leaders run the system of governance in these communities. They have no access to avail the services of the government. Slum communities are such areas that are badly neglected by government machinery (Benjamin et al; 2013).

Maharashtra is a state in the western peninsular region of India that has the highest population of slums and they have no proper system of health facilities. Nandita Kapadia-Kundu and Tara Kanitkar have highlighted this important issue. The health sector of urban slums is divided into three units: females' health, peeds health, and

growing medical diseases like HIV/AIDS and TB. According to God bole and Talwalkar, thirty-four percent of females reported a birth interval of more than three years in slum areas as compared with fifty percent of non-slum women. Almost fifty-eight percent of women in urban slums take a complete dose of iron and folic tablets. Anemia is another rising medical problem in women. In women of childbearing age, the most common cause of iron deficiency anemia is a loss of iron in the blood due to pregnancy. A poor diet or certain intestinal diseases that affect the body's absorption of iron can also cause iron-deficiency anemia. In another study conducted by Pimpri- Chinchwad, 1,797 women registered for antenatal care at the Bhosari hospital in 2000, and almost 89.6 % had an issue of anemia (Nandita 2002). In slums, these people suffer a lot from different diseases like cholera and airborne diseases, such as influenza, pneumonia, and tuberculosis. The main factor behind this problem is the non-serious behavior of the political elite. c. The ratio of anemia in pregnant women increases up to 89.6 for unregistered slums (Rashid 2009). The health of children is very important because at the age of 18 this child will use their right to vote to elect someone. Laura B. Nolan used one factor to find the well-being of slums. From the height and weight of children, they evaluate the health facilities and nutritional deficiency. Almost 50% of children in India have a short height. Nutritional deficiency further germinates many issues in the development of children. Due to Nutritional deficiency, children get many diseases such as malaria, pneumonia, and measles (Nolan 2015).

The Institute of Health Management researched twenty-seven slums of Pune many women are suffering from morbidity. Forty-four percent of women have available facilities for the treatment of reproductive infections. The ratio of urban oral polio vaccines is ninety-two percent in urban areas and seventy-nine percent in rural areas. In urban areas mothers live in a peaceful and comfortable environment that's why they give birth to young healthy babies'. While on the other side the mental fatigue of pregnant women in slums can result in premature births.

The low birth-weight babies are more in number in urban slums at twenty-seven percent than in non-slum areas this ratio is eighteen percent. Breastfeeding within the first hour is 16 percent in slums. The levels of breastfeeding within the first hour are lowest in the municipal councils. During childhood, weak babies in slums contract horrible diseases such as diarrhea and acute respiratory infections. India has the highest number of HIV-infected people in the whole world, presently expected to be almost 3.8 to 4 million. Almost 50% of people reported from urban areas (Nandita et al., 2002).

According to C. R. Sridhar During 2001 -2005 Delhi high court gave orders to Municipal Corporation to destroy 18,000 juggies and other unauthorized structures. But Media played an active role in representing the voice of merchants because their shops were sealed by the government and no economic activities occurring in the city had been halted. Then due to the pressure of the media immediate action was taken by Policymakers, who gave instructions to the Municipal Corporation of Delhi to stop destroying the slums. Almost 400 slum families had already become homeless by that time.

According to Harvard Review, almost 85 percent of the urban residents of the developing world hold illegal properties. They gave rent and bribes to the elite class to live in an illegal housing scheme. Due to irrational planning by the concerned

department of urban areas, these poor people in slums are living in dirty and unhygienic places on railways or highways.

Many NGOs are working day and night to improve the living standards of slums. NGOs have a positive role in improving the living standards of the slum communities of Dhaka. NGOs started their work in the 1980s. Some NGOs provide them facilities of washrooms and some convince them to foster good relations with the Dhaka water supply Authority. Some NGOs provide them with health facilities and others deal with water and sanitation. The ratio of NGOs who are working in the domain of health, water, and sanitation rose from nine in 1995 to twenty – five in 1999. Some NGOs are doing their best efforts to provide water connections to residents of slums. Sometimes member in charge of this slum community collect bills from their community such types of leaders have crucial roles in the electoral politics of an area. Twenty percent of the land in Dhaka consists of slum residents. Ninety- seven of people don't have land on which they can construct their house. The UNICEF funded a slum improvement project for improving the status of slums by giving facilities in the domain of primary health care, credit provision, and women's empowerment. In 1994 this program handled twenty-five cities and one hundred and eighty-five slum groups and reached forty thousand women. They encourage women's involvement in different activities of the project. The Local Government Engineering Department (LGED), is in

charge of the implementation of this project. Due to the active working style of this project, many things such as managing social and political activities for empowering women, the condition of roads will be improved, better services of sanitation and washrooms, provision good health facilities so diseases will be reduced. The donor-government-municipality coalition tries to handle the issues of slums in different urban areas of slums. In 1996 the name of this coalition was changed to Urban Basic Services Delivery Project (USDBP) (Enam ul Habib 2009).

Research Methodology

The current research paper is quantitative. In order to make the research paper suitable quantitative techniques are applied. Sampling and gathering of data will be completed by a quantitative approach using a questionnaire. In the procedure of analysis of data gathered from the questionnaire, Statistical Package for social sciences was use for the clarification of the data.

The Taro Yamane formula was use to gauge the amount of participants. beside questionnaire, field experience and observations were also important to analyze the socioeconomic conditions of females in the respective communities.

Limitations of the study:

During the research, I faced many problems I tried my level best to reduce the level of these limitations. some people were reluctant and consider me an investigator. They were too nervous so I created a friendly atmosphere with them before starting my questions. During casual conversation politely I explained my whole project to them. And some people considered me a political worker. Due to the maledominated society at the start, I faced many problems in data collection from female respondents. The lady health worker helped me in this regard to some extent. I asked for help in data collection from females. She convinced a few women for giving an interview to me. And secondly, after spending many days in the community the

Standard of facilities available for females in Slum Settlements

males became familiar so they allowed me to talk to the females. Some people considered me a government official who would receive monetary. benefits and some consider i was selling goods on installment, and some considered me a SIM vendor. I told them I was there in a researching capacity, hoping to writing about their lives. I also faced a language barrier due to low literacy rates and consequently translated the questionnaire into their native language (Punjabi).

Findings of the Study

Different questions were asked to know the level of facilities.

Do you have an electricity connection in your house?

The whole community of the Bhutto colony was enjoying the facility of electricity. While the juggie community does not have an electricity connection.

Do you have any Gas connections in your house?

In Bhutto colony, two fifty-seven respondents had the connection of gas twentynine respondents don't use the gas connection due to high fear of paying the bill. They used dung cakes, a by- product of animal husbandry, which are traditionally used as fuel for cooking on home stoves. In the juggie community whole community was using dung cakes as the cheapest fuel for cooking.



Dung cakes

Is there a designated gendered area in the community for personal grooming?

In the Bhutto colony and juggie community, there was no designated gendered area for personal grooming.

Is there a designated cooking area in your dwelling?

In the Bhutto colony, one seventy-seven household had a kitchen facility. One hundred and nine respondents' houses are very small and they had no kitchen. They

have their kitchen in an open space. In the juggie community, they had no kitchen. They did their cooking in open areas.



A Woman from juggie was making bread in an open space.

Do you have some internet facility?

In the Bhutto colony, eighty respondents had the facility of internet, while two hundred and six respondents did not have the facility of internet. All members of the juggie community had no internet facility.

Do you have some facility for cable connection?

In the Bhutto colony, two thirty-four were using the facility of cable connection, and fifty-two respondents were not using the facility of cable connection. In the Juggie community, they had no facility for cable connections.

Do you have an android mobile or a keypad mobile?

In the Bhutto colony, one hundred five participants were using android mobile, while one thirty- four respondents were using keypad mobile. Forty-seven respondents don't use mobile phones. While in the juggie community two respondents were using the android mobile, one hundred five respondents were using the keypad mobile, and one fifty-nine respondents don't use mobile. They use the mobile of their male members due to conservative thinking parameters because they don't allow to use mobile phone.

Are there toilet facilities in or near your house?

The houses of the Bhutto colony had a facility of a toilet in their houses. While there was no facility of washroom available to people who are living in juggie community. Even public toilets have not been made near their juggies.

How many dues do you pay for using community services?

In the Bhutto colony, all members were paying community service charges of less than 2000. In the juggie community, they were not paying any dues.

Is there a school in your area for your children?

In the Bhutto colony, there were two schools one is a government school till primary, and another school is run by an NGO with the support of Auqaf and the Religious Affairs Department of the Punjab Government. In the juggie community, there was no school.

Do you send your children to school?

In the Bhutto colony, two fifty-two respondents send their children to school while thirty-four respondents don't send their children to school. While the parents of children living in the juggie community don't send their children to school. due to poverty and lack of awareness regarding the importance of education for their children and their better future. They always think that their child would contribute to the income of the family. So they induct them into child labor.

Sometimes elders face difficulty to get a job so they send their children to work in other houses. Children perform their duties from dawn to dusk. They are compelled to work even in unhealthy conditions. In some situations, employers think that little girls are profitable for household work because they can pay smaller amounts and extract more work. These children fulfill the needs of their families by doing work. Most of the time, poor people get loans from rich people for their urgent needs. In this situation, parents make an agreement with them about their labor or their children's labor. The child becomes a commodity of exchange. He/she is powerless to affect the agreement or its terms. They serve their employers whether willingly or unwillingly to pay the loan. Mostly there is no written agreement between parents and an employer and consequently the period of labor is not determined.

How many of your children attend school?

In the Bhutto colony, one hundred and fifty-three participants send their sons to school because they consider the education of sons much more important as compared with the education of daughters. Education of sons is important as these people believe that their incomes will bring prosperity in the family and in old age they will take care of them. some believe that there is no Barket26in the income of women. After marriage daughters shift to their in-laws it's better to focus on uplifting the status of boys. The respondent said the daughter should get Islamic education and then learn skills of house chores and stitching and embroidery. While the people of the juggie community did not send their children to school.

Which schools do your children attend?

In the Bhutto colony, two hundred and six participants send their children to government schools while five respondents send their children to private schools, and forty-one respondents their children to independent local schools in the community. While respondents of the juggie community don't refer their kids to educational institutions.

Size of House Identify the unit of measurement:

In Bhutto colony sixty respondents' size of the house was 2.5marls, and two hundred and six respondents had the size of House is three marls, eighteen respondent's size of a house was four marls and one respondent's size of a house was five marls. While in the juggie community out of 266 respondents three respondents' size of juggie is almost 54-82Sq.ft,

Ninety respondents' size of juggie was almost 83-109 Sq. ft., one hundred and seventy respondents size of juggie community were almost110-136 sq. Ft.



juggie

Number of residents:

In the Bhutto colony, one hundred and sixty-five partcupants house 1-7 residents living, while one hundred and nineteen respondents house 8-15 residents lived, in two respondents' houses 10-20 residents were living together. While in the juggie community thirty-five respondent's family members were 1-7 residents, one hundred and ninety-one respondent's family members were 8-15 members, in thirty-nine respondent's family 10-20 members were living, in one respondent family, 10-20 residents were living.

What is the main building material? The surveyor makes an observation and confirms it with the Interviewee:

In Bhutto Colony, the respondents used brick as a building material while the juggie community lived in temporary houses like tents made up of fiber. During the rainy season, they used a plastic sheet to avoid water entering their shelter.

Is there a government sector Hospital or health care center, or dispensary in your area?

Quite near to Bhutto colony, there was a public sector hospital. While in the juggie community there was not even a dispensary.

In current days have you or any member of your family used the hospital services?

In the Bhutto colony, almost all respondents use hospital services for medical care. While in the juggie community one hundred and twenty-one respondents used hospital services. While one hundred and forty respondents don't use hospital services. They said sarkari hospital ma qareebki koi naisunta27, another respondent said wo yateem hai jis ka sarkari hospital ma safrish nai hai28.they said we have no money to bear the expenditures of medicines and tests.

Reasons for relying on the hospital:

In the Bhutto colony, thirty-five respondents visit a hospital for child delivery, and sixteen respondents visit the hospital for injury issues. Twenty-three respondents visit a hospital for Dysentery issues, and twenty-eight respondents visit the hospital for heart issues. One hundred and twenty-eight respondents visit hospitals for other issues. Due to drinking pale yellow water, they were suffering from waterborne diseases like cholera, typhoid, diarrhea, and hepatitis. Some were suffering from T.B, scabies, Pneumonia, Pyelonephritis, and diabetes. In the juggie community, three respondents use hospital services due to birth-related issues, while most of the respondents said we hire a mid-wife for childbirth. They said they have no trust in these doctors. They said these doctors inject such injections during delivery so women cannot give birth to more babies. Some respondents said angrezidawaemaidakharabkartihaiii29so we usedesitotkay30. They used the wastage of dung cake after the fire when becomes cold then used as to control the flow of blood due to injury.

Nine respondents said they visit the hospital for injury issues Five respondents use hospital services for Dysentery issues, eleven respondents. use hospital services for heart issues. ninety-three respondents visit a hospital for other problems like cirrhosis, water- borne diseases, stomach ulcers, children suffering from nutritional deficiency, operation, fever. some respondents were suffering from orthopedic issues so they visit Jarah31. during fieldwork the researcher wore a face mask. A few respondents asked about it the researcher said it helped to avoid getting Covid infection. He said "O bao g ya corona to haii e nai,"32They have no trust in the existence of covid 19 another respondent said"phlay b to bukkarhootatha to Naya Kia haii"33another respondent said"ya corna srif ammeer logo kohootahaii"34 another respondent said "ghair Muslim na humray Mulk ma penkahaii"35 the researcher asked if they and their families are vaccinated. Respondent said "O Baoo g Ya ghair muslim ka theka nai lagy gay wo humay marna chahta haiii"36. Due to fear of this injection, they said people in their community don't visit a hospital. another respondent said "Ya theka mard ko namard kar daayta haii taka wo baap na ban skay"37.

These people have no idea about the Sehat card initiated by the Pakistan government to provide health facilities to every Pakistan till the amount of 10 lakhs. They became so happy to listen to this thing from me and there were saying thank you in their native language "O beta terapalahoya "38.

Conclusion

Females of the Bhutto colony relate to lower middle class and therefore, have slightly better access to information including political information. Their better income allows them to enjoy some privileges including TV and mobile. Their effort of catching up upper middle class though constraints, but significant and has a deep influence on their understanding and evaluating abilities. In Bhutto colony to some extent, this community has good level of facilities, as compared with the females of juggle community. The females of Juggie community are deprived even from the facilities that Bhutto colony people have. This is tent community without any social infrastructure. Often they are forced to vacate that place. Although they return on the place after few weeks. Though these facilities are compromised. For example, there is no proper access to enter in colony. The only access is under the Railway track. In complicated pregnancies, even an ambulance cannot reach there. Ultimately they rely on community mid wives. Their houses hare of two to three Marla and there is no cemetery for this group. During rainy season the area is cut off from rest of the areas of the city. Delivery of Basic services must be given to all citizens without any unfairness. There must be different strategies for underprivileged groups. Administration, Non-Governmental Organizations and Civil Society should work together for uplifting the status of marginalized communities so they become the active part of human and social capital. This will benefit them making knowledgeable resolutions.

References

- [1] (2020). Coverage Survey in Slums/Underserved Areas of 10 largest cities of Pakistan.
- [2] Abhijit Banerjee, R. P. (2012). Delhi's Slum-Dwellers: Deprivation, Preferences and Political engagment among urban poor.
- [3] Abubakar, M. (. (21 september 2019). women and slums.
- [4] Aleemi, A. a. (2019). hallenges and Patterns of Seeking Primary Health Care in Slums of Karachi: A Disaster Lurking in Urban Shadows. *Asia Pacific Journal of Public Health, p,* 1-12.
- [5] Arif Hasan, M. M. (2002). Reporting on 'Slums' in Selected Cities.
- [6] Benjamin Marx, T. S. (2013). The Economics of Slums in the Developing World. *The Journal of Economic Perspectives*, 187-210.
- [7] Chima, J. S. (2012). Changing Patterns of Democracy and Political Representation in India: An Introduction. University of California Press, 239-246.
- [8] Guy Chiasson, M. G. (2013). Municipal political parties and politicization: the case of the 2013 Gatineau elections. *Canadian Journal of Urban Research*, 70-99.
- [9] Habib, E. (2009). The Role of Government and NGOs in Slum Development: The Case of Dhaka City.
- [10] Taylor & Francis, Ltd. on behalf of Oxfam GB, 259-265.
- [11] Harriss, J. (2005). Political Participation, Representation and the Urban Poor: Findings from Research in. *Economic and Political Weekly*, 1041-1054.
- [12] Jana, G. B. (2009). Of Slums or Poverty: Notes of Caution from Census 2011. *Economic and Political Weekly*, 13-16.
- [13] (July 2020). Profiling of Slums and Underserved Areas of Khyber Pakhtunkhwa.
- [14] Kanitkar, N. K.-K. (2002). Primary Healthcare in Urban Slums. *Economic and Political Weekly*, 5086-5089. Kraff, T. a. (2014). The physical face of slums: a structural comparison of slums in Mumbai, India, based. *Journal of Housing and the Built Environment*, 15-38
- [15] Kumar, P. (2010). Declining Number of Slums: Nature of Urban Growth. *Economic and Political Weekly*, 75-77
- [16] Nasreen, Z. (2009). Impact evaluation of Katchi Abadis regularization and development programe (Case study of Lahore).
- [17] Nolan, L. B. (2015). Slum Definitions in Urban India: Implications for the Measurement of Health. *Population Council*, 59-94.

- [18] Pakistan, U. (july 2020). Coverage Survey in Slums/Underserved Areas of 10 Largest Cities of Pakistan.
- [19] Qutub, S., Salam, N., & Shah, K. a. (2008). Community-based sanitation for urban poor: the case of Quetta, Pakistan.
- [20] Rashid, S. F. (2009). Strategies to Reduce Exclusion among Populations Living in Urban Slum Settlements in. *Journal of Health, Population and Nutrition*, 574-586.
- [21] Riaz Ahmed, U. M. (2015). Socio-economic Status of Transferred and Non-Transferred Urban Slums: A Case Study. *Pakistan Institute of Development Economics, Islamabad*, 947-962.
- [22] Roy, S. (2014). Being the Change: The Aam Aadmi Party and the Politics of the Extraordinary in indian democracy. *Economic and Political Weekly*, 45-54.
- [23] Shah, G. (2010). Beyond Caste Voting: Modasa, Gujarat Revisited. Economic and Political Weekly, 54-61. Shukla, S. (2015). Slums in Lutyens' Delhi: Love for Resource, Hate for Humans, A Study of Existence And. *Social Scientist*, 69-76.
- [24] Sita, R. N. (2000). Cities, Slums and Government. Economic and Political Weekly, 3733-3735. Sridhar, C. R. (2006). Sky above, Mud below: Slum Demolition and Urban Cleansing. *Economic and Political Weekly*, 2529-2531.
- [25] Szwarcberg, M. (2013). Building a Following: Local Candidates' Political Careers and Clientelism in Argentine. *Distributed by Cambridge University Press on behalf of the Center for*, 1-18.
- [26] Coverage Survey in Slums/Underserved Areas of 10 largest cities of Pakistan (2020).
- [27] Abhijit Banerjee, R. P. (2012). Delhi's Slum-Dwellers: Deprivation, Preferences and Political engagment among urban poor.
- [28] Abubakar, M. women and slums (21 september 2019).
- [29] Aleemi, A. a. (2019) Challenges and Patterns of Seeking Primary Health Care in Slums of Karachi: A Disaster Lurking in Urban Shadows. Asia Pacific *Journal of Public Health*, p, 1-12.
- [30] Arif Hasan, M. M. (2002). Reporting On 'Slums' in Selected Cities