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Raipur Chhattisgarh Slum Resident Socio-Economic And Health Status

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Abstract

The present study examined the socioeconomic status and health status of slum dwellers in Raipur, India. The investigation utilised both qualitative and quantitative approaches. A sample of 68 residents from slums in Raipur, India, was selected at random and subjected to interviews as primary data for the quantitative approach. A variety of secondary sources were consulted for the information, such as newspapers, scholarly journals, books, government documents, and thesis papers. The findings of the survey indicate that slum dwellers frequently lack basic sanitation facilities. Challenges such as substandard sanitation, insufficient or nonexistent sewage and drainage systems, inadequate educational infrastructure, and unavailability of utility services (including gas connections, electricity provision, and potable water) can be identified through the utilisation of this research. Based on the findings of this study, every residence is situated within an unhygienic and dilapidated ghetto. 24.2% of the slum population is comprised of garment workers, whereas 13.7% are domestic workers, 19.2% are rickshaw pullers, vendors on the streets, day labourers, masons, and so forth. The food expenses incurred by slum dwellers constituted the largest proportion of their annual income (61.39 percent of total expenditures), or between 6,000 and 10,000 Rupees. The majority of shanty dwellers were observed to be affected by water-related and seasonal ailments, including allergies, skin disorders, diarrhoea, and gastroenteritis. municipal health has been negatively impacted by low socioeconomic status and inadequate municipal services, the study concludes, particularly among the slum poor in the country's main centres.

Keywords- Health, utility, and squalor conditions.

INTRODUCTION

Despite advancements in sanitation and water infrastructure, preventable diseases continue to claim the lives of thousands of children daily in impoverished communities of cities in the third world (Bartlett 2003). Similar to other developing nations, public health policy officials

in Chhattisgarh paid little attention to colonies and occupants. Scholars have predominantly examined the health implications of socioeconomic status in relation to mortality and morbidity (Papa et al., 2009). Insufficient research has been conducted regarding the effects of environmental factors on the health of Chhattisgarh's shanty dwellers. Hussain et al. (1999) and Salahuddin and Islam (1982) are among the limited number of scholars who have investigated the environmental and public health conditions within informal urban settlements. In both developed and developing countries, the correlation between socioeconomic status and health is consistent (Singh et al., 1996; Papa et al., 2009). In addition to inadequate waste management, inadequate housing, lack of access to clean water, sanitation, and healthcare, absence of educational opportunities, and lack of tenure stability, the majority of the city's slums suffer from critical issues that continue to worsen over time. These issues include inadequate housing, electricity, gas connections, and piped water. The majority of shanty dwellers are vulnerable to an extensive array of waterborne and seasonal diseases. The selection of the Raipur ghetto as a case study is justified by its location in the city Centre and the deplorable living conditions endured by its inhabitants. Additionally, this approach to investigating the issues of this specific ghetto has not been attempted by anyone else before. This study concurs with the notion that assessing the health and socioeconomic conditions of slum dwellers is crucial for formulating a strategy for the slum's future development. The present investigation seeks to accomplish two objectives in consideration of the aforementioned framework: 1) Determine the economic and health conditions of the inhabitants of Raipur's neighborhoods; and 2) Become acquainted with the employment opportunities and obstacles that these people encounter.

Methods and Substances

Both qualitative and quantitative methods were employed to collect data for this study. Utilising both primary and secondary sources, the findings of this study were compiled. Questionnaires were distributed to 68 ghetto dwellers (36 males and 32 women) in order to collect primary data. The sample size was ascertained through the implementation of a straightforward random sampling technique. The subsequent procedure was employed to determine the appropriate sample size: (i) The intended precision/error is denoted as e, (ii) The desired confidence level is z, (iii) Determine the z value that corresponds to the confidence level, (iv) Determine the z value that corresponds to (iv) with a 90% degree of confidence; the value of z is 1.645. (v) In the absence of specific data regarding the desired percentage (p), we established it at 50% (p = 0.5) and determined the total population size (N) to be 8,129.Based on the antecedent, sample size (n) = z2.p.q.N/e2 (N - 1) plus z2.p.q [Source: Author] = 68.68 individuals comprised the resulting sample for the research location.In order to gain a more comprehensive understanding of the matter at hand and potential sustainable resolutions, interviews were conducted with key informants representing a range of governmental and non-governmental organisation (NGO) authorities. A number of photographs were captured throughout the field survey. An

assortment of secondary sources comprised periodicals, annual reports, books, research papers, maps, daily publications, and official documents and statistics from both governmental and non-governmental organisations. The data were managed and analysedutilising Excel 2007, a spreadsheet application developed by Microsoft Office, and statistical software (SPSS) designed for Windows 7. Additionally, a qualitative descriptive analysis was conducted. Tables were subsequently constructed to illustrate the collected data in the study.A field survey was carried out among a random sample of slum residents to gather data. The results indicated that 31.1 percent of male respondents and 32.30 percent of female respondents were aged 21 to 30, while 31.1 percent were aged 31 to 40, 18.30 percent were aged 41 to 50, and 10.5 percent were younger than 20 years old. Only 5.5% of the population was 51 years of age or older. 55% of the population belonged to nuclear households, while 45% belonged to combined families. Seventy-eight percent of households contained one to three members, whereas twenty-five percent contained four or more financially dependent family members. A mere 4.1% of households had a responsibility for seven individuals or more.Anadditional study entitled "A Comparative Analysis of Urban Environmental Health in Chattisgarh Slums and Two Major Cities" was conducted in Raipur's slums by Hossain et al. (2010). It was discovered that 39% of urban respondents are between the ages of 31 and 40, with participation declining precipitously after the age of 40. In the city of Raipur, the age distribution of respondents indicates that over 45 percent are under the age of 30, 35 percent are between the ages of 21 and 30, and the percentage decreases after the age of 30 (excluding those aged 50 and older).

Given the current state of education infrastructure, fifty percent of the populace lacks literacy skills. Individuals with a higher level of education avoided the favela. Others had not completed elementary school (22.4 percent), while some possessed only that level of education. According to the results of the survey, only 36% of children attended education. For pecuniary reasons, parents were hesitant to enrol their children in education. Additionally, no institutions of higher education exist in the region. 51% of children attended a primary school operated by NGOs, while 43.4 percent attended a public school and 4.5 percent attended a private school.

According to Hossain (2010), the educational standard is notably substandard in both locations, spanning from elementary school to high school. The illiteracy rate in Raipur is approximately 60%, while in Rajshahi it stands at 90%. 1.4% of the respondents in Rajshahi possessed a higher education, whereas none in Raipur did. Numerous disciplines share commonalities. The majority of shanty dwellers in both Rajshahi and Raipur lack literacy skills.

Slum communities were characterised by substandard housing structures and restricted availability of public services. The distribution of residence types in the study area is illustrated.The dwelling types comprised of pucca (1%), semi-pucca (20.90%), and kutcha

(78.10%). A mere 7.8 percent of households accommodating five or more members possessed more than one chamber, whereas 91% shared a single room. Using timber to roast in the classroom. Mahout falsely asserts that only 42% of dwellings in the slums of Raipur have access to natural gas; in reality, the proportion is closer to 58%.reveals that for drinking and other domestic purposes, 69.4% of Raipur's slum occupants relied on tube-well water, 22.5% on WASA water, and 9.1% on well water. 13.7% of the population, on the other hand, did not have access to these electrical receptacles; 86.3% did. 53% of the population utilised open latrines, compared to 47% who utilised sanitary latrines. The condition of the preponderance of them was deplorable.61.21 percent of dwellings utilise the city-provided community tube-well, per Hossain. One-third of the population relies on private tube wells for water, whereas only three percent are supplied by municipal water mains. A total of 3% of the slum dwellers in Raipur depend on an adjacent tube-well for their potable water, while 94% utilise the communal tube-well. 60.7 percent of residences in Raipur are powered by electricity.

The occupation distribution within communities offers valuable insights into the job categories occupied by the employed populace. 24.2% of the population was employed in the textile industry, according to the study. The occupations of the inhabitants of the slums in Raipur were as follows: domestic labour (13.7%) and rickshaw pulling (19.2%). In contrast, the slum dwellers of the city were engaged in day employment (18.6%), hawking (3.7%), factory work (22.4%), household care (5%) and transportation (24%).58.9% of households in the study area had monthly incomes between Rupees 6,000 and 10,000, while 19.17% had incomes between Rupees 1,000 and 5,000, according to the survey. A total of 14.6% of households residing in the urban ghetto earned monthly incomes ranging from 11,000 to 15,000 Rupees, while 9.13% earned between 16,000 and 20,000 Rupees.Food constituted the largest expenditure category for slum dwellers (61.39 percent), with healthcare (7.17%), education (6.99 percent), and clothing (4.18%) following suit.A significant proportion of the participants reported a positive development in their financial circumstances. A total of 52% of the respondents indicated that their financial circumstances have improved over the past decade. Multiple individuals complained that their financial circumstances were more dire than they had been in prior years. However, 35.2% of respondents indicated that their financial situation had not changed.According to Hossain et al. (2010), the mean monthly expenditure and income of households in the city of Raipur were Rupees 3,801 and Rupees 3,898, and Rupees 3,797 and Rupees 3,881 and Rupees 3,801, respectively. Food and other essentials consume an enormous portion of the family's income, leaving almost no money remaining for savings.

The health conditions of individuals residing in slums:

26% of the participants in the region under investigation were feverish. Over 20% of respondents experienced fever, 16% gastrointestinal issues, 8% diarrhoea, 6% elevated blood pressure, 6% headaches, 16.4% jaundice, and 15.5% skin ailments while residing in the slums of Raipur. Skin diseases, cardiovascular problems, asthma, and diphtheria were also uncommon, but they were not as prevalent as they are today. Approximately 33.8% of respondents hold the belief that a moist environment is the principal cause of illness, as indicated in Table 1.

Table1.Reasonsofcausingdiseases.

Reasons of diseases	Frequency	Percentage
Damp environment	23	33.82
Water logging	13	19.12
Water pollution	19	27.94
Open drain	4	5.88
Others	9	13.24
Total	68	100.0

Nineteen percent of responders regarded Water logging as a major cause of disease transmission. Also, consuming contaminated food or water, especially water that has been hanging around for a while, is a common cause of jaundice. Over half of slum residents routinely see a doctor, yet many of them report that the local government hospital (Govt. hospital) is inadequate. The majority of respondents cited financial constraints as the primary reason for delaying or forgoing necessary medical care. As a result of the patients' inability to pay the doctors, they were provided with substandard care. Further barriers to receiving adequate care at a publicly financed hospital were lengthy wait times, high admission fees, and a dearth of free drugs. In addition, 46% of the population relied on Ayurveda since it was both cost-effective and morally acceptable. According to the statistics, the majority of slum dwellers in Raipur's worst neighbourhoods received either outstanding or exceptional help from local NGOs, while 42.5% received only average service and only 9.6% suffered truly inadequate care.

Conclusion and Suggestions

The inability to pursue one's fundamental freedoms in a slum environment is dehumanizing. The lack of fundamental human rights safeguards for slum people is supported by evidence from surveys, interviews, focus groups, as well as interviews with NGOs, government

employees, local and government leaders, and historical data. Inadequate social and economic services are a major problem in Raipur's slums.

Although there are clear differences in health status, housing quality, educational attainment, and monthly income, the results of the field surveys in the Raipur slum show that the communities are generally homogenous across these dimensions. It's likely that the bad living circumstances of those who call slums home have had an adverse effect on their health. The situation is exacerbated by a shortage of resources, including schools, homes, and literacy rates. The increased rates of sickness suffered by slum people may have several causes, including but not limited to low earnings, inadequate sanitation, unsuitable housing, and overcrowding. After problems have been identified and a thorough research has been conducted.

suggestions

Priority should be given to ensuring that residents in slums have access to basic services such as potable water, constant electricity, medical care, and education. The municipal administration should upgrade the region's waste disposal facilities and sewage and drainage networks.Making the case for the value and potential gains from universal service provision calls for the creation of comprehensive national strategies and actions.It is critical for the success of any project that public agencies, NGOs, and the business sector focused on slum inhabitants work together.

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