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## **QUALITY OF LIFE OF MIGRANT HOUSEHOLDS IN URBAN SLUMS**

**S.Sundari**

Reader in Economics, Mother Teresa Women's University, Kodaikanal – Tamil Nadu  
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A Gender Analysis.

### ***Abstract***

*Health status is a key indicator of human well being. Environmental pollution affects human health in many ways and contributes to a wide variety of diseases. Increasing attention is being devoted both domestically and globally to how environmental pollution affects human health. The agenda for the Sept 2002 World Summit on Sustainable Development identified health as an integral component of sustainable development, and called for a more efficient, equitable, accessible and appropriate health care system for the populations that rely on them.*

*Scientific method for the assessment and management of related risks to human health and the environment is imperative for a developing country like India where the exposure levels and variability are relatively higher. This paper examines the quality of life of the migrant households in slums of Coimbatore City, Tirupur Town and Chennai City in terms of select parameters. The study reveals that migrant households live in unhygienic and congested places devoid of basic necessities for a healthy life like housing, water supply, drainage and sanitation. Women and children are the worst victims. Physically, mentally and emotionally they are affected. The rehabilitation programme of the Tamil Nadu Slum Clearance Board is totally inadequate in relation to the mushroom growth of slums. Hence, a comprehensive package incorporating measures to improve urban environment and health status should be launched on a massive scale.*

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Health status is a key indicator of human well being. The health of people does not depend only on the number of doctors and hospitals, but also on a clean and safe environment. Environmental pollution affects human health in many ways and contributes to a wide variety of diseases. World Summit on Sustainable Development ( Sept. 2002) identified health as an integral component of sustainable development, and called for a more efficient, equitable, accessible and appropriate health care system for the population that rely on them. Poor are the agents and victims of environmental degradation (Report, World Bank, 1992). The concentration of economic activities in urban areas leads to the migration of the work force from rural to urban areas in search of employment opportunities for their livelihood. Such migrants, due to their poor income are unable to get good houses and occupy vacant Government / Private lands near by and

put up hutments. The sharp upsurge in urban population is also reflected in the rapid growth of slum population. The slum population has been growing by leaps and bounds. Most slums are situated in vulnerable locations such as river margins, water logged areas and road margins etc. that are devoid of basic amenities.

The rapid growth of slums and squatter settlements has largely contributed to the social, economic and environmental problems in urban areas. Slums and squatter settlements are perhaps a phenomenon of Third World towns and cities. Around 20 to 25% of the urban households in the country live in slums, squatter settlements and refugee colonies due to non-availability of affordable habitat in formal settlements.

According to the 2001 Census, the percentage of slum population in Million plus cities was highest in Mumbai (48.88%). The magnitude of slum population needing attention has increased from about 33.1 million in 1985, to over 35 million in the early 90s and to over 40 million in 2001 ( Rabial Mallick, 2001).

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This paper examines the quality of life of the migrant households in slums of Coimbatore City, Tirupur town and Chennai City of Tamil Nadu State, in terms of select parameters.

**Slum – Meaning and Definition:** A slum is an overcrowded and squalid district of a city or town usually inhabited by very poor people. Slums can be found in most large cities around the world. Slums are usually characterized by:

- high rates of poverty and
- unemployment

Slums are breeding centers for many social problems such as crime, drugs, alcoholism and despair. And in many poor countries they are also breeding centers for disease due to unsanitary conditions ( Wikipedia, the Free Encyclopedia).

The term ‘slum’ speaks volumes about the plight of the urban poor. Though not all is well with life in urban areas, the rural poor migrate from rural areas to urban areas dreaming of a comfortable life there. True, it is something different but not better than what they experience in their villages. Once they step into the city, they suffocate. The pure air, water and healthy and spacious living place which they enjoyed in their place of origin (rural) are all denied to them in cities and towns ([www.uelcindia.org](http://www.uelcindia.org))

Thus the concept of slums and its definition vary from country to country depending upon the socio-economic conditions of each society. The basic characteristics of slums are:

- dilapidated and infirm housing structures
- poor ventilation
- acute over-crowding
- faulty alignment of streets
- inadequate lighting
- paucity of safe drinking water

- water logging during rains
- absence of toilet facilities
- non-availability of basic physical and social services

The living conditions in slums are usually unhygienic and contrary to all norms of planned urban growth and are an important factor in accelerating transmission of various air and water borne diseases. 'Slums' have been defined under section 3 of the Slum Areas (Improvement and Clearance) Act, 1956 as areas where buildings

- are in any respect unfit for human habitation.
- are by reason of dilapidation, over-crowding, faulty arrangement and design of such buildings, narrowness or faulty arrangement of streets, lack of ventilation, light, sanitation facilities or any combination of these factors, which are detrimental to safety, health and morals.

According to the Census of India, 2001, a slum is a compact area of at least 300 population or about 60-70 households of poorly built congested tenements, in unhygienic environment, usually with inadequate infrastructure and lacking in proper sanitary and drinking water facilities.

### **Salient Features of Slum Data - Tamil Nadu ( 2001 Census)**

About 70 towns in Tamil Nadu have reported slums.

- Total slum population in the State was 25.3 lakhs, accounting for about 17.9% of the total urban population of the cities / towns reporting slums.
- Largest slum population was found in Chennai Corporation – 7.48 lakh persons.
- Pattukottai Municipality shows the lowest population of slum dwellers – (665).
- In terms of slum dwellers as a percentage to the total population, Bodinayakkanur has the highest proportion ( 48.1% ) and lowest in Pattukottai ( 1% ).
- Highest literacy among slum population is accounted by Nagercoil (89.9%).
- The male literacy rate varied between 93.6% ( Dindigul ) and 72.9% ( Tirupur ).
- The female literacy rate varied between 86.7% ( Nagercoil ) and 47.9% ( Attur ).

Given the macro level scenario of slums in Tamil Nadu State, the following section deals with the quality of life of the migrant households in the slums of Coimbatore city, Tirupur town and Chennai city. About 820 female migrants living in and around the slums of Chennai city, Coimbatore City and Tirupur town were randomly chosen. The distribution are as follows:

- Chennai City – 435 female migrant respondents
- Coimbatore City – 210 female migrant respondents
- Tirupur Town – 175 female migrant respondents

With the help of structured interview schedule, relevant information were gathered from the women migrant respondents. A few details were also collected through personal observations. Field work was carried out during the period May – Dec.2002.

In this study, quality of life of migrant households is assessed in terms of the following parameters:

- Structure of the dwelling place
- Source of drinking water
- Electrification
- Water logging during monsoon
- Latrine facility
- Sewerage system
- Drainage system
- Garbage disposal system
- Access to health care services
- Health conditions

### Structure of the dwelling place:

Around the world over one billion residents live in inadequate housing, mostly in slums and squatter settlements, where living conditions are poor and services are insufficient. One - quarter of all urban housing units in developing countries are temporary structures, and more than one – third do not conform to building regulations. The situation is worst in Sub- Saharan Africa where 60% of urban housing units are temporary structures ( World Resources, 1998 – 99: 134 – 137 ). A deplorable scenario exists in the sample region where nearly 40% of the migrant households had no roof over their heads at the time of the survey. They live on pavements/road sides/under bridges/river banks/near railway stations etc. About 43% and 12% of the sample households had katcha and semi-pucca structures respectively (Pucca is a local term for permanent material such as bricks and concrete, katcha refers to mud, straw, card board, plastic and other traditional construction materials).

Only 6% of the sample migrant households had pucca houses. Area-wise variation regarding this indicator suggest that among the migrant households without shelter, a major proportion (62%) is accounted for by the migrant households of Chennai slums. Relatively higher number of migrant households of Coimbatore slums ie 47% have pucca houses compared to other slums (Refer table -1).

**Table 1: Distribution of Migrant Households on the basis of the Type of House**

Area	Type of House				Total
	Pucca	Semi Pucca	Katcha	Nil	
Coimbatore slum	23	24	106	57	210
Tirupur slum	12	19	79	65	175
Chennai slum	14	53	171	197	435
Total	49	96	356	319	820
( % )	(5.98)	(11.70)	(43.41)	(38.9)	(100.00)

Source: Primary Survey

Figures in brackets are percentage to the total.

Among the households living in katcha structures, nearly 53% live in single room shelters and the rest have two room structures. For about 124 households the built in area of single room is

10x10 feet and for 63 households it is smaller – 5x10 feet. In the semi-pucca category, about 36% of the household have single room shelters.

In the pucca house structure category, 73% of the migrant household live in single rooms and 27% in double rooms. Overall it can be inferred that single room structures are dominant among the sample migrant households. In these tiny rooms, some of the large-sized households with seven to nine members had to be accommodated, besides providing space for cooking and keeping things. All these results, in over crowding, congestion, lack of air, light etc. An important problem associated with overcrowding is that it increases the risk of disease transmission.

#### **Source of drinking water:**

More than 1.4 billion people in developing countries lack access to safe drinking water, which is one of the essentials for good health ( World Resources, 1998 – 99: 68). World wide, about 2.3 billion people suffer from diseases that are linked to poor water quality. An estimated 4 billion cases of diarrheal disease occur every year causing 3 to 4 million deaths mostly among children. Table - 2 shows the distribution of sample households in slums by source of drinking water. About 53% of the households had access to a tap for drinking water requirements. Nearly one-third of the households got their drinking water from tubewells / hand pumps and less than 1% got their drinking water from wells. Around 128 migrant households in Tirupur slums, are wholly dependent on water supplied through lorries. Though there are municipal taps in Tirupur slums, the water is of poor quality and totally unsuitable for drinking. Hence these migrant households had to wait for water lorries that are irregular and had to line up to use this facility.

**Table 2: Distribution of Migrant Households by Source of Drinking Water.**

Area	Source				Total
	Tap	Tube well/hand pump	Well	Others	
Coimbatore slum	117	93	-	-	210
Tirupur slum	18	22	7	128	175
Chennai slum	303	132	-	-	435
Total	438 (53.41)	247 (30.12)	7 (0.85)	128 (15.61)	820 (100)

Source: Primary Survey

Figures in parenthesis are percentage to the total.

#### **Electricity Supply :**

Regarding this parameter as one of the measurements of quality of life, it is seen that nearly 41% of the migrant households in slums had no electricity in their dwelling units. The incidence of lack of electricity is more pronounced among the migrant households of Chennai slums(55%) than the other slums, Coimbatore (25%) and Tirupur (20%), refer table – 3. In the absence of electricity, kerosene lamps were largely used by most households.

#### **Waterlogging in slums during monsoons :**

Water logging is one of the main problems of slums during monsoon. According to the survey results, nearly 95% of the migrant households experienced water logging in their areas during monsoon. The incidence seems to be greater (54% ) among the migrant households of Chennai slums, because nearly 45% of them are pavement dwellers and further, most slums are found below the street level / under the bridges ( Refer table – 4 ).

#### **Latrine facility in slums :**

Next to housing and safe water, sanitation is important not only for healthy living but also for ensuring a non-polluted environment. According to WHO, nearly two-thirds of urban population in developing countries do not have adequate sanitation - they lack a flush toilet, a sanitary latrine, or a pit that can be covered over. The sample survey reveals that no latrine facility of any kind was available for about 79% of migrant households and they had to use the open fields. Again the incidence of non-existence of latrines is higher among the migrant households of Chennai slums (52%) than other slums of Tirupur (22%) and Coimbatore (26% ). Latrines with flush system was available to about 9% of migrant households. Nearly 13% of the migrant households living in slums, had access to the community toilets, provided by the corporation/municipality. Table -5 shows the distribution of migrant households in slums by type of latrine facility.

**Table 3: Distribution of Migrant Households on the basis of Electrification of their House**

Area	No. of electrified households	No of unelectrified households	Not Applicable*	Total
Coimbatore slums	69	84 ( 24.9 )	57	210
Tirupur slums	43	67 (19.1 )	65	175
Chennai slums	52	186 ( 55.0 )	197	435
Total	164 (20.00)	337 ( 100 ) (41.1)	319 (38.9)	820 (100.00)

Source: Primary Survey

Figures in parenthesis are percentage to the total.

\* - Households without shelter

**Table 4: Distribution of Migrant Households on the Basis of Water Logging During Monsoon.**

S.No	Area	Water logging in monsoon	No water logging in monsoon	Total
1.	Coimbatore slum	201 ( 26 )	9 ( 19 )	210
2.	Tirupur slum	155 ( 20 )	20 ( 43 )	175

3.	Chennai slum	417 ( 54 )	18 ( 38 )	435
	Total ( % )	773 ( 100 ) (94.27)	47 ( 100 ) (5.73)	820 (100)

Source: Primary Survey

Figures in brackets are percentage to the total.

### Sewerage system in slums:

Only 5% of the total migrant households had underground sewerage system, which means that 95% of the households lacked this facility. Even in a metropolitan city like Chennai, no sewerage facility was available to more than 95% of the migrant households ( Refer table –6). The main problem is that during monsoon, the sewerage flows into the huts of the households.

**Table 5: Distribution of Migrant Households in Slums on the Basis of Latrine Facilities.**

Area	Type of Latrine Facility			Total
	No latrines	Community latrines	Latrines with flush system	
Coimbatore slum	166 ( 26 )	21 ( 20 )	23 ( 31 )	210
Tirupur slum	143 ( 22 )	13 ( 13 )	19 ( 26 )	175
Chennai slum	335 ( 52 )	69 ( 67 )	31 ( 43 )	435
Total	644 ( 100 ) (78.54)	103 ( 100 ) (12.56)	73 ( 100 ) (8.90)	820 (100)

Source: Primary Survey

Figures in parenthesis are percentage to the total.

**Table 6: Distribution of Migrant Households in Slums on the Basis of Sewerage System.**

Sl.No	Areas	Type of sewerage system		
		Open	Underground	Total
1.	Coimbatore slum	192 ( 24 )	18 ( 46 )	210
2.	Tirupur slum	171 ( 22 )	4 ( 10 )	175
3.	Chennai slum	418 ( 54 )	17 ( 44 )	435
	Total ( % )	781 ( 100 ) (95.25)	39 ( 100 ) (4.75)	820 (100)

Source: Primary Survey

Figures in parenthesis are percentage to the total.

### Drainage system in slums:

Table - 7 shows the distribution of migrant households in slums by type of drainage system. It is observed that drainage systems was totally absent in about 92% of slum households, whereas around 4% had an open katcha drainage system. Open pucca drainage was available to less than 2% of sample households. Only 1% of the migrant households in slums had covered

pucca drainage system. Underground covered pucca system of drainage was totally absent in the households covered by this survey.

### Garbage disposal system in slums :

Nearly 67% of the sample migrant households in slums do not have any arrangement made either by public or private services for garbage collection and disposal. These households resorted to open dumping of garbage in streets/ditches etc. About 27% of the households had access to the Municipal / Corporation dust bin for garbage disposal. Only in the case of 6% of the households, the garbage was disposed by the residents through burning. Thus risk to human health are compounded in these slums, where garbage collection is nonexistent in most cases and drainage tends to be poor, promoting the growth of insects and other diseases vectors. Table –8 shows the distribution of households on the basis of garbage disposal system.

**Table 7: Distribution of Migrant Households on the basis of type of Drainage System**

Area	Type of drainage system					Total
	No drainage	Open		Covered pucca	Underground	
		Katcha	Pucca			
Coimbatore slum	189 ( 25 )	17	-	4	-	210
Tirupur slum	146 ( 19 )	15	14	-	-	175
Chennai slum	422 ( 56 )	4	2	7	-	435
Total	757 ( 100 ) (92.32)	36 (100 ) (4.39)	16 (100 ) (1.95)	11(100 ) (1.34)	-	820 (100)

Source: Primary Survey

Figures in brackets are percentage to the total

**Table 8: Distribution of Migrant Households in Slums by Garbage Disposal System**

S.No	Area	Garbage Disposal System			Total
		No arrangement- open dumping	Dust bin provided by Corporation/Municipality	Others	
1.	Coimbatore slum	127 (23 )	81 ( 37 )	2 ( 4 )	210
2.	Tirupur slum	136 (25)	23 ( 10 )	16 ( 34 )	175
3.	Chennai slum	289 (52 )	117 ( 53 )	29 (62 )	435
	Total	552 (100 ) (67.32)	221 ( 100 ) (26.95)	47 (100) ( 5.73)	820 (100)

Source: Primary Survey

Figures in parenthesis are percentage to the total.

### Access to primary health care :

Hospitals were available within a radius of 1 km for about 60% of the migrant households. Though free health care facilities are available from the nearby government hospitals for minor ailments, they had to spend on medicines for major illness, which was beyond their ability. The number of households borrowing on grounds of health has also increased from 65 (8%) before migration to 135 (17%) after migration.

The entire slum population is vulnerable if a fire or flood wipes out peoples' temporary dwelling places or urban authorities decide to embark on a slum clearance programme without providing alternative living spaces. In the sample nearly 90% of the households were evicted by the City authorities for illegal encroachment. This is one of the major problems encountered by the slum people all over. At the global level, each year about 20 million to 40 million urban dwellers are forcibly evicted. Governments are reluctant to legalise them for fear of encouraging even more illegal settlement.

### **Health Condition :**

Living condition in many urban slums are worse than those in the poorest rural areas of the country ( World Bank, 1993). This can be attributed partly to the slums exceptionally unhealthy environment. Many of the most serious diseases in cities are 'environmental' because they are transmitted through air, water, soil and food or through insect or animal vectors. The concentration of people in areas where the provision of water, sanitation, garbage collection and health care is inadequate creates the conditions where infectious and parasitic disease thrive and spread. Around half the urban population in developing countries is suffering from one or more of the diseases associated with inadequate provision of water and sanitation ( DFID,2001:20).

Table – 9 summaries the diseases suffered by the migrant respondent or by the members of the family in the last five years. The incidence of the following diseases seems to be larger among the migrant households:

- Viral fever
- Dysentery
- Malaria

**Table 9: Diseases Suffered by the Sample Respondent / Their Family Members in the Last Five Years.**

Sl.No	Name of the disease	No. of households*
1.	Viral fever	489
2.	Dengue fever	64
3.	Madras eye	191
4.	Tuberculosis	28
5.	Skin diseases	113
6.	Malaria	247
7.	Cholera	66
8.	Dysentery	539
9.	Cancer	9
10.	Chicken pox	17

11.	Hepatitis	57
12.	Asthma	39
13.	Others	341

Source: Primary survey

\* Responses are not mutually exclusive.

Viral fever are very common among the slum dwellers and is linked to contaminated water. Being poor and to economise on fuel almost all households do not boil the drinking water. Dysentery, a water-borne disease, was largely found among slum households. About 65% of the households have suffered from dysentery. Majority of the respondents (or their family members) have been attacked by viral fever (60%). Malaria was found among 30% of the migrant households in slums. The other ailments suffered by the migrant households are:

- Dengue fever
- Madras Eye
- Tuberculosis
- Cancer
- Hepatitis
- Skin diseases
- Asthma

Dengue fever – a rare disease transmitted by mosquitoes was found among 8% of the migrant households, specially at Chennai slums. Migrant households suffered skin diseases particularly during the monsoon when the sewerage overflows.

Most women respondents of younger age were anemic and stated that they suffered from frequent headaches, and nausea caused by the foul smell from the ditches, garbage dumping places, dirty water canal beds etc. Rapid urbanization has adversely damaged the urban environment through air, water, solid waste and noise pollution. Slum dwellers are the worst victims of urban environment degradation. The chief victims of the accident at Bhopal, were not just workers, but slum dwellers who had settled near the factory. A recent WHO study on air pollution in 8 Indian cities reports that every year 30,000 children are affected by asthma and the incidence of asthma is larger among children living on roadsides than those living in less congested streets, because the former inhale emissions of the motor vehicles. The concentration of air pollutants exceeded the WHO guidelines in many urban centers in India. Long term exposure to dust, sulphur dioxide and small particles in the air causes a wide range of chronic respiratory diseases and exacerbates heart disease and other conditions. In India, the death rate due to cancer increased by 3% and that of lung cancer by 9% since 1990 (World Resource Institute,1997).

Solid waste are the most visible form of pollution. Most of the methods of disposing them pose serious threat to environment and human health, particularly to those living in slums. In the absence of regular collection of wastes by Municipalities/ Corporations, the accumulated piles of garbage promotes the multiplication of flies, which results in the spread of fly borne diseases such as typhoid, amoebic dysentery, diarrhea and cholera. Rodents also breed and account for the spread of plague.

Further in the absence of adequate sewerage and drainage systems in the slums, the stagnant waste water become breeding grounds for various kinds of pests and insects particularly mosquitoes, which transmit diseases such as malaria, yellow fever and filariasis to human beings. The problem of noise pollution is also severe among the slum dwellers as they live on road sides, nearby railway tracks, under bridges etc. Noise pollution causes headaches, sleep disturbances and mental stress.

The noise pollution has already reached a high level in most of the metropolitan cities in all the residential, commercial, and industrial and silence zones. The increasing noise pollution may be attributed to the increase in the number of vehicles, workshops, loud speakers etc. Table- 10 presents the average noise levels in various metropolitan cities in India, which is well above the norms prescribed by the Pollution Control Board. In Chennai city the degree of noise pollution in all other areas, except in the industrial area, is much higher than the norms set by the Pollution Control Board.

**Table 10: Average Noise Pollution in Various Metropolitan Cities - India  
dB(A) in Leq.**

Metropolitan cities	Day/Night	Industrial Area	Commercial Area	Residential Area	Silence Area
Calcutta	Day	78	82	79	79
	Night	67	75	65	65
Mumbai	Day	76	75	70	66
	Night	65	66	62	52
Chennai	Day	71	78	66	63
	Night	66	71	48	49
Bangabre	Day	78	76	67	67
	Night	53	57	50	NA
Prescribed Standard by CPCB	Day	75	65	55	50
	Night	70	55	45	40

Source: State of the Environment 1995, Ministry of Environment and Forest, Conservation of India, New Delhi.  
CPCB – Central Pollution Control Board.

Health problems are more severe in urban areas as compared to rural areas owing to poor solid waste management methods. While 75% of the households in rural areas suffer health hazards, as high as 95% of urban households suffer from different kinds of ailments ( Sundari and Saradha, 2001:77 ). In India, municipal solid waste dumping grounds are a menace to society. For instance in Mumbai, particulate matter levels at the Deonar dumping ground were found to be about 2000  $\mu\text{g}/\text{m}^3$  (micrograms per cubic meter) while the WHO's norm is 150  $\mu\text{g}/\text{m}^3$  (Alappat and Dikshit, 1999).

Hospital Waste is among the more dangerous types of garbage because it contains disease-carrying pathogens. The list of diseases caused due to improper disposal and treatment

of hospital waste is endless, but of major concern are deadly diseases like AIDS, viral Hepatitis, TB, Bronchitis, Gastroenteritis and other skin and eye related disorders.

Overall, it can be inferred that the migrant households live in unhygienic and congested places devoid of basic necessities for a healthy life. The empirical results presented above, are almost consistent with the major findings of the NSS survey on ‘Slums in India’ (49<sup>th</sup> Round, 1993-94). According to the NSS Survey, at All India level, around one-third each of the urban slums had pucca/semi pucca and katcha structures; 65% had ‘tap’ as the source of drinking water; 60% of urban slums remain water logged during monsoon, 54% lacked latrine facilities and 83% had no underground sewerage system.

### Poverty:

- The incidence of poverty in terms of household income is larger in Tirupur slum (51%) than Coimbatore (40%) and Chennai slums (44%).
- Even in terms of expenditure criteria, the incidence of poverty is still higher in Tirupur slum (40%) than Chennai (35%) and Coimbatore (33% ) slums.
- Among the poorer households, about 10% of them may be considered as poorest among the poor.
- Linking women’s earnings and the incidence of poverty, it is observed that the incidence is larger where the women’s earnings are lower. In other words, poverty is inversely related to female’s earnings. Higher the earnings of women, lower the poverty ratio and vice versa.
- Before migration only 395 households out of 820 ( ie 48%) had debt, but after migration 69% of the households are in debt.

### Percentage of Sample Migrant Households Below Poverty Line.

Sl.No.	Area	Income Criteria	Per Capita Monthly Consumption Expenditure Criteria
1.	Coimbatore slums	40%	33%
2.	Tirupur slums	51%	40%
3.	Chennai slums	44%	35%

Source: Compiled on the basis of Primary Survey

While the poor suffer in general, women among them are the worst victims. Women’s poverty differs from that of men both in degree and in kind. Women experience greater poverty and transmit their disadvantage more readily on their children, thus perpetuating the poverty cycle. (Narasaiah, 2001:90). Poverty has thus assumed for itself strong gender connotations. At the Fourth World Conference on Women in Beijing (1995), the UN said that ‘Poverty has a

women's face" and that 70% of the world's poor are female. It further adds that poverty is not just lack of income, but also consists of lack of access to services and opportunities for human development, lack of voice in political life and decision making and social subordination and exclusion. All poor people experience these deficits, but in almost all cases women and girls suffer from them to a greater degree than men (Human Development Report, 1995).

Nearly 63% of the children of the migrant households in the age group 6 to 14 are working; 22% studying and 15% are neither studying nor working. Combining the data for Coimbatore, Tirupur and Chennai, it is observed that the incidence of child labour is more pronounced among boys (67%) than girls (56%).

### **CONCLUSION:**

Slum people are mostly the underprivileged, weakest section of our society. They are deprived of the minimum basic amenities like housing, water supply, drainage and sanitation. Women and children are the worst victims. Physically, mentally and emotionally they are affected. People who were never on the streets had to sleep on pavements, without proper security of their lives. A comparison of the income level of migrants with non-migrant population, show that the former are slightly better off. However, there is steady deterioration in the quality of life of migrant households. Poor quality of life and poverty go hand in hand, one perpetuating the other.

### **Role of Tamil Nadu Slum Clearance Board:**

Tamil Nadu Slum Clearance Board was set up in 1970, with the following objectives. The activities of the Board were initially confined to Chennai city and subsequently extended to all the Corporations, Municipalities and Town Panchayats in Tamil Nadu in a phased manner.

### **Objectives:**

- a) To clear the slums especially those located in flood prone and other vulnerable areas and to resettle them in self contained hygienic houses with basic amenities near the urban limits.
- b) To prevent private land owners from evicting the slum dwellers from their huts and to provide security of tenure for the latter.
- c) To provide basic amenities like drinking water supply, roads, storm water drain, one public water connection, sewerage disposal and street lights etc. to all the slums.

### **Programmes Implemented by the TNSCB**

1. Slum Clearance Programme- The Slum Clearance Programme envisages the construction of storeyed tenements with adequate infrastructure like water supply, sewerage, roads and street lights etc.
2. Environmental Improvement of Urban Areas:  
To make the slum areas habitable, basic amenities like water supply, roads, street light, P.C. units etc. are provided as a short time measure in unhygienic urban slums on "as is where is" basis at an average cost of Rs.2000/- per family on the following standards without dislocating them
  - a) One public water connection unit for 20 families
  - b) One Pre-School unit for 100 families

- c) Roads, storm water drains, tree planting etc.
  - d) One street light at 40 M interval
3. Flood Alleviation Programme – Construction of Houses for the Slum Families:
  4. Resettlement of slum families living in objectionable locations in mega cities Chennai, Madurai and Coimbatore – Eleventh Finance Commission – special problem grant.
  5. Tamil Nadu Special Welfare Fund-Construction of Tenements
  6. “VAMBAY” housing scheme - The Government of India have recently announced a new housing programme namely Valmiki Ambedkar housing scheme, which envisages the construction of new shelter units for the urban slum families
  7. (a) Repairs and Renewals to Slum Tenements under “Vambay” House Upgradation Scheme:  
(b) Repairs and Renewals to Slum Tenements under Constituency Development Fund:
  8. Providing Fire Proof Houses for the Slum Dwellers
  9. Repairs of Pre Schools

A review of the physical and financial achievement of Tamil Nadu Slum Clearance Board over the period (1970 – 2002) reveals that it has spent about Rs.607 crores on various housing schemes, benefiting nearly 9.38 lakh families ( TNSCB, 2002 – 2003 ). However, 2001 Census highlights that there are over 13.7 lakh slum population in 6 Municipal Corporation areas of Tamil Nadu alone ( Chennai, Madurai, Trichy, Coimbatore, Tirunelveli, and Salem), which means that there is a gap between the demand and supply of housing.

#### **Beneficiaries of the Housing Scheme of TNSCB – Among Sample Respondents:**

Out of 210 migrant households covered by this sample survey in Coimbatore slums, about 43 households have availed housing benefit provided by the TNSCB, Coimbatore Division. As per the scheme, the migrant households occupying a pucca house with one room and with in-housing toilet facility, should pay monthly Rs.150/-, for a period of 20 years to TNSCB, as occupant’s contribution. During the survey, it was noticed that out of 43 households that availed pucca house from TNSCB, 20 households have rented their house for a rate varying between Rs.300/- Rs.350/- per month and have moved to the neighbouring slums and were living in katcha structures. Similar practices were found in Tirupur and Chennai slums. In Tirupur, among 11 beneficiary households, 8 households have rented their pucca house provided by the TNSCB, and have shifted to slums, where they were found in katcha houses. In Chennai, out of 28 beneficiary migrant households, 7 have rented their house given by the TNSCB, for an amount of Rs.450/- to Rs.500/- monthly and have returned to the slums.

Reasons for misuse of assistance by TNSCB:

- Some of the households were unable to contribute towards the monthly instalment of Rs.150/- on account of poor income; debt burden etc.
- Renting the house serves dual purposes:-
  - (i) facilitates monthly repayment of Rs.150/-
  - (ii) ensures extra monetary benefit
- Such practices are resorted not only by the poorer households but households that are relatively better among the poor, due to demonstration effect of the neighbour.

- As these households were used to living under unhygienic conditions, they did not mind going back to the slums.
- Above all, attachment of little importance to healthy environment.

### **SUGGESTIONS:**

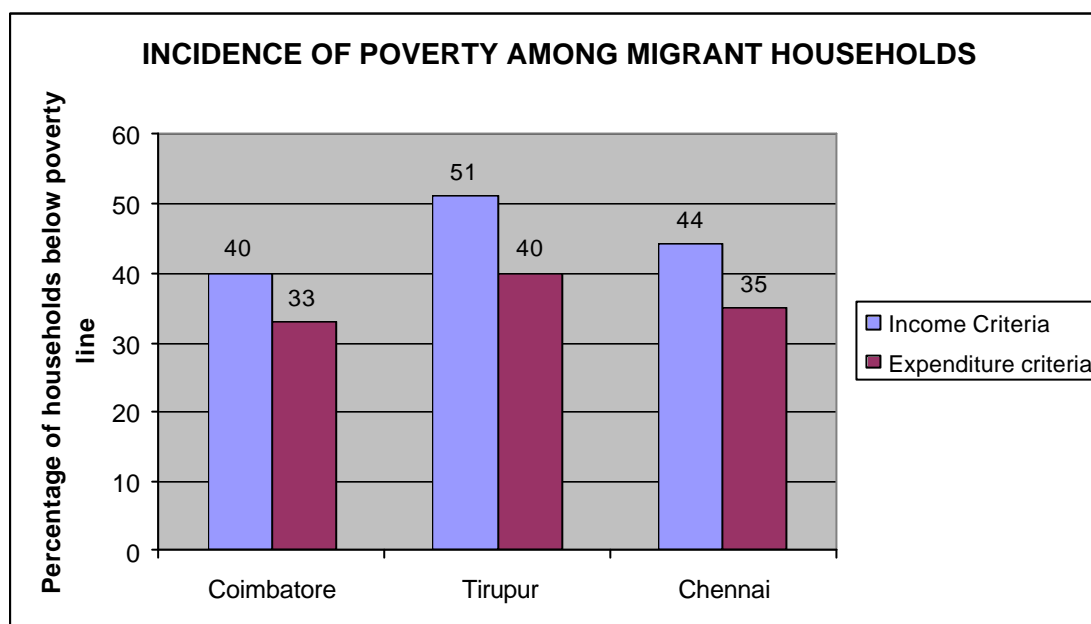
Mushrooming growth of slum population exerts increased pressure on provision of minimum basic services such as housing, water supply, health, education and other basic infrastructure including sanitation. Supply of these services is one of the biggest challenges to all urban planners and policy makers. So far we have been able to deal with their needs in terms of human settlements and other amenities as a 'fire fighting' approach and never as a 'planned' approach in any of the Indian cities (Suresh.V : 2001). If cities do not deal with the problems of the slums in a constructive way, they will deal with the cities in a destructive way", says Robert McNamara, Former President of the World Bank. If cities do not take care of the needs of the slums, the slums will take over the cities. The Government have to make serious efforts to upgrade urban slums and to rehabilitate the slum families living in objectionable areas of cities. Unless drastic and timely measures are taken, the slum problem will assume mammoth proportions, leading to a total disarray of urban development.

The Municipal Corporation lack the resources to solve the urban problems wholly. Further Slum Improvement has not been attempted in a comprehensive manner by the Slum Clearance Board and its activities are largely confined only to recognised slums. Hence a methodology has to be evolved to address the problems of slums on a massive scale to improve the quality of life of slum population. Efforts could be made in the following directions:

- Shelter is the basic need of the migrant household, especially for the unprivileged migrants. The government can tackle this homelessness (problem) of migrants by building low-cost flats either for outright purchase or for rent purposes. These can be located in the suburban areas and all basic amenities provided. Effective measures should be taken to prevent misuse of the housing facilities provided by the Slum Clearance Board.
- Improving the sanitation and living conditions in the existing slums and other squatter settlements.
- Maintenance and upgradation of the existing housing stock of the poorer sections.
- One alternative is to engage private sector in the provision of basic services in the urban areas.
- Government can also focus on attracting favourable foreign investment in providing housing and basic services. The Chennai Corporation has already taken initiative in this direction and has assigned the task of cleaning Chennai City to an agency at Singapore. Similar efforts can be made inviting foreign investor's participation in urban housing and other essential services.
- Community participation in improvement of urban environment is imperative. People of slums, particularly women know exactly the problems they face and they would be in a better position to come out with effective solutions. The simultaneous involvement of the local

community, NGOs, and Municipal Corporation, can help in better provision of basic civic services such as water supply, public bathing, washing, toilet facilities, solid waste disposal, water logging during monsoon, rain harvesting etc.

- The role of NGOs and mass media is crucial particularly in creating environmental awareness among the slum population. This is imperative as it would facilitate greater community participation in improving urban environment and also to ensure responsible behaviour on the part of the public.



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