

Informal Settlements of Slums in the Urban Vicinity of Guwahati City of Assam: The Case of a Harijan Colony under Guwahati Municipal Corporation - A Case Study

Tabrez Uz Zaman^{#1}, Professor Sujit Kumar Dutta^{*2}

[#]Research Scholar, Department of Healthcare Management, Assam downtown University, Panikheti, Assam, India

^{*}Professor, Department of Healthcare Management, Assam downtown University, Panikheti, Assam, India

Abstract

The Guwahati city is the Gateway of the Northeast region of India and currently known as the smart city with a rapidly growing population due to the urbanization and unabated rural-urban migration. This has pushed large form of poverty induced migration from stagnated rural areas to the cities and towns. They get settled in the slum pockets of the cities and towns, but they need some minimum basic services like water supply, scientific drains, electricity, housing, hygienic sanitation, etc. to facilitate improvement in the environmental situation of the town/city. There is often a close relationship between the health status and the living conditions of the slum dwellers. This case study tries to find out the conditions of these informal settlements or slums and how it has affected their lives and families.

Keywords — Slums, informal settlements, migration, health status.

I. INTRODUCTION

Guwahati city has witnessed a drastic growth rate between 1971 to 1991; 8.1 percent per annum. The reason is likely because it has been the capital city of Assam since 1972 [1]. Therefore, migration is seen in a unidirectional mode, i.e., from rural Assam and from other neighbouring states of the Northeast region of India including the cross-border migration on a regular basis from the adjacent countries, namely Bangladesh, Nepal, Bhutan, and Myanmar. The population thus increased and gradually became exodus in Guwahati city, which has culminated in the growth, and development of slums pockets in different parts of the city [2]. The city needs various central and state level development programmes comprising of physical amenities like water supply, provision of community bath, stormwater drains, paving and widening of existing lanes, community latrines, sewers, streetlights, etc., to tackle the slum areas/pockets.

Further, there is a scope for community participation through the formation of

community centres, primary health care centres, social amenities for pre-school education; adult and informal education; maternity and child health care facilities like immunization etc. Despite having such discrete facilities, the slum dwellers are unable to improve their poor living condition and health status in terms of diseases, nutritional deficiency, and affordable healthcare facilities [3]. This case study comprises of the comments of Mr. Krishna Basfor (17 years old) residence of Harijan Colony, a notified slum near Nehru Stadium under GMC. The very purpose of this case study is to understand the sensitivity of the concerned slum dwellers at the micro level to enable the decision makers to plan for a better life and living of the slum dwellers.

II. METHODOLOGY

Focus group discussions were conducted to get an insight into the migration of slum dwellers to the slum pocket in Harijan Colony, their living conditions, health status, health seeking behaviour and health awareness programmes in the study area.

III. RESULTS

Rural - urban migration results in overcrowding and pose difficulties in providing adequate housing facilities to all, resulting in the flourishing of more slums and unauthorized colonies in the urban areas [4]. The people living in these areas have been facing an acute shortage of proper care on health and hygiene as well. This in general influences their children who have been suffering from malnutrition and are vulnerable to various types of health hazards.

The children had to walk a long way to attend Government free schools, as these are not located in nearby areas. Overall, the nutritional status of the slum dwellers was poor and struggling to meet two ends in terms of their livelihood. Slum dwellers were mostly self-employed but some of them are alcoholic which at times caused serious problems in the locality. Supply water sources for drinking water to households

is mandatory provision but slum dwellers do not get such facility [5]. Generally, they store water in drums and buckets without any cover. Hence, there is a high probability of contamination of this water.

Disposal of children faeces dumped into underground latrines as mentioned. He further reported that the hand washing after defecation consisted of washing hands with soap was irregular. Even hand washing practices with soap and water before taking meals are casual among the slum dwellers. The common diseases pattern among the slum children like diarrhea, dysentery, common cold and flu and most of the disease's pattern in the households (incidence by age) was between the age ranges of 1-4 years and 40-59 years respectively, as reported.

IV. DISCUSSION

Slum dwellers accessed both public and private healthcare facilities as part of their health-seeking behaviour critically. Some residents availed such facility from the Mahendra Mohan Hospital in Pan Bazar located near to them in case of critical or chronic diseases. Of late, they choose private healthcare facility reason being the unavailability of certain services and supplies in the Government hospitals and long waiting for treatment whereas these facilities are more efficient in the private sector hospitals.

However, in the private healthcare facilities, the charges are more but the treatments are prompt as this is required in case of the severe condition of patients. They spent usually an average of 30,000 INR as healthcare expenditure annually in case of severe and chronic cases. Of course, Government has taken up initiatives to support maternal and child healthcare in terms of various health check-up camps and vaccination camps under health care schemes [6]. These schemes are quite irregularly carried out in some nearby locations where the slum dwellers are expected to attend them. However, many times they failed to make it. There is no provision to repeat the same. Therefore, they get deprived. Finally, there are no pressure groups or civil society members to demand healthcare services and health awareness programmes on a regular basis in the slum areas. There is marginal community participation from the slum dwellers in these areas. Under such circumstances, they cannot organize any protests or silent demonstrations to convince or pressurize the authorities to provide them with basic amenities and services in their area on a regular basis.

V. CONCLUSION

Due to migration of people towards urban areas, it creates a negative effect for which the informal settlements or slums increases, and the slum dwellers face acute shortage of housing facilities in addition to

critical public utilities inadequacies, unhygienic conditions and overcrowding. The various slum development schemes and programmes need proper implementation and accountability to improve the living conditions and health status of the slum dwellers.

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