



A STUDY ON THE LIVES OF SLUM DWELLERS OF URBAN LAHORE

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ABSTRACT

A slum is a rundown area of the city characterized by substandard housing and other basic necessities of life. This study is carried out to analyze the quality of life, extent of poverty, health and hygiene conditions amongst the slum dwellers of Urban Lahore, Pakistan. The target population is stratified according to socio-economic status. This cross sectional study included 150 respondents from urban slum areas of Lahore, Pakistan. Data is collected through a structured questionnaire. The results of the study revealed that the average income of the slum dwellers is above the poverty line of Pakistan. The average monthly income of slum dwellers varies with respect to slum area. The infant mortality rate amongst the slum dwellers is lower than that of Pakistan; however the fertility rate is quite high. Almost hundred percent of the women reported that their children were vaccinated against Polio and majority were satisfied with the food and health facilities. Insufficient water, sanitation facility and lack of access to electricity were the main problems reported. Awareness about health, safety and hygiene of Slum dwellers is considerably low due to inadequate education.

Key Words: Slum, Slum Dwellers, Cluster Sampling, Infant Mortality

INTRODUCTION

Pakistan has an agro-based economy. During its earlier years, most of the population lived in rural areas. These people earned their livelihood through agricultural yield that was sufficient enough to satisfy their needs. There were no incentives for these people to move to the cities. With the passage of time, however, the trend changed. The population grew and agricultural yield proved insufficient for their needs. At the same time, cities were making progress even though it was slow. The rural people had no option but to find alternatives to agriculture which they thought they could seek more effectively by moving to urban areas. With the promise of a better future in their minds, some of the rural inhabitants started moving towards urban areas to seek better employment and facilities available in the cities for a better life. It proved fruitful for many as they found the necessities of life for which they left their homes. This led to many more people migrating to cities, but the poor economic system and lack of policy slowly eroded their expectations. This migration in large numbers led to the formation of “slums”, a thickly populated, run-down, squalid part of a city, inhabited by poor people (UN-HABITATE,2003). Thus the migrated area is faced with growing educational, water, sanitation and other social problems because of squatter



settlements that are rapidly emerging to house these migrants. Slum population as percentage of urban population for Pakistan is 45 % (UN-HABITATE, 2003).

A high proportion of people in Pakistan live in slums and the country is facing rapid, sustained slum growth rates. Out of the 7.04 million populations living in Lahore district, 82% lives in the urban area. This is surprising to know that every year 600,000-700,000 arriving in the major cities, approaching the demand of houses (Bajwa, et al., 2007). According to Prasad and Singh (2013), water and sanitary problems of Mankhurd slum dwellers was poor. Living condition of slum dwellers is considerably low due to low income and inadequate education. Moreover, poor physical environment with unsanitary excreta disposal method is commonplace in slum areas. Basher, et al., (2012) conducted a study on lifestyle of slum dwellers of Mymensingh Municipal area, Bangladesh and concluded that existing lifestyle of slum dwellers is unacceptable and should be improved so that they can contribute to the national development. In the current paper, an attempt has been made to study the lifestyle and health condition of urban slum dwellers of Lahore, Pakistan.

METHODOLOGY

Current study is undertaken at Lahore, the second largest and densely populated city of Pakistan. Cross-sectional study design was used to select a sample of 150 slum dwellers of urban Lahore, Pakistan. Population was stratified according to socio-economic levels and two stage cluster random sampling was used to select the sample. The primary data was collected with the help of a structured questionnaire. The distribution of respondent's household according to slum area is shown

Table-1
Sample distribution from slums of Urban Lahore

Slum Areas	Number of Sample Households (%)
Gulberg	(20) 13.3
Walton	(30) 20.0
Askari	(30) 20.0
Gurumangat	(30) 20.0
Johar Town	(25) 16.7
Saggiyan Pull	(15) 10.0

Data is analyzed using statistical techniques, proportion test and ANOVA.

Demographics

Socio- economic, health, sanitation and background factors (Age, Level of Education, health) of the slums dwellers are analyzed to assess the level of awareness regarding health, sanitation and personal hygiene. Majority of the respondents were from age group 30-39(36%), while 88% of the respondents were married. Majority of the respondents (97%) have no education, which may have a strong effect on the general awareness about health, sanitation and hygiene. More than 70% of the respondents get the money through scavenging while others through begging. More than 70% of the households have male provider while 26.7% households took help from children to get money. Exactly 75% of the respondents said that they have been living in Jhompris since birth, 21% said that they do not have means for a

better shelter. More than 85% of the respondents get charity in the form of clothes and food while 100% were of the view that they always receive charity. It is observed that general cleanliness in the slums is not good at all. On personal observation, it was viewed that 76% of the respondents had unclean teeth while more than 85% had unclipped nails. It was further observed that 73% of the respondents had uncombed hair while 70% of the respondents were barefoot. The slums are in poor hygienic condition as 53% of the respondents had unclean clothes and 43% had very dirty clothes. The general fertility rate in the slum dwellers (4.65) is much higher than the total fertility rate of Pakistan for the year 2012 (3.07). Infant Mortality rate in the slum dwellers (51.004) is much less than the Infant Mortality rate of Pakistan for the year 2012 (61.27). Suggestions for improvement of the living conditions given by slums dwellers were Water and Sanitation (50%), access to electricity (27%), shelter (8%), health conditions (6%) and better food and nutrition (3%). The mean income per month of the slum dwellers is compared to the poverty threshold standard of Pakistan (Rs 1274 per month), it is observed that the mean income per month of the slum dwellers is much greater than Rs 1274 ($p < 0.001$), which in turn showed that the slum dwellers of Urban Lahore live above the poverty threshold set according to Pakistan standards. The results of Analysis of Variance (ANOVA) show that average income per day of the slum dwellers in each area is not the same.

Determinants of Health, Safety and Hygiene

Determinants of health, safety and hygiene for slum dwellers of urban Lahore are

Table-2
Determinants of Health, Safety and Hygiene

Variable	Categories	Percentage (%)
Number of children born to a woman	1	2.0
	2	10.0
	3	12.7
	4	35.3
	5	18.7
	6	15.3
	7	4.0
	8	1.3
	9	.7
No. of miscarriages / abortions	0	50.7
	1	38.0
	2	10.0
	3	1.3
No. of children died	0	56.7
	1	38.0
	2	5.3
No. of children died under the age 1	0	78.7
	1	20.7
	2	0.7



Reason of death of children	Diarrhea	11.3
	Typhoid	6.0
	Respiratory illness	24.0
	Dengue and Malaria	6.0
	other	0.7
Medical facility	use home remedies	14.0
	go to medical clinics	56.7
	free dispensaries	29.3
Mode of Delivery	Medical clinic	12.7
	Dai(Traditional birth attendant)	87.3
Free Medical camps	Always	1.3
	Sometimes	29.3
	Never	69.3
Polio Vaccination	Yes	99.3
	No	0.7
Skin Infection	Yes	76.7
	No	23.3
Eye Infection	Yes	47.3
	No	52.7
Drug addiction in the family	Yes	54.7
	No	45.3

DISCUSSION

Majority of the slum women have four children with about 50% women reported that they did not have abortion/miscarriage. More than 78% of the slum women reported that they did not have any children died under the age of 1 while respiratory illness was the main reason of the death of the children, which shows that still a large proportion of women and children of slum are suffering from poor health conditions. More than 55% of the slum women reported that they avail the health facility provided by the government while more than 87% of the slum women go to Dai (traditional birth attendant) for delivery of the child whereas majority of the medical practitioners in Pakistan consider this practice un-safe for the birth of a child. About 70% of the slum dwellers never avail the free medical camp facility by the government while about 100% reported that their children were vaccinated against Polio and there was not a single Polio case in their respective areas. Slum areas are filthy and have insufficient health facilities so they were at high risk of getting Polio but due to great concern of UNESCO and WHO to eradicate Polio in Pakistan, slum dwellers were educated to vaccinate the children. More than 76% reported that their family has suffered

from skin infections while about 48% said that their family has suffered from eye infection. About 50% of the women reported that their family is involved in drug addiction which is very alarming factor for the health of the slum dwellers.

Table-3
Determinants of Health, Safety and Hygiene

Variable	Categories	Percentage (%)
Source of Water	Tap water	11.3
	Hand pumps	4.0
	Canal water	26.7
	Pipes	58.0
Sanitation facility	Public Latrines	8.0
	Self-made Latrines	92.0
Frequency of taking bath	Daily	2.0
	Alternate day	20.7
	Twice a week	52.7
	Once a week	16.0
	Once a fortnightly	8.7
Frequency of washing hands	Daily	41.3
	Alternate day	50.7
	Twice a week	8.0
Frequency of changing clothes	Alternate day	6.7
	Twice a week	38.0
	Once a week	42.0
	Once a fortnightly	12.7
	Once a month	0.7

5. CONCLUSION

The slum dwellers in Urban Lahore face a variety of problems. These problems include lack of education, unemployment, unclean environment and health issues. The average income of the slum dwellers is quite reasonable; hence they can afford to have a good quality meal with milk and meat occasionally. The slum dwellers are reluctant to spend money on educating their children as it not only costs them extra money but also makes the child unavailable to help them in earning by scavenging or begging. Very few slum dwellers acknowledged that they got the money by begging while majority said that they earned through scavenging. It was surprising to know that none of the slum dwellers was permanently employed nor did they do some other labor work. Further analysis revealed that 100% of the respondents reported that Polio Vaccinations teams came very regularly to give polio drops to their children indicating that Government is capable of carrying out successful missions likes eradicating polio. The question arises here is that why Government cannot address other issues of health in the same manner? The slum dwellers living in posh areas of Lahore like Gulberg and Johar Town have a better standard of living as compared to those living in less developed slum areas like Saggiyan and Askari. Respiratory diseases were the main cause of death in densely populated areas such as Gulberg and Johar Town, implying



that pollution and over trafficking have made the people living here more susceptible to respiratory diseases. A high proportion of Diarrhea in Askari implies that the water these people used for their everyday use is polluted and carrying waterborne diseases. The infant mortality rate amongst the slum dwellers is lower than that of Pakistan however the fertility rate is quite high. Inadequate water, shelter, sanitation facility and lack of access to electricity were the main problems of the slum dwellers and they wanted the government to address them first and foremost. Education is the primary tool of success in the modern world. The slum children are deprived of this facility due to lack of awareness. Government, Non-Government Organizations and local community should organize awareness programs among slum dwellers. The provision of employment on permanent basis might also help these people to improve their conditions to a great extent. The solutions of their problems are feasible but need excessive work to be done on the part of both the community and the authorities. The slum dwellers are a burden on the society as long as nothing is done to resolve their issues and to help them become better citizens.

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