

Chapter I

INTRODUCTION

Slum meant 'Wet mire' where working class housing was built during British Industrial revolution in order to be near the factories which were uncontrolled settlements and lacked basic services and only poor people lived there. The Census of India (2011) defines a slum as 'a compact area of at least 300 in population or about 60-70 households of poorly built, congested tenements in an unhygienic environment usually with inadequate infrastructure and lacking proper sanitary and drinking water facilities'. The United Nations operationally defined slums as communities characterized by insecure residential status, poor structural quality of housing, overcrowding and inadequate access to safe water, sanitation and other infrastructure (United Nations Human Settlements Program, 2003). The Oxford dictionary defines slum as 'a street, alley, court' etc situated in a crowded district or a town or city and inhabited by the people of low income class, or by the very poor; a number of these streets and courts forming a thickly populated neighbourhood of a squalid and wretched character'. Slum is defined as areas where buildings are unfit for human habitation by reason of dilapidation, overcrowding, faulty arrangement and design of such buildings, narrowness or faulty arrangements of streets, lack of ventilation, light or sanitation facilities, or any combination of these factors detrimental to safety, health or morals by the Government of India.

Slums are normally found in locations that are unsuitable for housing and urban development (UN Habitat 2003). These locations include hazardous sites such as river banks, steep slopes, vacant land along the railway tracks and wetlands and solid waste disposal sites areas with safety hazards, like landslides, pollution, health hazards, fire, flooding and unsuitable areas for human habitation are also correlated with slum locations (Jenkins 2001). Slums are found in unattractive areas such as cemeteries and graveyards e.g. city of the dead in Cairo, Egypt (Garr 1996). They are located both in the central areas of cities as

well as in the peripheries. 'Any area is or may be a source of danger to the health, safety or convenience of public of that area or of its neighbourhood, by reason of the area being low-lying, in-sanitary, squalid, or overcrowded or otherwise, or the buildings in any area, used or intended to be used for human habitation are in any respect, unfit for human habitation by reason of dilapidation, overcrowding, faulty arrangement and design of such buildings, narrowness or faulty arrangement of streets, light or sanitation field facilities, lack of ventilation or any combination of these factors, detrimental to safety, health or morals, they may by notification, declare such area to be a slum area' (TNSCB, 2009).

According to the global report on Human Settlements almost 924 million people in 2001 or 32 percent of the world's urban population lived in slums, the majority in the developing world. Seven million people continue to migrate to urban India every year with most of them finding their way to slums within and on the fringes of cities (www.dasra.org).

Despite the overall sound economic performance, poverty and inequality bedevils much of urban Asia. Nowhere is this more evident as in the significant growth of urban informality, in employment, shelter, access to land and essential services. Asia has an estimated 554 million slum dwellers or 40 per cent of the region's 1.2 billion urban inhabitants, constituting 60 percent of all slum dwellers worldwide. While economic transformation in several countries is providing more resources to address poverty, the benefits of such growth are unevenly distributed, resulting in serious and growing levels of inequality and emergent social tension in many of the region's cities.(UN-HABITAT,2009).

Urban poor is a rapidly increasing segment of India's population. With more than 90 million people living in urban poor settlements, the rate of urban poverty is staggering in India. A total of 65.49 million population living in 13.9 million households have been enumerated in slums of 2613 cities/towns spread across 31 States and Union Territories in the 2011 Census of India. The non-slum population was 311.61 million. The slum population enumerated constitutes 5.4 per cent of the total population of the country. The slum population constitutes

17.4 percent of the total urban population of all the States and Union Territories; 82.6 percent of the urban population was non-slum population in 2011. Slums in the 189 towns of Maharashtra accounts for 11.85 million population, which is 18.1 percent of the total slum population of the country. This is followed by Andhra Pradesh (10.2 million), West Bengal (6.4 million), Uttar Pradesh (6.2 million) and Tamil Nadu (5.8 million).

As per the UN-Habitat 2015 report, around the world, a quarter of the urban population live in slums. In developing countries 881 million urban residents live in slums conditions. In 1990, this figure was 689 million. This represents an increase of 28 per cent in slum dwellers' absolute numbers over the past 15 years, even though the proportion of the urban population in developing countries living in slums has declined from 39 per cent to 30 per cent during the same period.¹³ Slums are spontaneously emerging as a dominant and distinct type of settlement in the cities of the developing world. Since 2000, the global slum population grew on average by six million a year. This means an increase of 16,500 persons daily. Urban poor is a rapidly increasing segment of India's population. With more than 90 million people living in urban poor settlements, the rate of urban poverty is staggering in India. An analysis of population growth trends between 1991 and 2001, shows that while India grew at an average annual growth rate of 2 percent, urban India grew at 3 percent ,mega cities at 4 percent and slum population rose by 5 to 6 percent. These numbers are expected to rise and in next 25 years the number of urban poor could end up in excess of 200 million. (According to the slum indicators, one-third of people living in cities are slum dwellers. Moreover, four out of ten inhabitants in the developing world are informal settlers).

Globally slum population is increasing at terrific rate and thereby placing a high pressure on urban resources, which is a big challenge for the urban government. In 2001, 924 million people, or 31.6 per cent of the world's urban population, lived in slums. The majority of them were in the developing regions, accounting for 43 per cent of the urban population, in contrast to 6 per cent in

more developed regions. It is almost certain that slum dwellers increased substantially during the 1990s. It is further projected that in the next 30 years, the global number of slum dwellers will increase to about 2 billion, if no firm and concrete action is taken.

The crude estimates put the space under slum settlements at about 18,000 million – 20,000 million sq. feet, which is said to be an illegal and unauthorised occupation of slum dwellers which is productive but cannot be used or leveraged by those who live and work there. Urbanisation in India is characterised by a rapid growth of the urban population intensified by rural-to-urban migration and the reclassification or de-classification of urban zones (Ruet,Zerah and Saravanan 2009). According to the 2011 Census data, 31.16 per cent of India's population live in urban areas and by the year 2030, it is estimated that urbanisation in India will reach 50 per cent (UNDP 2009). This high rate of population growth in urban cities has been accompanied by an equally or faster growing rate of informal settlements or squatter populations (many of whom live 'illegally' 'in areas deemed unfit for habitation' (Prasad 2013). They lack access to basic civic services, have no social security cover and live constantly under the threat of eviction or destruction of goods (UNDP 2009). The pattern of urbanisation in India has been further underlined by rising urban poverty as this significant proportion of urban slum populations lack access to employment opportunities and adequate income, which further exacerbates their poor living conditions (Sujatha and Janardhanam 2010).

Sanitation

Sanitation, hygiene, and cleanliness are the trait of a civilized society. Sanitation is critical for health and sustainable socio-economic development. (UNICEF, 2012). Access to sanitation facilities is one of the key indicators for human development. Health status is a key indicator of human well being. The health of people not only depends on the number of doctors and hospitals, but also on a clean and safe environment. The approach to health through the conditions in which people live and work is popularly known as social determinants of health (SDH). Environmental sanitation is a major public health

issue in India. Interventional studies on environmental sanitation in India highlighted the importance of prioritizing control strategies. Environmental sanitation envisages promotion of health of the community by providing clean environment and breaking the cycle of diseases. Access to safe drinking water and sanitation is a fundamental human right and it safeguards the health and human dignity. Many of the health problems in urban slums stem from lack of access to basic amenities like drinking water, clean sanitary environment and adequate housing and piling up of garbage ,causing great threat to the health of slum dwellers, women and children in particular.

Next to Women, children bear the worst consequences of poor sanitation. As per UNDP report 2006, poor sanitation and lack of clean water is the world's second biggest killer of children. Poor sanitation and poor water quality leads to sickness, and causes diarrhoea and other water borne diseases among children and adults and also affect their life expectancy. Among water borne diseases, diarrhoea disproportionately affects children under the age of five. Open defecation, poor hygiene, and lack of safe drinking water together contribute to about 88 percent (1.5 billion) of deaths due to diarrhoeal diseases in children younger than five years. (MDG report 2013).More than 88 percent of diarrhoeal cases are caused by unsafe drinking water, inadequate sanitation and poor hygiene(Water Aid ,2010).A study by Pruess.et.al (2002)estimated that about 3.5 million (children and adult) deaths could be prevented worldwide per year, if investment in water, sanitation and hygiene is made.

In developing and under developed countries, sanitation continues to be a big challenge for the governments, as well as civil society. As a result, at the other end of the sanitation gamut are the millions of people forced to defecate in bags, buckets, fields or the roadside. If the developed country model were the benchmark, the number of people lacking sanitation would be far higher than that recorded by World Health Organization and United Nations Children's Fund data.

Organisations like the World Bank and other multi donor or finance organisations are promoting sanitation activities. They are also concentrating on awareness generation and construction of infrastructure for providing better sanitation facilities. There was a successful campaign “No Toilet, No Bride” in the state of Haryana. In fact after getting sensitization about the need of toilet and sanitation practices, people were unable to overcome their habitual practices, though the campaign impacted many and has turned into most successful sanitation promotion effort till date. The awareness resulted in many young women refusing to marry unless the bridegroom furnishes their future home with a bathroom, freeing them from the inconvenience and embarrassment of using community toilets or squatting in fields. After the millennium era, tackling sanitation and hygiene issues is becoming a key issue in terms of providing sanitation facilities and in creating awareness among the masses for behavioural change.

Globally,39 percent have access to a ‘safely managed’ sanitation services which means 2.9 billion people use a hygienic household toilet where human waste is treated and safely disposed of and 29 percent have access to basic sanitation which means 2.2 billion people have a hygienic household toilet and 8 percent have access to limited sanitation which means 600 million people have a toilet that is similar to a basic service but shared between several households and 12 percent use an improved toilet which means open pit or water and 12 percent practice open defecation.(UNICEF,2017).

Sanitation in Slums

Bad housing is a major index of slum. Inadequate light and air and poor toilet and bathing facilities are the trade mark of bad housing. They are dump and improperly heated do not afford opportunity for family privacy; are subject to fire hazard and are normally overcrowded, leaving no space for recreational use. The Urban poor living in slums are exposed to multiple environmental risks ,including poor ventilation and inefficient cooking stoves, lack of access to water and sanitation ,poor housing structures ,dirt floors, overcrowding, and poor and unsafe

access to transport.(Parkinson 2007).Added to this there is also problem of water shortages and poor sanitation.

Poor sanitation means dying children, uneducated girls, vulnerable women, unhealthy living conditions and ultimately unproductive and poor populations In India, 1600 children die every day before reaching their fifth birthday, 24 percent of girls dropout from school and more than 30 percent of marginalized women are violently assaulted every year, as lack of basic sanitation forces them to travel long distance to meet their needs. Above all, lack of sanitation is not a symptom of poverty but major contributing factors. (www.dasra.org).Availability of water in urban slums is very scarce making the situation more pitiable. Inadequate supply of water is associated with certain diseases like dysentery, cholera, eye infections including trachoma, worm infections and diarrhoea .Studies have shown that diarrhoea and pneumonia are prevalent among children living in slums and are known to kill 2 million children in the developing world each year.

Health is a major issue for women in urban slums. The unhealthy physical environment leads to sickness, demanding medical treatment, which results in the reduction of workdays, followed by economic loss. Economic loss leads to inability to invest in a clean environment. The vicious cycle continues. Slums have frequently been conceptualized as social clusters that produce a distinct set of health problems. The poor environmental condition coupled with high population density makes them a major reservoir for a wide spectrum of adverse health conditions such as under nutrition, delivery-related complications, postpartum morbidity, etc.(Goswami,2011).Lack of Sanitation aggravates human poverty and lack of basic capabilities prevents them from participating in the standard activities of the communities. For urban slum dwellers and rural population, living in areas surrounded by human waste and garbage is creating embarrassment and deprive people of participation, choices and opportunities. The health risks and vulnerabilities are severe for these slum dwellers, whose precarious living conditions are defined by lack of inadequate water and sanitation facilities. Added to these are factors such as overcrowding, environmental pollution, limited or no

access to other basic sanitary infrastructure and services such as drainage, solid waste management. Recent studies reveal that women's gendered health risks due to open defecation practices include 'increased maternal mortality risks from unhygienic birthing practices and poor infection control, urino-genital tract infections and urinary incontinence and chronic constipation' (Fisher 2006 , Mudey *et al.* 2010, Cheng *et al.* 2012, and Hulland,2015)here is also emerging evidence to show that women experience severe psychosocial stress from the shame or fear of having men see them defecate openly or the risks of physical and sexual violence, especially in urban settings (Fisher 2006; O'Reilly 2010).

Health and Sanitation

The Ottawa Charter for Health Promotion,(1986),declared that the health is "created and lived by people within the settings of their everyday life ;where they learn, work, play and love". Improving the lives of people in slums are priority goals for national and international development. For countries with very little or no access to basic sanitation, increasing the effectiveness of management of excreta at the household level may be the biggest challenge, while throughout the world there is significant and growing investment in sanitation,almost41 percent worldwide live without proper sanitation facilities.(UN-HABITAT,2008).Deaths, treatments ,and productivity losses caused by diarrhoea have the largest health impacts. Diarrhoea is the single most responsible cause for the high cost of morbidity due to poor sanitation in Bangladesh (WSP,2012). Diarrhoea is the third most common cause of death in under five children responsible for 13 percent deaths in this age group, killing an estimated 300000 children in India each year. (Bassani.et.al., 2010).

According to a survey by UNICEF, decreasing immunity suffered by children in their early years as a result of sanitation linked diseases significantly hampers their cognitive development, with a lifelong impact on their growth and progress. Waiting so long to relieve themselves increases chances of contracting urinary tract infections, chronic constipation, and psychological stress. That apart,

it creates irreparable complications during pregnancy and postnatal recovery. Also, travelling long distance to access public facilities makes them potentially vulnerable to physical and sexual assault. (www.dasra.org).The health impact of poor sanitation, trap people in poverty ,making it difficult to get an education to work to support their families. For example, women and girls, people who are transgender, older people, and people with disabilities, all have their own specific needs and challenges in accessing toilets. (UNICEF,2011). Women miss their working days when they are in need to take care of any of their family members affected by illness due to sanitation as well .Menstrual hygiene management is still a matter that is not discussed openly even among women themselves.

Sanitation for women is consistent with their need for privacy, dignity, safety and self respect. The price paid by the women for inadequate sanitation is huge in terms of physical and mental health. Lack of sanitation is determinant of not only women's health and their dignity but also their education. Forty percent of schools in India do not even have a common toilet .Many girls are forced to miss class during their menstrual cycle, and eventually one in four girls drops out simply because there are no facilities they can safely access. (www.dasra.org). Inadequate sanitation kills people, causes diseases, environmental pollution and diminishes welfare. One in three women around the world do not have a decent toilet of their own. For the 446 million women around the world with no choice but to defecate in the open and million of others use toilets that are not hygienic or safe, going to the toilet means shame and the risk of harassment and attack. (UNICEF, (2017)). Worldwide, death and illnesses are highest among poor women, particularly among women in developing countries. Low education and ignorance of women lead to continuation of wrong beliefs and unscientific attitudes toward health. The outcome is incomplete immunization, insufficient gynecological check up during pregnancy, unsafe deliveries at home, and improper postnatal care of mothers and children, especially in terms of diet and immunization. Incomplete tuberculosis and malaria treatment leads to recurrences and relapses. The unhealthy and polluted environment, lack of immunization,

malnutrition, and absence of educational exposure affect children physically, emotionally, and intellectually from a very early age.

Sanitation Scenario in Indian Slums

“Fixing dreadful sanitation in India requires not just building laboratories but also changing habits” (www.economist.com) . India’s Prime Minister Sri. Narendra Modi quoted that building toilets is priority over temples.”Good Sanitation is more important than Independence” remarked Mahatma Gandhi even before acquiring Independence. The lack of sanitation increases living costs, decrease the spending on education and nutrition, lowers income earning potential, and threaten safety and welfare. This is especially true for urban India. Growing slum population and lack of adequate sanitation force over 50 million men, women and children to defecate in the open every day. The poor bear the worst consequences of inadequate sanitation in the form of ailing children, uneducated girls and unproductive people, making these populations even more vulnerable and costing India 6.4 percent of its GDP in 2006 (www.dasra.org).

The economic cost of inadequate sanitation is so high that scientific evidence has demonstrated that the economic cost associated with poor sanitation is substantial. At the global level, failure to meet the Millenium Development Goal for water and sanitation target would have ramifications in the area of US\$38 billion, and sanitation accounts for 92 percent of this amount. In developing countries, the spending required to provide new coverage to meet the MDG sanitation target (not including program costs) is US\$142 billion (US\$ year 2005). This translates to a per capita spending of US\$28 for sanitation. Annually, this translates to roughly US\$14 million. (Ming and Hung,2011). Inadequate sanitation has caused India considerable economic losses, equivalent to 6.4 percent of India’s GDP in 2006 at US\$53.8 billion. This meant an annual impact of US\$48 per person. The health related economic impacts of inadequate sanitation at US\$38.5 billion accounted for the largest category of impacts, while access time (productive time lost to access sanitation facilities or sites for defecation) and

drinking water-related impacts were the other two main losses at US\$10.7 billion and US\$4.2 billion, respectively (Tyagi and Hutton,2008).

A huge threat to sanitation is open defecation which has large impact on the health of slum dwellers and also a big source of pollutant on land and water sources. Diarrhoea is a direct ill effect of open defecation where the bacteria are spreaded by quick means and the malnutrition where nutrients are not fully absorbed by the body due to a bacteria speeded by open defecation is an indirect effect. Also, pollution of land and water sources is also the worst effect of open defecation. Improved Sanitation brought multiple economic benefits, which include direct economic benefits of avoiding illness, indirect economic benefits, which include a decrease in work days lost due to illness and a longer lifespan, because these benefits enabled people to work more and non-health benefits such as time (Hutton et al 2007).The evidence from developing and developed countries alike is that when it comes to sanitation, there is no single development intervention that brings greater public health returns. For every \$1 invested in sanitation, it is estimated that at least \$9 is returned to national economies in increased productivity and a reduced burden of health care. Hutton et al, UNDP (2006).

Access to sanitation facilities is one of the key indicators for human development. As a result, at the other end of the sanitation gamut are the millions of people forced to defecate in bags, buckets, fields or the roadside. If the developed country model were the benchmark, the number of people lacking sanitation would be far higher than that recorded by World Health Organization (WHO) and United Nations Children's Fund (UNICEF 2017) data. India ranks first among those countries listed as top 10 worst countries for access to basic sanitation by UNICEF .In India, the number of people without access to at least basic sanitation is 732,207,000 which implies 56 percent of the population. In India, a staggering 355 million women and girls are still waiting for a toilet, if they were all to stand in a queue, it would stretch around the earth more than four times.

Government programmes for slum improvement

In independent India, there have been many occasions to highlight the sanitation concept. In the legal context also; there have been some cases in this regard. The apex court has declared sanitation as a part of fundamental right to life under Article 21 of the Constitution of India (ELRS, 2012). Enjoyment of life and its attainment including their right to life with human dignity encompasses within its ambit, the protection and preservation of the environment, ecological balance free from pollution of air and water, sanitation without which life cannot be enjoyed. Any contra acts or actions would cause environmental pollution. Environmental, ecological, air, water, pollution, etc. should be regarded as amounting to violation of Article 21. Therefore, hygienic environment is an integral facet of right to healthy life and it would be impossible to live with human dignity without a humane and healthy environment.”(Supreme Court of India)

Water supply and sanitation were included for the first time in the national agenda during the first five year plan. During the start of International Drinking Water Supply and Sanitation decade (1980-90), India too had increased its investment on water supply and sanitation. Sanitation and water combined are important factors in improving health, so it is only then that people are able to function efficiently in both education and work, and we can move on to livelihoods.(Eleventh Five Year Plan - A Document. 2007).

Further various other programmes were initiated by the Government for the improvement of slums and the upliftment of slum dwellers.

- Comprehensive policy frame work for sanitation provision emerged in 2008, with the launch of the National Urban Sanitation Policy (NUSP) to guide the provision of urban sanitation in the country. Rajiv Awas Yojana scheme (RAY), in 2012 with the aim to create a slum –free India during the Twelfth plan period (2013-2017) ,by providing basic civic and social services ,and decent shelter, to every Indian is a land mark in the history of urban slum sanitation programmes.

- Various international donor agencies such as CARE, the Water Supply and Sanitation Collaborative Council (WSSCC), UNICEF and WHO have designed and implemented successful hygiene programs around the world focusing on explanations of disease transmissions and the effective solution of hand washing. The programs developed have had multiple benefits for the communities that have adopted them, like reduction in infant and child mortality as the result of diarrhoea-related diseases like cholera and dysentery and the incidence of other diseases like pneumonia, trachoma, scabies skin and eye infections.
- There is a growing global concern about slums, as manifested in the recent United Nations Millennium Declaration and subsequent identification of new development priorities by the international community. Assessment of the quality of life of migrant includes key parameters such as structure of dwelling place, access to drinking water, energy sources, latrine facility, drainage system, access to primary school and hospitals and living conditions (Sundari, 2003).
- In order to improve the quality of life in urban areas, the Eleventh Five Year Plan (2007-2012) has stressed the need for improved housing stock through urban renewal, in slum improvement, and development of new housing stock in existing cities as well as new townships. The National Slum Development Programme (NSDP) is another scheme launched in 1996 where additional central assistance is granted for the development of urban slums (Monica, 2004). The objectives of the NSDP is up-gradation of urban slums by providing physical amenities like water supply, storm water drains, community baths, widening and paving of existing lanes, sewers, community latrines, street light etc., Community infrastructure and social amenities such as preschool education, non-formal education, adult education, maternity and child health care including immunization as well as shelter up-gradation or construction of new houses are also part of this scheme(<http://www.indiastat.com>).

- Various Central Government Schemes, NSDP, Swarna Jayanthi Shahri Rozgar Yojana (SJSRY), VAMBAY, Night shelters, Two Million Housing Scheme, Accelerated Urban Water Supply Programme (AUWSP) and Low-cost sanitation, provide for a wide range of service to the urban poor including slum dwellers. They include identification of the urban poor, formation of community groups, involvement of non-government organisations (NGOs), Self Help thrift and credit activities training for livelihood, credit and subsidy for economic activities, housing and sanitation, environmental improvement, community assets, wage employment and convergence of services(<http://www.indiatogether.org>).
- The Valmiki Ambedkar Awas Yojana (VAMBAY), the Central Government scheme has the primary objective to facilitate the construction and up-gradation of the dwelling units for the slum dwellers and to provide health and enabling urban environment through community toilets under Nirmal Bharat Abhiya, a component of the scheme. This is the first scheme of its kind meant exclusive for slum dwellers with a Government of India subsidy of 50 per cent. The balance 50 per cent is to be arranged by State Government with ceiling costs prescribed both for dwelling units / community toilets. During the financial year 2002-03, control subsidy to the extent of 218.35 crores for the construction of 110388 dwelling units and 21488 toilet seats was released. A total of 2.08 lakh dwelling units covering 20 states and Union Territories have been sanctioned under VAMBAY (<http://www.povertycentre.cwru.edu>).
- The Slum Communities Achieving Livable Environments with Urban Partners (SCALE-UP) Program, which is being funded by the Bill and Melinda Gates Foundation, is enabling the urban poor in India and Ghana to have a meaningful voice in the planning and implementation of slum improvement 17 programs. SCALE-UP was designed with the understandings that close coordination of local intermediaries. Tamil Nadu Slum Clearance Board, a pioneer institution for development and rehabilitation of urban slums was set

up in 1970 for the clearance and improvement of urban slum areas in Tamil Nadu. It has been implementing various housing, slum improvement and rehabilitation and resettlement schemes to ameliorate the living conditions of the slum dwellers in Tamil Nadu.

- Honorable prime minister of India ,Shri Narendra Modi, launched Swachh Bharath Mission (SBM), on 2nd October 2014,inorder to expedite efforts achieving universal cleanliness. The mission has laid a clear roadmap for improving the level of cleanliness in the country with a vision to create a “Swachh Bharath” by 2019,the 150th birth year of Mahathma Gandhi. The main aim is to achieve a clean and open defecation free(CODF) India by 2019.

Need for the study

There is a mass scale migration of the rural poor to the urban areas and they ultimately choose any slums for settling down where, virtually they have no access to basic amenities like safe drinking water and toilets and which are the breeding grounds for diseases that endanger the health of its residents. Sanitation policies and strategies for the slum settlements have been largely ignorant or neglectful of the diverse needs, vulnerabilities, power structures and gendered dynamics of different social groups within the urban social and political landscape (Joshi *et al.* 2011). The process of urbanisation has been twisted by the dominant development discourse, patterned around a particular set of power relations between institutions, socioeconomic processes, forms of knowledge and technological factors .In the absence of an adequate health care system, the urban poor of India, particularly the women, continue to suffer and remain in the vice like grip of poverty, powerlessness and disease. The special needs of this growing mass of population can, therefore, no longer be ignored since almost one third of the country's population resides in the slums of various cities. Poor environmental condition existing in slums have been focused by various studies Sundari (2003), Kotwal et al(2008), Akter (2010). Many studies have pin pointed the poor health status of the slum dwellers Pryer et al (2002), Gulis et al (2004),

Mensch et al (2004), Sheuya et al (2014) while some studies deal with their livelihood interventions. A cause - effect relation between the poor sanitation and the health of the women was obvious. Against this view, researcher has attempted to project the sanitary condition in urban slums resulting in poor health of the women. Improvements in sanitation requires newer strategies and target interventions with follow-up evaluation.

STATEMENT OF THE PROBLEM

The urban slum dwellers face more health challenges due to pressure and density of population. The urban slums always portrays a large members living in close proximity and hence their health and sanitation are the two major problems to be addressed. The life of women in slums gives a sobering picture as they face many problems in day to day living. High pressure of population in limited space together with improper sanitation facilities and health complaints makes the problem severe .Good sanitation and hygiene practices still remain a big challenge even in some well developed cities for the slum dwellers. Hence, "leveling up" the conditions of urban slum dwellers and reducing the vulnerabilities can make women lead a better life in urban slums.

Against this backdrop, the current study aims to explore on sanitation issues in urban slums, health impact of poor sanitation, knowledge on hygiene and sanitation and willingness to pay for better sanitation. Finding from the study will assist in formulating more suitable method for ensuring successful implementation of the schemes in urban slums for enrichment of the slum dwellers. .

With this back ground the study, "**Health and Sanitation Scenario in Selected Urban Slums –A Micro Level Study**" is undertaken with the following objectives:

- To examine the Socio-Economic conditions of selected slum women.
- To analyze the existing sanitation condition and its influence on the health of the slum women.

- To study the various problems faced by the slum women in following hygiene practices
- To assess the awareness level regarding good sanitation and hygiene and determine the willingness to pay for better sanitation facilities.
- To study the implementation of sanitation and hygiene programmes initiated by the government and to suggest remedial measures to improve the sanitation and the health status of the selected sample.