



## **CHALLENGES TO SLUM DEVELOPMENT IN BANGALORE: A STUDY OF THE HEALTH AND EDUCATION SECTOR**

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### **ABSTARCT-**

Like other developing countries, India has undergone rapid urbanization over the past fifty years. As per the 2001 Census (Office of the Registrar General and Census Commissioner, 2001), 28 percent of the population of India was living in urban areas. From 1951 to 2001, India's urban population grew almost fivefold, from around 62 million in 1951 to around 286 million in 2001. After China, India has the largest urban population in the world.

**KEYWORDS**-Countries, Urban Population.

### **INTRODUCTION-**

In the post-independence period, the growth rate of the urban population in India has always remained higher than the growth rate of the slum population. The number of urban settlements increased from 2,843 in 1951 to approximately 5,100 in 2001. Many Indian cities have reached a very large population size. Between 1981 and 2001, the number of cities with over one million population nearly tripled, from 12 to 35. Four of these cities (Mumbai, Kolkata, Delhi, and Chennai) feature among the 20 largest cities in the world. The growth rates of most of these big cities have remained higher than the average growth rates of the urban population as a whole. According to the medium range projections of the United Nations, 41 percent of India's population will live in urban areas by 2030.

The size of the country's urban population is projected to increase to nearly 586 million by 2030. By 2015, more than 50 cities in India are expected to have a population of more than one million. It is estimated that urban population growth will account for over two-thirds of total population growth in India in the first quarter of the 21st Century. As elsewhere in the world, the growth rate of the slum population in most cities has been much higher than the growth rate of the non-slum population. For example, from 1991 to 2001, the population of India grew at an average rate of 2 percent per annum, the urban population grew at 3 percent, mega cities grew at 4 percent, and slum populations increased by 5 percent. Thus, slums remain the fastest growing segment of the urban population, with almost double the overall growth of the urban population.

Serious concerns have been raised about increasing disparities in health condition of the population between cities and among different groups of the population in the same city. Using data from India's National Family Health Surveys, a group of researchers at the Urban Health Resource Centre, a technical consultant group to the Ministry of Health and Family Welfare, Government of India, has brought into focus the sharp disparities that exist in health conditions between the urban poor and the better-off population in urban areas of several states.

Similar disparities were noted in complete immunization coverage by age 12 months; only 21 percent of children in households with a low standard of 82 living were fully immunized by the age of one year, compared with 41 percent of all urban children (EHP, 2003). In NFHS-3, the under-five mortality rate was 73 for every 1,000 live births among the urban poor, compared with the average of 48 among all city dwellers in India.

Malnutrition levels are slightly higher among urban poor children (54 percent) than among children in slum areas (51 percent) (Urban Health Resource Centre, 2008). More than three out of five children in urban slums do not receive all childhood vaccinations (Ghosh and Shah, 2004)<sup>2</sup> in India. Primary health care facilities have not grown in proportion to the explosive growth of urban population, especially for the poor. Also, health facilities may not be in physical proximity to urban slum neighbourhoods. Among the urban poor in India, only 25 percent of mothers receive complete antenatal care during pregnancy (at least three ANC visits, iron and folic acid tablets for at least three months, and at least two tetanus toxoid injections). Among the urban poor, almost three-quarters of babies are delivered at home. **Night schools in Bangalore slums** For many of the urban poor, education is a luxury. Even as many private schools become unaffordable in Bangalore, quality of government schools are not very impressive.

Children from the lower economic background, who attend schools (mostly government schools) are unable to learn much due to poor infrastructure and teaching methodologies. Many of them are scared of subjects like English, Science and Mathematics. One initiative which hopes to tackle this problem is the 'Evening School Centre' run by the volunteer group, AID (Association for India's Development, Bangalore Chapter). These are centres found in slums and neighbourhoods populated by the lower economic strata, which has volunteers working with the children to ease the process of learning through enjoyable activities and interactive sessions.

The Evening School in Appajappa Garden, a slum near Minerva Circle, Lalbagh Road, is one example. The first sets of girls from the local community, who have passed PUC II year last year are serving as role models for the other children in that area. They had attended the night school centre classes and are now handling classes in other evening school centres.

These girls may not have scored a first class, but their feat is nonetheless admirable, because, their success is not just a question of getting marks in their exams. They have done it against great odds – they have struggled with their environment, economic crises and family's opposition.

Sundharya's father doesn't go out to work and is sick most of the time. Her mother works as a domestic help and takes care of the whole family. Sundharya cannot really afford the tuition fees for higher classes. But, with some scholarship and help from individuals, she is continuing her education and finished PUC II year. Her home is a 10' x 10' room which houses a family of four.

Sridhar, earns his tuition fee amount by washing cars in hotels. He gets up at 5:30 am, studies for a while, cycles to work at 7 am, comes back by 9 am in time for school. In the evenings, he attends night school. He has learn to speak in English on his own! He has completed his 10th std and currently is in PUC II year. These children are really hard working; they are continuing their education overcoming tough challenges. For me, their "Just Pass" score means more than a 100% score by students who have better opportunities.

Nearly one in every four persons in Bangalore's slums suffers from hypertension. A report from the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) has revealed that 23 per cent of the 27,612 persons surveyed suffer from high blood pressure.

The number of people suffering from diabetes is marginally lower. About one in seven people, that is, 14.7 per cent of the population, have diabetes in city.

According to the Union Ministry of Health and Family Welfare's large-scale survey in 2012, 10.3 per cent of the state's population suffers from hypertension. The Karnataka Institute of Diabetology said

there is no comprehensive report on the prevalence of diabetes. However, its studies revealed that 14 per cent had diabetes when the city population was 8.8 million in 2011-12.

Sri Jayadeva Institute for Cardiovascular Sciences and Research director Dr C N Manjunath said hypertension is more common in urban slums because they have no fixed income. "Bad food habits and alcohol consumption is more in urban slums than in slum areas leading to high blood pressure. Smoking is also common in urban slums. Even if they indulge in physical work and activity, the benefits are nullified by alcoholism," he said.

In the districts, diabetes is more prevalent. Udupi has 11.7 per cent diabetes cases, but just 1 per cent hypertension cases among the 5,91,333 BPL population screened. In Shimoga, there are 8.35 per cent diabetes cases and 2.15 per cent hypertension among the 4,44,967 screened.

The state screened 32.5 lakh poor people in Bangalore city, Tumkur, Shimoga, Kolar, Udupi and Chikmagalur and found that 2,87,978 suffer from diabetes, followed by 1,11,484 from hypertension. These people are being treated and given medicines free of cost at district hospitals. Nearly 419 patients suffering from breast, oral and cervical cancer have been referred to hospitals. State Programme Officer for NPCDCS, Dr R T Venkatesh, said the project started around one-and-half years ago.

State Programme Officer for NPCDCS, Dr R T Venkatesh, said: "For cancer, we give `1 lakh to hospitals to treat each patient and cover the cost of chemotherapy, radiology and surgery. We have 222 patients being treated at Kidwai, Malnad Institute of Oncology and Kasturba Medical College."

#### CONCLUSION-

He said people in districts are not aware that they suffer from such conditions and do not go to hospitals at the initial stage due to their poor financial status. "Five representatives from the state were trained to spot and counsel those who were being surveyed. They trained 80 members, including physicians, doctors and nurses. ASHA and auxiliary nursing midwives were also trained to bring patients to community health centres and district hospitals for treatment and regular medication. Cases where surgery was required were referred to select hospitals," he said.

Venkatesh said they will soon have a meeting with officials of Jayadeva Institute of Cardiovascular Sciences and Research (SJICR) to train staff. "The staff will be involved in this mission. Besides, about 150 medical officers and staff nurses will be trained by the Indian Association for Palliative Care to cover cancer patients more effectively," he said.

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