

## **Development Challenge of Slume People in Gorakhpur City: A Case Study**

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### **ABSTRACT**

Gorakhpur is the third populated city of the eastern Uttar Pradesh after Varanasi and Allahabad and currently in process of rapid urban expansion. The city is facing problems related to immigration and a large floating of urban sprawl. Certainly, these are indications of a healthy economic growth of the city but things are quite different when we take a look at the degrading urban ecology of the city which is visible in the form of deficient and dilapidated urban housing conditions, disaggregated solid waste disposal, lack of green and recreational spaces, traffic congestion, and alarming rate of pollution of air, water, soil etc. Something that bothers our mind the most is the negative impacts of this degraded urban environment on human health. The urban poor especially those slum dwellers are the worst victims of this degraded urban environment. This paper is an attempt to measure the level of criticality of the physical health status of the slum dwellers in Gorakhpur city.

**Key Words :** Development challenges, Urban Poor, Slum, Urbanization, Environmental Pollution

### **INTRODUCTION**

Over the last century there has been tremendous growth in the urban population. This growth, however, has not been uniform. Growth in urban areas in less developed regions of the world has been especially rapid, increasing at an average rate of 2% annually compared with 0.5% in more developed regions. This trend is expected to continue with most of the less developed countries faced with the challenge of absorbing the majority of the future population growth (United Nations, 2015a). Increased urbanization is a major concern for less developed countries since they often lack the infrastructure and basic services (e.g., water, sanitation and healthcare) necessary to absorb the increasing number of people (Cohen, 2006, Montgomery, 2008). Unable to adequately meet the demands of the growing population, slums have emerged and continue to proliferate in many less developed countries. Currently, about 1 billion people live in slums, with most slum

dwellers located in less developed countries, which accounts for about 30% of their urban population (United Nations, 2015a).

The concept of slum as given by R.E. Dickinson “as extreme condition of blight in which the housing is unfit as to constitute a menace to the health and the morale of the community.” Though urbanisation is an indicator of development, but it is also bitter fact that poverty is growing faster in urban areas than in rural areas. Being a complex socio-economic process closely connected with scientific technological revolution, urbanisation exercises a growing influence on all aspects of society, reflecting the nature of economic and regional development (Rao, 1999). In India, most of the studies on poverty, centred on the rural poor and urban poor while received least attention of the scholar. It is a significant point to mention that even a good number of population in urban areas are still deprived of various financial services available under different governmental schemes. Before industrial revolution the pressure of

population over the resources were not as much severe as today. With rapid growth of population and amplification of new technologies and methods of life style and maximum extraction of resources and burden on environment increased day by day. Environmental degradation is now challenging to the health facilities. To know about environmental degradation, it's necessary to beware about human ecology. Human Ecology is concerned with the broad setting of man and his environment whereas ecology of the health is the study of relationship between variations in man's environment and his state of health (Mayor, 2007). New technologies and method are adopted by society; all have their impact upon character and composition of eco- systems. If impact is adverse, on the system the result is disease to the man. World Health Organisations (WHO) constitution defines health as "a state of complete physical, mental and social well being and not merely the absence of disease or infirmity" (WHO, 1992). Scholars consider health as a harmonious equilibrium between man and his environment and because of imbalance of this harmony people are suffering from many fatal diseases. Naidu (2010) defines, "disease is a discomfort a condition in which bodily health is seriously attacked, deranged, impaired from a state of health, an alteration of human body interrupting the performance of vital functions" Migration of the poor to cities creates slums. Cultivable land in villages is limited. And it is not enough to support the landless labourers in the village. World found, they build juggles that later become a cluster of huts. Landless labourers are also attracted to cities as there have many factories where mill hands are needed. UN-Habitat attempts a definition of a slum household as a group of individuals living under the same roof that lack one or more of the following conditions that is access to safe water, sanitation, secure tenure, durability of housing and sufficient living area' (Saran, 2003). Government of India has defined slum 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. These fundamental features with minor variations are retained in all the state's legislations (Mohanty and Mohanty, 2005). There are three main types of slums. One, is the original slum which consists of unsuitable buildings; these sections are beyond recovery and need to be razed. Second, type consists of

slums created by the departure of middle and upper class families to other sections and subsequent deterioration of the area, and third, unpleasant type of slum is mainly a phenomenon of transition. Once the area around a main business district has become blighted, physical and social deterioration spreads rapidly (Bergel, 1990). Developing countries like, India presently suffers to the enormous growth of urbanization and the urbanized area similarly carried the problem of slum. Presently, India has 1/6<sup>th</sup> of the world's population. This urban population forcefully effecting the transformation of Indian society. Nearly 21.68% of the urban population lives in slum. Rapid growth of industrialization creates enormous employment opportunity. It attracted the lower income peoples and the unskilled labors from the rural area. The high rate of migration from rural area to the urban area formulated slums because these men are unskilled labors of industries (Das *et al.*, 2012). Gangadharan (2005) studied the health behavior of five social classes, upper class, upper middle, lower middle, upper lower, lower in the utilization of health services in Kannur district. The prevalence rate of illness was high among children below 15 and those exceed 55 both in the slum and urban areas. Those in the age group of 36 to 55 also accounted for high morbidity both in the slum and urban areas. The study revealed that morbidity prevalence was inversely related to education and household size. Madhusoodhanan (2008) had conducted a study in Trivandrum city to examine the problems of slum dwellers and various governmental measures implemented for their rehabilitation. The study showed that both the pull and push factors were influenced for the growth of slums. The push factors are family specific and the pull factors consist of employment linked migration, political support and hope of access to better social infrastructure. There has been a phenomenal increase in the total area of slums and the number of households.

### **Objectives :**

Objective of the study are to research out of the health problems of slums dwellers, identify the availability of health-care facility and basic infrastructures.

### **METHODOLOGY**

The study is based on the Primary and Secondary data. Primary Data has Been Taken form Questionnaire. We have taken 2 Household of Each Slum areas. Secondary data has been collected from the City

Development Plan, Gorakhpur, State Urban Development Authority (SUDA), District Urban Development Authority (DUDA), District Census Handbook (Series-B and D) and Census of India. The results have been displayed with the help of charts and diagram with the help of Microsoft EXCEL software and Arch GIS 9.3 software.

### Study area:

Gorakhpur city, the head quarter of the district, lies between  $83^{\circ} 20'$  to  $83^{\circ} 27'$  E longitude to  $26^{\circ} 43'$  to  $26^{\circ} 50'$  N latitude and on the confluence of Rapti (old known as Achirawati) and Rohin (Rohini). Rapti comes from west and Rohin from north and both form the western boundary of the city (Fig. 1). It is biggest town (population 622701) after Varanasi and Allahabad city of eastern Uttar Pradesh. It is a major center of socio-economic and commercial, cultural and administrative activities of north eastern part of Uttar Pradesh. According to the census 2011, Gorakhpur has total population of 6,73,446 person of which 53% are males and 47% are females.

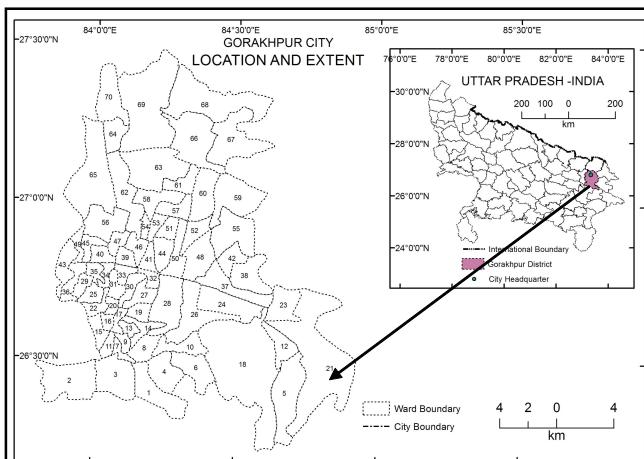


Fig. 1 : Study area

In the city about 10.91% of the population is below the 6 years age. The Gorakhpur city has an average literacy of 82.39% (male literacy 87.76% and female literacy 76.46%) (CDP, 2014). The total area of the city is 136.85 km<sup>2</sup>. With the extension of the area the numbers of the wards are also increasing which was 15 in 1961, 17 in 1981, 30 in 1991, 60 in 1995 and now city has been divided into 70 wards (Verma, 2007).

### Profile of slums areas :

Gorakhpur Urban Agglomeration (U.A.) includes municipal area as well as Air Force areas. This U.A. is spread across 142.13 sq.km and hosts a population of 6,71,048 person. Among the total male population of slum, males constitute 53% and females 47%. Gorakhpur has an average literacy rate of 82.11 while the sex ratio is 944 females per 1,000 males. The highest growth of the population (24.6%) was recorded during the period 1981-91 (Nivedita and Shiraza, 2014). Rapid growth of the urban population resulted from urban migration and naturally high urban population growth. Population growth of Gorakhpur city during the last decade was 12.78%. This is not only due to the high total fertility rate among the urban poor but also due to the rapid immigration. Gorakhpur is a transit point and a relatively developed city among cities of eastern Uttar Pradesh. Gorakhpur attracts a large number of rural people from surrounding districts that is Deoria, Basti, Balia, Maharajganj, Mau and Sidhartha Nagar etc. (National Urban Health Mission, PIP, Gorakhpur, 2013-14).

As per the field report of Urban Health Initiative (UHI) 67% of the total population is living in slum and slum semi slums in Gorakhpur city. Thus, around two-third of the urban population lives in slums under inhumane conditions. Trends in growth of urban poverty suggested that the number of poor will increase considerably unless a well planned long term intervention strategy. A significant proportion of slums are not listed in official records and, therefore, remains outside the purview of public services (Table 1).

### Distribution of slums in Gorakhpur City:

Rapid population growth, floating population in the city, lack of space for residence and higher cost of land are forced to people for live in the slums areas. Rapid growth of slums in Gorakhpur city has put a high pressure on existing resources and infrastructure and caused to deterioration of environment. Slums in Gorakhpur city has been continuously increasing since 1941. It has been found that in 2011 total slums population in the city is 4,49,438 person, which is 54% of the total urban population. Migration of people in search of jobs is the major factor to develop to slums. At present, Gorakhpur have 166 slums spread all over the city both in government and private land. These 166 slums<sup>1</sup> have formulated 16

<sup>1</sup>Note : DUDA, Gorakhpur give 110 slums area in the Gorakhpur city

**Table 1 : Profile of slums**

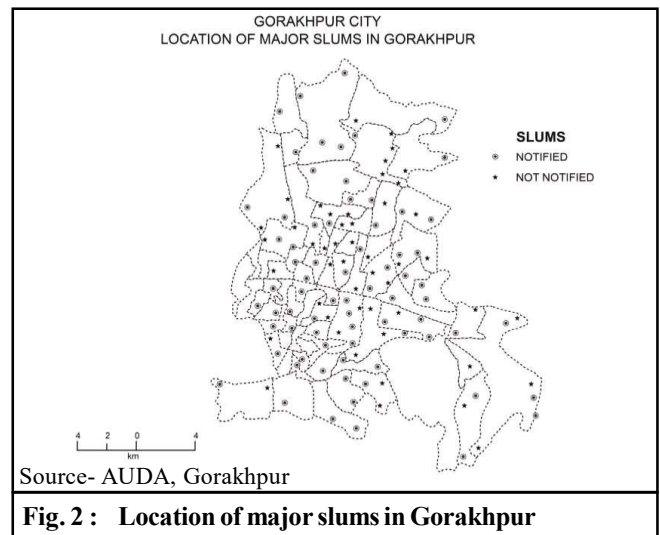
Sr. No.	Indicator	Gorakhpur
1.	Total population of Gorakhpur district	44,36,275
2.	Urban population Gorakhpur City	6,73,446
3.	Urban population as percentage of the total population	18.84%
4.	Urban slum population	4,49,438
5.	Slum population as percentage of urban population	67%
6.	No. of notified slums (Source- DUDA)	110
7.	No. of slums not notified (source- UHI, Field database)	56
8.	No. of slum household (Source- UHI, Field database)	58237
9.	No. of slums where households have individual water connection,	166
10.	Number of slums having a Primary school	166
11.	Number of slums connected to sewerage network	30
12.	No. of slums having primary health care facility	166

Source: District Census Handbook, Gorakhpur, 2011

community Development Centres (CDCs), which are responsible for the overall development of the slums along with AUDA, Gorakhpur.

These slums have very poor water supply and sanitation facilities. The poor environmental conditions in slum areas have adversely affected the health of the residents. Financial constraints on the part of civic authorities and unauthorized nature of the slums have also contributed to poor availability of basic amenities. Most of slums dwellers in the city are employed in the MCV as Cleaner (*Safai Karamchari*) (Table 2).

Generally, every part of Gorakhpur city have a slum, but Gorakhnath temple, Gorakhpur railways station and bank road area are mostly covered by slums. The total slums in this city is 166 (110 notified, and 56 not notified) in 2018 (Fig. 2).

**Fig. 2 : Location of major slums in Gorakhpur****Table 2 : Slum CDC,s (Community Development Committee)**

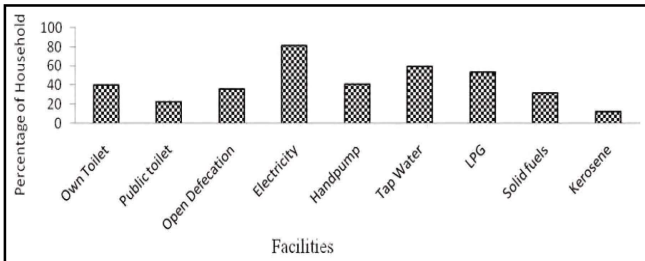
Sr. No.	Slum CDC	House hold	Population	Size of population
1.	Andhiyaribang	7323	36676	5.01
2.	Rashulpur	2089	8159	3.91
3.	Basantpur	2022	11338	5.61
4.	Mahuisugharpur	4314	22292	5.17
5.	Humayupur	5920	23617	3.99
6.	Sudiyakuaa	2887	13741	4.76
7.	Nakaha No. 1	3004	14218	4.73
8.	Bankatawa	4884	15143	3.10
9.	Shivpur Shbajganj	5094	24699	4.85
10.	Bichhiya	850	5003	5.89
11.	Mahadev Jharkhandi,01	3764	14540	3.86
12.	Mahadev Jharkhandi,02	1283	5689	4.43
13.	Dargahiya	2155	10634	4.93
14.	Manwiya shri kanshiram ji nagar	1500	8325	5.55

Source : AUDA, Gorakhpur, 2018

**RESULTS AND DISCUSSION**

**Socio-Economic Condition of Gorakhpur city Slum Area:**

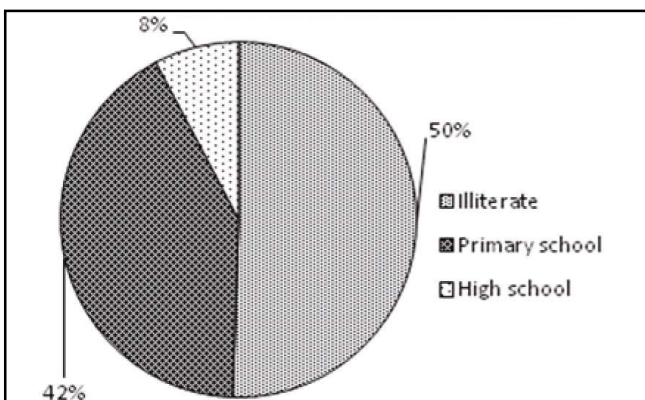
Out of total slums population 40.63% people have own toilet and 23.23 % per cent Household are using public toilet. But it is notable that, they are paying 2 rupees and 5 rupees par time of one member for using public toilet. Problem of proper sanitation and deficiency of water have been also found in the public toilet. Besides 36.14 % of the household still using open defecation that is major cause of pollution. 23% household are cooking food by solid fuels (wood, *Kanda* etc.) and 28.3 % household using LPG Gas (Fig. 3).



**Fig. 3 : Avalability of basic information of slums of Gorakhpur city**

**Educational status of slums:**

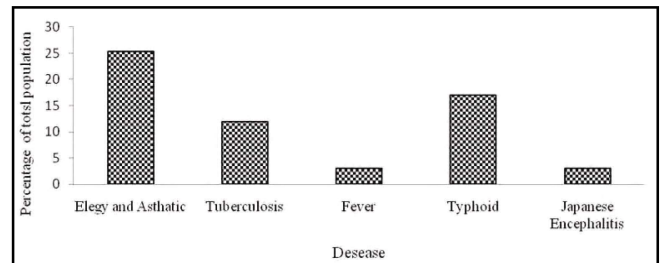
We can see that 46% of the respondents are illiterate in the study area. 38 % respondent is only educated primary level. 9% have qualified up to high school. Only 7% of the people are qualified above high school. So it's very necessary to govern programme related to their education because education is most important weapon to increase the social (Fig. 4).



**Fig. 4 : Educational status of slums**

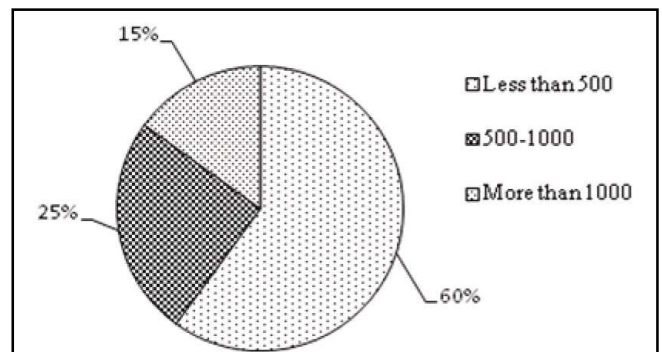
**Diseases:**

Majority of the population is suffered with problem of Malaria mostly during monsoon season because of water logging and generation of mosquitoes. Only 17 % of the respondent accepted that they are not suffering from any diseases. 25.30 % of the respondent is suffering from elegy and asthmatic diseases because of air pollution in the study area. 12.00% population is suffering from tuberculosis and 3% of the population is suffering from fever including nasal problems 17% of people is suffering from typhoid. So we can see here in slum area of Gorakhpur City is mostly suffering from environmental degradation related diseases not life style diseases it clear that people health of the people is badly affected by deterioration of the environment (Fig. 5).



**Fig. 5 : Types of disease**

More than 70% of the population is spending less than 500 rupees for treatment. But, if we make comparison between income and expenditure of money on treatment. It is hard for a poor people living in slum area to pay this amount. Approximately 15% of Household spends more than 1000 rupees on treatment (Fig. 6).



**Fig. 6 : Money spend for health**

**Economic condition:**

In this city more population have earning 2000- 3000

in the study area. 40% of Household lies in 1000-2000 rupees. They are living in very poor condition because lack of skill and opportunities of employment. Only 30% of the Household is earning more than 3000 monthly. But in the present time his source of income is increase, because they are work in *Safai Karmchhari* (Sanitation Department) in the word of the city. Slums women are make different type of toy and other goods, which is use in daily life.

Ration card of the Household has been given. Majority of the population have white card is 40 per cent that are below poverty line by the criteria of government. 35% of the Household have red card that are very poor and facilitated by PDS system government programme to provide wheat, rice, kerosene by paying a very low cast. 19 % have yellow card and 6 % of the respondent accepted that they have not been provided any card its showing mismanagement of urban governance system. These people are not able to take advantage of the programme which being provided by the government to improve their condition.

**Sustainable development:**

In 1987, the World Commission on Environment and Development (WCED) published a report entitled “Our Common Future”. Known as the Brundtland Report, it presented guiding principles for sustainable development.

Among other precepts, the report implied the need to develop indicators for monitoring long-term progress towards “meeting the needs of the present generation without compromising the ability of future generations to meet their own needs”(OCED, 2005).

Table 3 : Present and Achieve of Sustainable Development of Study Area			
Variable of UN	United Nation	Study Area	To Achieve
Water	100 %	40.00%	60.00 %
LPG	100 %	28.30%	71.70 %
Health	100 %	17.00%	83.00 %
Toilet	100 %	40.63%	59.37 %
Education	100 %	50.00%	50.00 %
Poverty	100 %	40.00%	60.00%

Source- Calculated by Author,2018

**Planning:**

In the urban area slum is the one of big problem for their development. i) Livelihood opportunities, especially for slum People (ii) Detailed household survey was

conducted (iii) Needs assessment of slum women was carried out (iv) Linkage of women with small entrepreneurial activities underway.

**Conclusion:**

Lack of awareness in the city the people regarding environmental degradation and its impact on health. Lack of education is also measure cause of poor condition of the people in the study area. Limited access of employment and opportunities and income of the study area. The Limited chance to adequate health and educational opportunities. Lack of secure residence and services for the urban poor. Most of the slum dwellers are weaver or knitters or engaged in silk weaving industry or in other informal sector but they have lacking of finding employment whole month. Lacking of employment opportunities and residences are also major issues in the urban poor area, so employment programme should be facilitated because they can live better life.

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