



## Human Development in Slum Area: A Case Study of Davangere City

### KEYWORDS

Education, Health, Drinking water, Toilet facility, and Occupational pattern

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**ABSTRACT** Karnataka is visualizing an increase in urbanization over the decades of economic progress achieved under various Plan . For instance, in 1960-61, 22.96 percent constituted the urban population increased significantly to 38.57 % in 2011-12. With this rapid urbanization, problems like urban poverty, unemployment, under-employment, emergence of slums, lack of civic amenities such as drinking water, sanitation, roads, health, electrification, pollution, overcrowding, crimes and so on. To study the human development of the people living in slum areas in Davangere city, notified slums such as Shekarappa Nagara and Sri Ram Nagara are selected for analysis. The education level, health status and decent standard of living of these slum areas are studied by selecting 50 households. It is found that there are 62.2 % of literates and 37.8% of illiterates indicating the awareness of importance of education. With regard to health status, the data reveals that 25% of the households suffer from communicable diseases and 4.4. Facilities of both government and private sectors .Further, 72% of the households are depending on public water supply, while 28% of the households have their own tap facility . With regard to sanitation, only 40 % of the respondents have their own toilet facility and the remaining 60 percent of the households depend on open fields indicating that there is an urgent need for providing individual toilet facilities to all the households

### Introduction:

India is one of the fast emerging developing economies in the world. The tempo of economic development achieved under the Five Year Plans in India is impressive in mitigating the socio economic problems encountered in the country through increasing growth rate, development in agriculture and industry, speedy expansion of service sector, growing urbanization and so on. Karnataka is also a progressive State with an increase in Gross State Domestic Product, growth in agriculture and industry, increase in the share of service sector in State Income, growing cities etc. However, Karnataka is encountering many problems such as poverty, underemployment, undernourishment, illiteracy, ill-health, slums in urban areas and so on.

Karnataka is visualizing an increase in urbanization over the decades of economic progress achieved under various Plan periods. For instance, in 1960-61, 22.96 percent constituted the urban population increased significantly to 38.57 percent in 2011-12. With this rapid urbanization, problems like urban poverty, unemployment, underemployment, emergence of slums, lack of civic amenities such as drinking water, sanitation, roads, health, electrification, pollution, overcrowding, crimes and so on.

The problem of urban poverty is very largely reflected in the slums. Shortage of housing leads to the slums. The growths of slums are increasing with the urbanization. At present, 2491 slums are existed in urban areas of Karnataka. To understand the human development scenario in slums in Davangere city is selected for micro study.

Davangere is located in the central part of Karnataka and Davangere district is one among the districts in Karnataka. Davangere city has a geographical area of 68.63 Sq Km with a population of 4,35125 as per the census of 2011. In Davangere city, at present, there are 52 slums and out of 52 slums 38 are notified slums and 14 are un notified slums. The total slum population of the city was 63,039

with 12,892 households, constitutions 14.48 % of the total dwellers in Davangere city.

To analyze the status of human development in slum areas, out of 52 slum areas of Davangere city, two notified slums namely Shekarappa Nagara and Shri Rama Nagara were selected. A sample of 50 households were selected from these slum areas on random basis which consisted of 225 number of persons. Out of selected 50 households, 19 households belonged to schedule caste, 07 households to schedule tribes and remaining 24 related to other backward classes.

The important indicators to measure the human development are education, health and decent standard of living. The observations of these indicators are discussed in the forthcoming paragraphs.

**Education:** Education is one of the important components of human development. To get primary education for the children living in these slum areas government schools are situated at a distance of about 300 meters. Government High schools and colleges are located at distance of about three KMs. Besides, private primary and high schools are also situated nearby the slum areas. The educational level among the respondents of the 50 households are presented in the following table

**Table- 1. Educational Status of the respondents in slum areas in 2015**

Sl. No.	Educational Level	Schedule Castes	Schedule Tribes	Other backward Classes	Total
(1)	(2)	(3)	(4)	(5)	(6)
1	Uneducated	31	13	41	85
2	Higher Primary education (Up to 7 <sup>th</sup> Std)	30	12	27	69

3	High School Education (8 <sup>th</sup> to 10 <sup>th</sup> Std)	22	04	24	50
4	College Education	04	02	15	21
5	Total	87	31	107	225

Source: field data

Table-1 reveals that there are 225 respondents. Out of 225 respondents, there are 140 respondents getting formal education with 69 respondents in primary education, 50 respondents in high school education and 21 in college education constituting 62.2 % of literacy among the total respondents. The remaining 85 respondents are illiterates or uneducated forming 37.8 % of the total 225 respondents. Thus, it is noticed that the people living in slum areas are fully aware of the importance of availing the education benefits for building better future for their children.

**Health:**

Health is another important component of human development. Preventive and curative health care facilities are of sheer necessity to maintain good health and thereby people can contribute effectively in the economic affairs of the country. Provision of adequate potable water, proper sanitation facilities, provision of food articles, establishment of primary health centers, community health centers, hospitals, dispensaries, super specialty hospitals to attend dreadful non-communicable diseases are essential to increase the health status of the people.

Generally, people will succumb to communicable and non-communicable diseases. Communicable diseases are those diseases which affect other persons very quickly such as cholera, malaria, tuberculosis, gastro entities, respiratory track infections (RTI), sexually transmitted diseases (STD) and the like, while non-communicable diseases are not transferable diseases from one person to another such as diabetes, hypertension, different types of cancers, epilepsy, heart diseases, kidney ailments AIDS etc.

It has been observed from the field data that the respondents living in slum areas are prone to more communicable diseases than non-communicable diseases. It has reported that 15 respondents are suffered from cholera, 20 from malaria, 10 from tuberculosis, 5 from gastro entities and 6 from respiratory track infections out of 225 respondents constituting 25 percent. With regard to non-communicable diseases, 5 respondents are suffering from diabetes, 3 from hypertension, 1 from cancer and 1 from heart trouble of the 225 respondents forming 4.4 percent of the total respondents. Further, the drinking water and toilet facilities in the Shekarappa Nagara and Shri Rama Nagara slum areas are shown in the table-2 and table-3 respectively

**Table-2. Drinking water facility of the sample households in 2015**

Type of water Supply	Schedule Castes	Schedule Tribes	Other backward Classes	Total
(1)	(2)	(3)	(4)	(5)
Own tap	03	02	09	14
Public tap	16	05	15	36
Total	19	07	14	50

Source: Field survey

**Table-3. Toilet facility of the sample households in 2015**

Particulars	Schedule Castes	Schedule Tribes	Other backward Classes	Total
(1)	(2)	(3)	(4)	(5)
Having toilets	06	00	14	20
Not- having toilets	13	07	10	30
Total	19	07	24	50

Source: Field survey

The inferences from the table-2 and table-3 are the following:

With regard to the table-2, out of 50 sample households 14 households are having own tap facility to get drinking water constituting 28 percent of the total households and the remaining 36 households are depending on public drinking water facility forming 72 percent of the total households. Further, among the 50 households 19 households belonged to schedule caste and 07 households to schedule tribe and the remaining 24 households belonged to other backward classes. Thus, it is observed that only 28 percent of the sample households are having own drinking water facility and the remaining 72 per cent of the households are depending on public water supply.

With respect to table-3, among the 50 sample households, there were 20 households which are having toilet facilities constituting 40 percent of the total households. In this 20 households, 06 households belonged to schedule caste category and the remaining 14 to other backward classes. It is also observed that households belonging to schedule tribe category did not have toilet facility. Further, there were 30 households which do not have toilet facilities forming 60 percent of the total households. Out of this, 13 belonged to schedule caste category, 07 to schedule tribe category and 10 to other backward classes category and these 30 sample households are solely dependent on open fields for ablutions.

**occupations:** People are getting wages through employment engaged in different occupations. The income and employment by the sample 50 households of the working force or respondents are depicted in the table-4.

**Table-4. Occupational pattern of the sample households in 2015**

Nature of employment	Schedule Castes	Schedule Tribes	Other backward Classes	Total
(1)	(2)	(3)	(4)	(5)
Casual manual labour	43	18	36	97
Driver	02	00	02	04
Self- employment	02	01	10	13
Govt employment	01	00	02	03
Total Working population				117
Total Non-working population				108
Total population				225

Source :Field survey

**The inferences of the Table -4 is discussed as under:**

With reference to the table-4, there are 225 persons in the

sample of 50 households. Out of this total 225 population, 117 persons are working in different occupations such as casual manual labour (97 persons), drivers (04), self-employment like petty businessmen, street vendors (13 persons) and employed in government offices (03 persons), together constituting 52 percent of the working population and the remaining 108 persons formed non-working population consisting of children, house wives and old people in the age group of 60 years and above, accounting for 48 percent. Thus, little more than 50 percent of the population are working population working in different occupations, while little less than 50 percent of the population are non-working or dependent population in the sample 50 households.

**Conclusion:** To study the human development of the people living in slum areas in Davangere city, notified slums such as Shekarappa Nagara and Sri Ram Nagara are selected for analysis. The education level, health status and decent standard of living of these slum areas are studied by selecting 50 households. It is found that there are 62.2 percent of literates and 37.8 percent of illiterates indicating the awareness of importance of education. With regard to health status, the data reveals that 25 percent of the households suffer from communicable diseases and 4.4 percent suffer from non-communicable diseases showing that they are accessible to health care facilities of both government and private sectors. Further, 72 percent of the households are depending on public water supply, while 28 percent of the households have their own tap facility. With regard to sanitation, only 40 percent of the respondents have their own toilet facility and the remaining 60 percent of the households depend on open fields indicating that there is an urgent need for providing individual toilet facilities to all the households. It is revealed from the study that 76 percent of the households have the income below 1.5 lakh and 24 percent of the respondents have the income above Rs1.5 lakh with 52 percent of the working population in total.

Thus, the education, income and health status of these slum areas are improving in a positive direction due to the influence of rapid urbanization of Davangere city. However, there is need to create amenities like pucca houses electrification, roads, drainage system, sanitation and independent water supply etc, by the Davangere City Corporation and Central and State governments can transform the slum areas into new. Healthy and favourable environmental extensions of Davangere city for comfortable living.