



## SOCIO DEMOGRAPHIC PROFILE OF ELDERLY HOUSEHOLDS IN SLUMS OF WEST DELHI

### KEYWORDS

Slum, socio-demographic

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**ABSTRACT** A pilot study was carried out to assess the socio demographic profile of elderly households in slums of Kirti Nagar, West Delhi. Forty nine elderly household were enrolled in the study. Pretested questionnaire was used to collect information on socio demographic profile. Data collected from 49 elderly households revealed that majority of the slum dwelling elderly belong to Uttar Pradesh (71.4%) followed by Bihar (20.4%) and were Hindu (87.8%). Around 65% of the elderly lived in joint family and 35% in nuclear family. Almost 10.2%, 51% and 38.8% lived in kutcha, semi pucca and pucca houses respectively. The main source of drinking water in the area was a community tap (98%). Approximately half of the respondents (51%) were widowed. In conclusion, majority of the elderly households in slums are migrants from neighbouring states, lived in joint family and in semi pucca houses.

### INTRODUCTION

A slum household is defined as a group of individuals living under the same roof in an urban area who lack one or more of the following: durable housing of a permanent nature that protects against extreme climate conditions, sufficient living space which means not more than three people sharing the same room, easy access to safe water in sufficient amounts at an affordable price, access to adequate sanitation in the form of a private or public toilet shared by a reasonable number of people and security of tenure that prevents forced evictions (UN Habitat, 2006/7).

As per Census of India, there are three type of slums; notified slums, recognized slums and identified slums. Notified areas in a town or city notified as 'Slum' by State, Union territories Administration or Local Government under any Act including a 'Slum Act' are considered as Notified slums. Areas recognized as 'Slum' by State, Union territories Administration or Local Government, Housing and Slum Boards, which may have not been formally notified as slum under any act are considered as Recognized slums. A compact area of at least 300 population or about 60-70 households of poorly built congested tenements, in unhygienic environment usually with inadequate infrastructure and lacking in proper sanitary and drinking water facilities are considered as Identified slums. Such areas are identified personally by the Charge Officer and also inspected by an officer nominated by Directorate of Census Operations (Census, 2011). Slums are also known as katras/Jhugi Jhompri in Delhi (Ministry of Housing and Urban Poverty Alleviation National Buildings Organization, 2011)

The number of towns reported as slums in 2001 has increased from 1743 to 2613 in 2011. According to Delhi Urban Shelter Improvement Board, there are 675 Jhugi Jhompri clusters in Delhi with a population of 17,85,390 (Census, 2011). One of the main concerns on growth of slum populations is that the living conditions of the slum dwellers could become a public health issue (Swaminathan and Mukherji, 2002). The World Health Organization (WHO) and UN-Habitat (2010)

have identified a "triple threat" that describes the main drivers of health outcomes in urban areas which includes thriving in poor and overcrowded urban environments (World Migration Report, 2015). Poor housing conditions are associated with a wide range of health conditions such as respiratory infections, asthma, lead poisoning, injuries, and mental health (Krieger & Higgins, 2002). A study carried out in Delhi slums covering 1049 households consisting of 5358 individuals information reported that lifestyle of the urban poor is associated with ill health and the environment in which they live are positively correlated with morbidity prevalence (Marimuthu et al, 2009). Analysis of data collected by Ministry of Housing and Urban Poverty Alleviation, Government of India, and the United Nations Development Program (UNDP) under the project "National Strategy for the Urban Poor" in 2006" revealed that insufficiency of basic amenities like sanitation, garbage disposal and potable water are determinants of acute illness. The survey was carried out in 2000 households, covering 10,929 individuals from four cities of India (Gupta and Guin, 2015).

The present study was carried out as a pilot study to assess the socio demographic profile of elderly households in slums of Kirti Nagar, West Delhi.

### MATERIAL AND METHODS

The study was carried out in JJ clusters of Kirti Nagar, West Delhi from January to March 2013. The JJ clusters of Kirti Nagar consist about 8000 to 10000 households. The JJ clusters consist of various camps. Chunabhatti camp was selected randomly. Chunabhatti camp is further divided into New Harijan Camp, Old Harijan Camp, Kamla Nehru Camp, Damkal Kendra, A block, B block and C block. Forty nine elderly women households were enrolled in the study. Institutional ethical clearance was obtained. Written informed consent was taken from all the participants. Pretested questionnaires were used to collect information on socio demographic profile.

**RESULTS**

Data collected from 49 elderly households revealed that majority of the slum dwelling elderly belong to Uttar Pradesh (71.4%) followed by Bihar (20.4%) and were Hindu (87.8%) (Table 1). Around 65% of the elderly lived in joint family and 35% in nuclear family. Almost 10.2%, 51% and 38.8% lived in kutchha, semi pucca and pucca houses respectively. The main source of drinking water in the area was a community tap (98%). Approximately half of the respondents (51%) were widowed.

**Table 1: Socio demographic profile of elderly households (n=49)**

Marital status	n	(%)
Married	24	49.0
Widow	25	51.0
Native State	n	(%)
Uttar Pradesh	35	71.4
Bihar	10	20.4
Rajasthan	1	2
West Bengal	1	2
Nepal	1	2
Religion	n	(%)
Hindu	43	87.8
Muslim	6	12.2
Type of family in slum	n	(%)
Nuclear	17	34.7
Joint	31	65.3
Type of house	n	(%)
Kutchha	5	10.2
Semi-Pucca	25	51.0
Pucca	19	38.8
Ownership of house	n	(%)
Own	44	89.8
Rented	5	10.2
Source of drinking water		
Community Tap	48	98.0
Handpump	1	2
Educational qualification of elderly women		
Illiterate	49	100

**DISCUSSION:**

The study has been undertaken to assess the socio demographic profile of elderly households in slums of Kirti Nagar, West Delhi. Our study indicated that majority of the households in slums were migrants from neighbouring states such as Uttar Pradesh (71.4%) and Bihar (20.4%). A study carried out among slum households in three states, i.e. the National Capital Territory (NCT) of Delhi, and in two towns of the National Capital Region (NCR) of Haryana and Uttar Pradesh states indicated that around 30% migrated out for economic reasons and among women, household's poverty was the main reason for migration (Bora, 2014).

Ghosh et al (2014) reported that having low education, being single, lacking personal income, and not living with their children significantly reduced quality of life among elderly residing in slums. Our study indicated that all the elderly women were illiterate and around 50% were widowed which could impact their quality of life. However, we have not assessed quality of life in our study. Other studies carried out among elderly in slums in Rourkela, Odisha and Karad, Maharashtra also reported that around 80% of the elderly were illiterate (Noor et al, 2015; Salunhe, 2015). Similarly a study carried out in slums of Ahmedabad, Gujarat reported that the literacy rate was 16.8 % and 5.6% among males and females respectively (Mihir & Geeta, 2010).

Housing is a determinant that is a critical entry point for health improvement in urban settings (WHO, 2005). A report published by Directorate of Economics & Statistics based on National Sample Survey 69th round indicated that 54.91% of slums are composed of

pucca structure, 29.47% semi pucca and only 15.62% of slums were having unserviceable katcha structure. Our study indicated that 38.8%, 51% and 10.2% households were kutchha, semi pucca and pucca houses respectively and around 89.8% had ownership of their house. Bora (2014) also reported that 93.3% slum households owned their houses. It was observed that 65.3% of the households lived in joint family. A study by Chhabra & Bhardwaj (2013) in 12 clusters of West Delhi also indicated that 62.6% were living in joint family with an average family size of 5.62.

We observed that around 98% of the households use community tap as their source of drinking water. Similarly Kher et al (2015) reported that the major source of water both for drinking and other household chores for almost 70 per cent of the families in slums of Delhi was piped water installed at community points by the municipal authorities. The remaining families relied on other sources of water such as tube wells, hand pumps and water tanker. The study also indicated that women and girls spent on an average around 30 minutes to two and a half hours on fetching water for the family.

Data of 4005 households in slums of Bangalore city consisting of 16737 individuals' information with the average family size of 4.18 under the project entitled 'Migration, poverty and access to healthcare: a study on people's access and health systems' revealed that reported morbidity load is more in the slums than the non-slum areas. The study also concluded that although both income and education have significant inverse relation with the prevalence of morbidity, the effect income is more associated than the literacy levels (Marimuthu, 2017).

Our study had some limitations. It was conducted on a small number of households. We did not study their morbidity pattern. Larger sample size along with morbidity data would have represented the living conditions of elderly in slums and its impact on health. In conclusion, majority of the elderly households in slums are migrants from neighbouring states, lived in joint family and in semi pucca houses.

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