Research and Innovation
2025, Vol. 1, No. 1, pp. 37–44
https://doi.org/10.11648/j.ri.20250101.16

Research Article

A Compendium on Indian Slums: Theory and Evidence from Asansol City

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Abstract

A slum is defined as a small, densely populated neighbourhood with poorly constructed, packed housing, an unsanitary environment, typically with poor infrastructure, and inadequate drinking water and sanitary amenities. Slum living conditions directly affect people's health. The spread of slums in urban areas and the variety of health risks they bring with them are two of the biggest problems facing urban planners worldwide. The widespread emergence of slums has become a significant issue in cities around the globe. Ultimately, the prevalence and growth of slums in India allow us to understand that they are neither unusual nor abnormal features of urban environments, but rather a reflection of the persistent urban poverty that exists within the city economies. This research seeks to reveal the fundamental challenges associated with the development of slums. This study gives a quick overview of the primary issues that Asansol city's slum inhabitants and urban poor face.

Keywords

Development, Slum, Education, Health, Hygiene

1. Introduction

Slum development may be viewed as a consequence of urbanization in a developing country such as India. Since cities are the end result of the socio-economic process that takes place at the societal level, they are a part of the fundamental changes in society that lead to socio-economic development and modernization. Because they provide a variety of job opportunities and public facilities like health, education, cultural, technological, commercial, and industrial services, cities of all sizes act as centers for development potential. Due to advancements in the economy, industry, and service sector during the past three and a half decades, a sizable section of India's population has moved into cities [50]. Along with the rapid growth of urban centers, particularly cities, it has also resulted in the emergence of many new social groups along the course of development [9]. Even though cities contribute significantly to the local economy, the urban poor face considerable obstacles due to population pressure, environmental deterioration, and a decline in their quality of life. Ultimately, the magnitude and distribution of slums in India serve as a testament to the enduring urban poverty that permeates the urban economy, in addition to helping us understand that they are not uncommon or pathological urban phenomenon. Urban poor are people who live in slums [1].

A slum, as defined by HDR [2] is a small, highly inhabited area that has crowded, poorly built dwelling conditions, an unhygienic ambiance, and usually inadequate infrastructure and amenities for drinking water and sanitation. People's health is directly impacted by living conditions in slums [51].

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Received: 19 August 2025; **Accepted:** 1 September 2025; **Published:** 9 December 2025

Two of the largest issues facing urban planners globally are the proliferation of slums in metropolitan areas and the numerous health hazards they bring with them. Nonetheless, slum growth has been a significant problem in cities worldwide [4]. Living conditions in slums are often unclean, violate all planned urban growth regulations, and greatly contribute to the spread of many airborne and waterborne diseases. The ultimate goal of all planning initiatives that promote greater social and economic growth is to improve human development and quality of life. Achieving financial prosperity and raising one's standard of living are strongly correlated, according to social measures of health, lifespan, literacy, and environmental sustainability. Davis [3] asserts that these indicators are helpful instruments for developing suitable policy initiatives. This study is a modest attempt to look into Asansol's environmental situation. For urban planners, achieving sustainable development is a serious challenge. Actually, the main objective of environmental development, together with the slow transformation of the economy and society, is to satisfy human needs and desires [5].

According to 'Slum Act' 1956 the conditions should be justified before locality is declared as a slum area. Section 3 of the aforesaid act said that [3],

1) Slums are in any respect unfit for human habitation.
2) Slums are by reasons of dilapidation, overcrowding, faulty arrangements of streets, light or sanitation or any combination of these factors are detrimental to safety, health or morale [6].

Since slums have become an essential component of India's urbanization phenomena, the country's "National Slum Policy" was recently developed in response to the lack of suitable infrastructure in Indian slums. A thorough understanding of the slums is necessary to develop a coordinated and successful policy to improve them. Compiling and creating unique tables for slums was made possible by the creation and identification of slum enumeration blocks before the 2001 Census. The slum demographics are being reported based on the actual count for the first time in the nation's census history. Perhaps the first of its kind in the world, the systematic description of slums for the purpose of gathering primary data on their population characteristics during population enumeration itself [9]. Because slum dwellers live in the most terrible conditions possible, with no access to sanitary facilities, drinkable water, and effective social and health care services, slum residents are more vulnerable to illnesses and developmental challenges [7]. Due to their low socioeconomic situation, low level of education, and high rates of fertility and mortality, they need special attention when it comes to family planning, public health, and reproductive health care. Regretfully, the converse is true for these slum demographic divisions. There has been extensive environmental degradation as a result of the city's fast slumification [18]. The Indian government has acknowledged that the level of pollution from industrial sources in the city has not significantly decreased despite the implementation of regulatory measures. The Indian Government has conceded that despite imposition of regulatory measures, the magnitude of pollution from industrial sources in the city has not shown any appreciable decrease during the last few years. Increase in pollution levels in slum areas is also fueled by ever-growing traffic [8].

Numerous rural migrants moving to cities has profound social ramifications that are changing the face and character of urbanisation in India. In addition to physically relocating to the city, the migrants also carry their culture, values, and way of life with them [9]. In conflict with the older groups of more educated, talented, and wealthy urban dwellers who foster divisions and tensions, the new groups are attempting to enter the city's socioeconomic structure, frequently by establishing their own communities [10]. A rural-urban environment is becoming more and more prevalent in the newly urbanising society, both in terms of physical shape and style of life. It must be understood that the rapidly expanding urban environment is not taking shape as a simple projection of the economic and social structure of the past [11].

The impoverished are able to find employment, but it is either irregular or in an unregulated industry where minimum salaries and working hours are not guaranteed [12]. The vast majority of unskilled people are forced to labour in the unorganized sector, whereas skilled people find employment in some way. In an attempt to make quick cash, some are even coerced into prostitution, drug sales, or begging [9]. Poverty is a recognized state of affairs. Urban poverty has gained international recognition as a significant issue in the modern era, and reducing urban poverty is one of the main objectives of the UN-adopted and Indian-accepted Millennium Development Goals. A larger percentage of rural migrants relocate to urban areas in order to escape the constraints of their conventional and conservative circumstances as well as to pursue new chances [13].

2. Objectives of Study

The present study mainly focuses on the several aspects of slum development in Asansol city. The main thrust of this study is to examine various issues of slums. The following objectives have been framed for the present study. These are follows:

1) To investigate the demographic information and traits of people who live in slums.
2) To investigate the characteristics, size, and growth-promoting elements of slums.
3) To assess the level of involvement of slum dwellers in the program for slum rehabilitation.
4) To showcase the living conditions found in slum neighborhoods.
5) To research slum inhabitants' nutritional and health status.
6) To investigate the general knowledge level of slum dwellers in Asansol.
7) To observe the different government-initiated policy

initiatives and programs.

8) To examine the Asansol city's environmental features.

3. Methodology of the Study

Sample Characteristics: For the present study 300 samples have been chosen through random sampling method for the present research. The respondents have many characteristics which are some extant heterogonous. Here an attempt is made to cite few key features of the respondents categorically at a glance. The key characteristics may be seen through their age, sex, caste, religion, language, education, marital status, occupation, monthly income and migration status etc. For the present study it is decided to use purposive sampling method to choose respondents. Purposive sampling is a sampling method in which elements are chosen based on purpose of the study. Purposive sampling may involve studying the entire population of some limited group or a subset of a population. Here the sample size is 300 families from four slums taking 95 families from Beldanga, 88 families from Gulzar Mohall, 100 families from Kalyanpur and 17 families from Dildarnagar proportionately distributed. During study the utmost privacy of personal data was taken care of, so that no ethical issue is compromised.

The data have been collected from secondary and primary sources.

a. Secondary sources: Data is collected and compiled from the books, reports, published and unpublished papers, leaflets, booklets, notes, Municipal records and Governmental circulars.

b. Primary sources:

1) Interviews: Interviews from the field with respondents, word counsellors and slum leaders have been conducted to elicit their opinion and experience in slum life with the help of interview schedule.

2) Observation: In order to collect data from field and to understand the grass root reality it is planned to visit slum personally on the basis of observation. It is also planned to attend formal and informal meetings to gain insights of the problems of slum dwellers of Asansol city. The field work was completed over 5-6 months.

4. Review of Literature

A study by Olanrewaju and Akinbamijo (2002) established that the environment significantly impacts health, as individuals living in impoverished areas typically experience worse health outcomes. They noted that people residing in slums tend to inhabit aging homes with poor structures situated in unhealthy environments, making them vulnerable to health issues stemming from contaminated water. These residences lack essential facilities, including toilets, and are often surrounded by clogged drainage systems filled with waste, which obstructs the proper flow of runoff [13].

A study conducted by J. Godwin Premsing and Sheena Philip (2014) on “Improving Living Conditions for Slum Dwellers” revealed that over 65 million individuals reside in slums, an increase from 52 million in 2001. The research indicates that while the slum population has grown, it has done so at a slower pace compared to the overall urban population in the past decade. The proportion of Scheduled Castes (SCs) living in slums has risen during the last ten years. The sex ratio among Scheduled Castes in slums is better than that of other urban communities. It has been found that the literacy rate has now reached 77.7%, although it remains significantly lower than the urban average [14].

A study by Patel, Joshi, Ballaney, and Nohn (2011) highlights the significance of tenure history and emphasizes the formal and informal rights of landowners, communities, and the government. The research indicates that decentralization can facilitate the utilization of specific local knowledge, promote the development of tailored SPSs, and enable the mobilization of necessary efforts to address the slum challenges in Indian cities [15].

A study conducted by Sufaira. C (2013) on the “Socio Economic Conditions of Urban Slum Dwellers in Kannur Municipality” revealed that the socio-economic conditions of slum residents in the recognized areas where the Integrated Household Slum Development Program is implemented are superior to those in non-recognized slum areas. The author investigated various facets of slums and discovered that developmental initiatives in urban areas create job opportunities for both rural migrants and the local urban populace. These low-income groups, lacking adequate housing, have settled in slum regions marked by overcrowding, rundown living conditions, and insufficient sanitation and civic amenities [17].

According to Goswami's research, social development in 2022 has multiple dimensions, such as the opportunity for top-notch education, the quickening of social integration, the encouragement of gainful employment, and the elimination of poverty. Allowing each individual to gain greater control over their own fate through constructive endeavors in the fields of politics, economics, society, culture, and morality as well as the ability to participate in decisions that impact society as a whole is another definition of social well-being [18].

5. Socio-Economic Milieu of the Slum Dwellers

This section of the paper primarily focuses on the socio-economic characteristics of the respondents, including their age, sex, caste, religion, language, education, marital status, occupation, and monthly income. The initial part of findings provide general information on the respondents, which is followed by their socioeconomic status and family history [18]. The sample size for this study consists of three hundred (300) slum inhabitants in Asansol city [16]. The socioeco-

nomic characteristics of the respondents provide a comprehensive picture of their slum existence. The details of the analysis are displayed below. Socioeconomic status is one indicator of social class. Every occupation creates a social class and has a specific status. As socioeconomic indicators, variables like income and education have a strong correlation with one another. A general understanding of slum life is attempted here [19].

There are two main types of slums in Asansol: officially recognized slums are known as bustees. Additionally, there are a lot of unauthorized squatter colonies. These squatter communities have developed alongside roads, railroad tracks, canals, big drains, and landfills [20]. These shanties have the worst living conditions for their residents. They lack adequate access to water and sanitary facilities, among other necessities. There is always a stink in these places since a lot of individuals pick up rags and throw trash outside their homes. In other words, this kind of settlement pollutes the environment in addition to having serious issues with basic amenities [19].

6. Environmental Aspects of Slums

Environmental changes can be caused by a wide range of factors, including urbanization, population growth, intensification of agriculture, economic growth, increasing energy consumption, and transportation. Many environmental problems are still mostly caused by poverty. Mitra (2004) asserts that environmental degradation is both a cause and an effect of poverty [45]. There is a complex interaction between poverty and the environment. Inequality may contribute to un-sustainability since the poor are more dependent on natural resources than the rich are, and because they have less opportunities to seek alternative resources, they deplete them more quickly. Moreover, a degraded environment may accelerate the impoverishment process because the poor are highly dependent on natural resources [20]. This field of research focuses on a number of slum environmental problems. The growing population of Asansol has made finding housing and space for everyone more difficult. Nowadays, slums are an inevitable aspect of urban life. Over time, the percentage of the city's population living in slums has been rising. In the year 2000, the recently established province of corporation underwent significant transformation. Asansol is now a business, and its socioeconomic composition and demographics.

Proposition are likewise rapidly shifting [21]. Slum dwellers are more susceptible to diseases and developmental obstacles because they live in the most appalling conditions possible, with limited access to drinkable water, sanitary facilities, and efficient social and health care services. They require special attention when it comes to family planning, public health, and reproductive health programs because of their low socioeconomic status, low educational attainment, and high fertility and mortality rates [44]. Unfortunately, for these slum population groupings, the opposite is true [22]. The city's rapid slumification has led to widespread environmental deterioration. The administration has acknowledged that the level of pollution from industrial sources in the city has not significantly decreased in recent years, even with the implementation of regulatory measures. Ever-increasing traffic is another factor contributing to the rise in pollution levels in slum regions [23].

Due to an unhealthy supply of rags, the residents of these slums suffer greatly from the lack of a proper and organized rubbish disposal system. It appears that there are no provisions in place for the hygienic disposal of excess human and animal waste. One major issue in these places is solid waste, or non-liquid waste products, which come from the home, trade, etc. [25]. There is no question about the beneficial function that slum housing plays in providing housing for thousands of impoverished families, notwithstanding the government authorities' lack of strict action or weak response [18]. However, the fundamental issue of land ownership and overused infrastructure and services can never be resolved [43]. Governments over the years have acknowledged this, and a variety of strategies have been used to address the squatting problem. Sites-and-services and settlement upgrading have been the two most common strategies employed by the government. After forming a strong organization, the slum dwellers began negotiating with the landowner and "shared" the land, giving the owner the best locations (such as the side facing a road) and using the remaining area for their housing in a more orderly and environmentally friendly way [24].

Since nearly everyone in Asansol has access to piped drinking water, the situation there is ideal in terms of sources of safe drinking water [46]. Nonetheless, a sizable portion of the populace in many of the nation's large slums depends on hand pumps. Asansol has an issue with contaminated drinking water in the summer, when temperatures can reach 48 degrees Celsius. Groundwater levels drop during this period, and the water supply is under extreme strain, making it difficult to get enough water for everyday needs. Maintaining personal hygiene is challenging and poses serious health risks due to inadequate water supplies and a lack of sewage and solid waste disposal facilities [26]. Extremely substandard housing and living circumstances are common, and as this report explains in greater detail, some slum dwellers are forced to relocate during the monsoon season, while others face the possibility of eviction. Thus, the transient and unstable living and working arrangements of slum people make them vulnerable [27]. Financial benefits including insurance, medical coverage, pensions, redundancy payouts, and sick leave are rarely offered to people who work in the unorganized sector. Slum dwellers' demands and rights are often unmet because they are typically a more marginalized segment of society [28]. A very small percentage of households in slum areas reported boiling or filtering their water before consuming reflected in Table 1.

Table 1. *Basic Infrastructures in City Slums.*

Service	Units	Corporation	Other areas
Roads	Km	826	352
Sewer lines Drains	Km	0	0
Storm Water	Km	386	138
Community Latrines	Seat	80	20
Street lights	No	1520	355
Drinking Water Supply Piped Supply	Km	75	112
Drinking Water Supply public stand post	No	110	50

Source, City Development Plan, Asansol City

7. Health Conditions: Food and Nutrition Level in Slums

Health is a major economic issue for slum residents. The unhealthy physical environment leads to sickness, demanding for continuing medical treatment, which means reduction of workdays and economic loss. Economic loss leads to inability to invest in clean environment. The vicious cycle continues [29].

The tenacity of erroneous ideas and unscientific viewpoints on health is due to ignorance and a lack of sufficient education. Incomplete immunizations, insufficient gynecological exams during pregnancy, hazardous home births, and insufficient postpartum treatment for mothers and children, particularly in the areas of nutrition and immunization, are the outcomes. Incomplete treatment for malaria and tuberculosis (TB) causes recurrences and relapses [30]. The unhealthy and filthy environment, inadequate immunization coverage, poor nutrition, and limited access to education all have an impact on kids who reside in slums [42]. Regrettably, their intellectual, emotional, and physical growth is stunted from a very early age [31]. The health centers and community amenities in these communities are few and have limited accessibility. The health centers in each of the slums examined were found to be understocked with medications, forcing the residents to get them from the open market. Due to a lack of resources, these health centers are unable to offer prenatal and postnatal care [33]. To treat health concerns, the corporation operates three maternity units, one government hospital, and several health centers throughout Asansol. The business also introduced a reproductive and child health initiative that is being implemented by non-governmental organizations [32]. With their assistance, a number of urban health centers have been established in slums and the surrounding areas in order to enhance health services for women and children. Furthermore, the poor visit government dispensaries. Although it's crucial to improve the health infrastructure to guarantee food and nutritional security, this alone is not enough as shown in Table 2.

Table 2. *Health Status of Slum Dwellers in Asansol.*

Category of People	Nature of Health Problems	Treatment sought	Proximate causes
Male	Chest Pain	Medication from private/government sources	Smoking *bidis*
	Headaches	Self-medication	Tiredness
	Congestion	Government hospital/private clinics	Smoking *bidis*
	Abdomen Pain	Government hospital/private clinics	Alcohol/bad quality of drinking water
	Tuberculosis	Government hospital	Hereditary
	Ear bleeding	Private doctors	Don’t know
Female	Weak Eyesight (irritation/watery eyes)	None	Work related – fine embroidery work / sap sorting
	White discharge	Mediation	RTI infection – complication in pre-post

Category of People	Nature of Health Problems	Treatment sought	Proximate causes
			pregnancy stage
	Reproductive Tract Infection/ Urinary Tract Infection	Medication	Lack of bathing units and toilets for daily use
	Acute tiredness	Standards pain killers	Inadequate food intake / long working hours/ heavy work load
	Rheumatism	Medication	Inadequate nutrition – vitamin and mineral Deficiency
	Mental stress/tension	None	Overall living Conditions
	Severe back aches	Standard pain killers	Work related both household and other
	Headaches	Standard pain killers	Inadequate food intake/work environment and overall living conditions
	Joint pains	Medication from government hospitals	Inadequate food Intake
	Ear bleeding (water)	Government / private dispensaries	Don't know
	Fever	Private doctors (quacks)	Infection- weak immune systems
	Cough	Private doctors (quacks)	Seasonal - weak immune systems
Male Child	Congestion	Private doctors (quacks)	Seasonal - weak immune systems
	Boils	Home remedies	Seasonal
	Indigestion	Private doctors (quacks)	Weak immune systems
	Malaria (dengue)	Government hospitals/clinics	Open garbage dumps/dirty open drains/ stagnant water holes
	Weakness/fainting	None	Inadequate food Intake
	Period pains	Medication	Natural
	Tiredness	None	Heavy school/work load
Female Child	Tuberculosis	Government hospital	Hereditary – weak immune systems
	Indigestion	Private doctors (quacks)	Seasonal
	Leucoderma	Government hospital	Skin disorder
	Conjunctivitis	Private doctors (quacks)	Seasonal infections

Source- Medical Report 2021 on local newspaper.

8. Findings

Th When it comes to providing the bare minimum of services, the fast urban population increase presents significant obstacles. Slums are the product of uneven urban growth brought on by Asansol's excessive concentration of financial resources [41]. In a sense, the Integrated Slum Development Programme (ISD) presents a vision for slum areas where the slums are viewed as an essential component of the city and its design. In essence, ISD is the process of integrating slums into the city's mainstream. By connecting the innate creative talents of all city dwellers and institutions, this approach can offer opportunities and workable solutions. Slum residents themselves participate in the planning process [34].

e rapid growth of urban population poses serious challenges in terms of provision of basic minimum services. Slums are an outcome of imbalance in urban growth resulting from over-concentration of economic resources in Asansol. Integrated Slum Development Programme (ISDP) offers in a way, a vision for slum areas, in which the slums may be considered an integral part of the city and planning [47]. ISD is basically a process of integrating slums into the mainstream of the city. This process itself can connect the natural creative abilities of all city residents and institutions to provide opportunities and viable solutions. It is a process of planning with the slum dwellers themselves [35].

Given the prevalence and complexity of slum issues, exten-

sive programs can be used to address them. Adequate civic amenities and infrastructure development ISD are needed. The establishment of Asansol as a corporation following its split from East Burdwan has resulted in both qualitative and quantitative changes among the slum inhabitants. In slums, environmental degradation is a common occurrence [36]. Therefore, a system that collects waste from slums from each household and places it in the closest large garbage collection depots or transaction stations must be developed. Municipal services can then clean the waste [49]. Slum dwellers' health risks can be decreased by better sanitation and greater knowledge of preventative social medicine. It is observed that the majority of slum dwellers reject the concepts of casteism, untouchability and pardah system. A very few numbers of residents feel inferiority complex as they reside in substandard living condition compared with the mainstream society. Asansol's slum dwellers are still far from standard quality of life [37].

The survey reveals that the respondents' and their family members' sexes are fairly evenly distributed. Of the responders in these four slums, 47.58% are women and 52.58% are men. According to the 2011 Census data, the urban population's sex ratio in Asansol is 938. Additionally, slum-wise sex composition shows that nearly every ghetto presents a similar image. Analysing the data reveals some surprising facts, such as the fact that just 1.37% of persons have attended school at age 60 or older. This study definitely reflects the urbanisation trend.

The analysis makes it evident that the majority of workers are employed in the informal sector, which is accessed through a variety of unofficial channels or networks of information flow known as "social capital" [40]. In actuality, these unofficial networks help the slum-based community [48]. The social capital's drawback, however, is that the contact person's and the new entrant's jobs frequently overlap, suggesting overcrowding and the frequency of low pay in several occupations [38]. Informal employment is the primary source of income for urban poor people, and social security programs have no place in this sector. Actually, it takes incredible policy planning with a pan-city approach to develop the administrative strategy and measures for creating separate social security plans for the urban poor [39]. Some actions are needed to improve the quality of urban livelihood in order to promote inclusive growth that includes the urban poor as well.

Abbreviations

HDR	Human Development Report
TB	Tuberculosis
ISD	Integrated Slum Development
UN	United Nations
RTI	Respiratory tract infection

Conflicts of Interest

The authors declare no conflicts of interest.

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