**Urban Poverty and Slum Development: An Empirical Case Study of Asansol, West Bengal, India**

**Abstract**

There are several facets to social development, including the chance for high-quality education, the acceleration of social integration, the promotion of productive employment, and the eradication of poverty. This study aims to examine the demographic, socio-economic, environmental, and health conditions of slum dwellers in Asansol, West Bengal, India. For the present study, 300 samples have been chosen through a random sampling method for the present research. Data is also collected and compiled from the books, reports, published and unpublished papers, leaflets, booklets, notes, Municipal records and Governmental circulars. Social development requires the poor to have access to resources for economic well-being and demands deliberate expenditures in social services, health, and education. Large shopping malls, multiplexes, skyscrapers, and opulent flyovers are all examples of the enormous development that major Indian cities are displaying. Slums are springing up everywhere because there is a severe lack of affordable housing for the poor, and the government is doing little to guarantee this. The people in slums live under the most deplorable conditions, with little access to effective social and health care services, potable water, or sanitation facilities and are therefore more vulnerable to epidemics and developmental challenges. It is also clear from the analysis that the majority of the workers are engaged in the informal sector or informal employment, which is accessed through various informal channels or networks of information flow designated as ‘social capital’. Moreover, vulnerability in respect of health arises from the under-funding of the public health system and its inability to provide comprehensive care, which is a major concern for the majority of the population. It was concluded that to foster inclusive growth so as to cover the urban poor, too, some interventions are required to make urban livelihoods qualitative.

**Keywords**: *Development, Slum, Education, Health, Hygiene*

1. **Introduction:**

“Over a billion people live in slums worldwide, and as urban populations continue to increase, this figure is expected to rise. Due to their socioeconomic struggles, lack of access to healthcare, education, and sanitation, as well as their increased vulnerability to health hazards, slum residents are often the focus of both scholarly research and policy initiatives” (Neelannavar & Kulkarni, 2025). “In a growing nation like India, the emergence of slums may be considered a by-product of urbanisation. Cities are a part of the fundamental changes in society that contribute to socio-economic development and modernisation since they are the final products of the socio-economic process that operates at the societal level. Regardless of their size, cities serve as hubs for development potential because they offer a wide range of employment options and communal amenities like health, education, cultural, technological, commercial, and industrial services. A significant portion of India's population has become urbanised as a result of economic, industrial, and service sector advances over the past three and a half decades. In addition to causing urban centres, especially cities, to grow quickly, it has also led to the formation of numerous new social groups during the development process” (Dandekar et al., 1960). “Despite the fact that cities play a significant role in the local economy, population pressure, environmental degradation, and a decline in quality of life pose major challenges for the urban poor in particular. The rural population migrates to cities for work/better living. Still, it often ends up in unsanitary housing clusters due to a lack of affordable housing, resulting in slums which provide substandard living conditions” (Shekhar & Ravi, 2023). “In the end, the size and dispersion of slums in India not only aid in our understanding that they are not unusual or pathological urban phenomena, but also serve as a sign of the persistent urban poverty that permeates the urban economy. Slum dwellers are referred to as urban poor” (Goswami et al., 2013).

According to HDR (Fernandes et al.1997), “a slum is a small, densely populated region with poorly constructed, crowded housing conditions, an unsanitary atmosphere, and typically insufficient infrastructure and sanitary and drinking water amenities. Slum living conditions directly affect people's health. The spread of slums in urban areas and the various health risks they bring with them are two of the biggest problems facing urban planners worldwide. However, slum expansion has been a major issue in cities all around the world” (Satterthwaite et al., 1995). Slum living conditions are typically filthy, defy all planned urban growth rules, and contribute significantly to the spread of numerous water-borne and airborne illnesses (Mistri et al., 2025). All planning programs that lead to greater economic and social development ultimately aim to increase human development and quality of life. The social indicators of health, lifespan, literacy, and environmental sustainability all show a high correlation between achieving economic wealth and improving one's quality of life. According to Davis (1965, 1962), these indicators are useful tools for creating appropriate policy efforts. The current study is a modest attempt to investigate the environmental situation of Asansol. Achieving sustainable development is a real problem for urban planners. In actuality, the fulfilment of human needs and desires is the primary goal of environmental development, together with the gradual transformation of the economy and society (Sen, 1987).

According to the ‘Slum Act’ of 1956, the conditions should be justified before the locality is declared a slum area. It gave the government the power to notify a particular area as a slum. Once notified, the government was legally entitled to intervene (Narayanan, 2023). Section 3 of the aforesaid act said that (Khilnani, 1997),

I. Slums are in any respect unfit for human habitation.

II. Slums are, by reason of dilapidation, overcrowding, faulty arrangements of streets, light or sanitation, or any combination of these factors are detrimental to safety, health or morale (Farber,1999).

“India’s ‘National Slum Policy’ was recently formulated against the backdrop of inadequate infrastructure availability in Indian slums, as slums have come to form an integral part of the phenomenon of urbanisation in India. Comprehensive information on the slums is essential for the formulation of effective and coordinated policy for their improvement. Formation and identification of slum enumeration blocks prior to the conduct of the 2001 Census have made it possible to compile and prepare special tables for slums. It is for the first time in the history of the Census in the country that the slum demography is being presented on the basis of the actual count. The systematic description of slums for the collection of primary data on their population characteristics during population enumeration itself may perhaps be the first of its type in the world” (Lalith, 2001).

Slum dwellers are more susceptible to diseases and developmental obstacles because they live in the most appalling conditions possible, with limited access to potable water, sanitary facilities, and efficient social and health care services (Banerjee, 1986). They require special attention in terms of family planning, public health, and reproductive health services because of their low socioeconomic status, low educational attainment, and high fertility and mortality rates. Unfortunately, for these slum population divisions, the opposite is true. The city's rapid slumification has led to widespread environmental deterioration. “The Indian Government has conceded that despite the 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 fuelled by ever-growing traffic” (Cleveland et *al.,*1999).

Numerous rural migrants moving to cities have 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 (Commission for Social Development, 2003). 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 (Heller, 2000). “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” (Verma, 2002).

“The poor do manage to find some work, but it is either not regular or in the unregulated sector with no guarantee of minimum wages and number of working hours” (Hatekar *et al.,*2003). “The skilled persons manage to get employed somehow, but the large majority of the unskilled people are forced to work in the unorganised sector. Some are even forced to be driven to begging, prostitution or peddling drugs in the hope of getting easy money” (Srivastava, 1998). “Poverty is an accepted situation. Today, urban poverty has been globally recognised as an important area, and the Millennium Development Goals adopted by the UN and accepted by India include the alleviation of urban poverty as one of the primary goals. The greater part of the rural migrants move to the cities not only for the new opportunities, but also to escape from the limitations of their traditional and conservative conditions” (Bourdieu,1984).

1. **Objectives of Study:**

The present study mainly focuses on 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 as follows:

1. To examine the demographic details and characteristics of slum dwellers.
2. To examine the nature and extent of slums and the factors responsible for growth.
3. To evaluate the people’s participation in the slum improvement programme.
4. To know the living conditions and infrastructural facilities available in the slum areas.
5. To study the health and nutrition level of slum dwellers.
6. To explore the level of general awareness among the residents of slums.
7. To see the various policy measures and programmes initiated by the government.
8. To review the environmental aspects of the city.
9. **Methodology:**

Sample Characteristics: For the present study, 300 samples have been chosen through a random sampling method for the present research. The respondents have many characteristics which are some extant heterogonous. Here, an attempt is made to cite a 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 the purposive sampling method to choose respondents. Purposive sampling is a sampling method in which elements are chosen based on the 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 Mohalla, 100 families from Kalyanpur and 17 families from Dildarnagar, proportionately distributed. During the study, the utmost privacy of personal data was taken care of, so that no ethical issue was compromised.

The data have been collected from secondary and primary sources.

1. **Secondary sources**: Data is collected and compiled from the books, reports, published and unpublished papers, leaflets, booklets, notes, Municipal records and Governmental circulars.
2. **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 an interview schedule.
	2. **Observation:** In order to collect data from the field and to understand the grassroots reality, it is planned to visit the slum personally on the basis of observation. It is also planned to attend formal and informal meetings to gain insights into the problems of slum dwellers of Asansol city. The field work was completed over 5-6 months.
3. **Review of Literature:**

Davis (1965), in his work on “The Urbanisation of the Human Population”, has stated that urbanisation is a process of transformation from traditional rural economies to modern industrial ones. It is a progressive concentration of population in urban units, and quantification of urbanisation is a very difficult and long-term process.

Desai and Pillai (1970) studied with a broad aspect on slums and urbanisation with their probable constraints and problems. The book “Slums and Urbanisation” dealt with the labour force and the process of industrialisation and its impact on the social life of people in slums. This book covered an important outline for social development (Baker, 1995).

Later on few eminent scholars like Gulzar, Mathur, and Agnihotri (1987) have given adequate light on the problems of slums in small towns. Further studies have been carried out on the socio-economic profile of urban slums (Radoki, 2002).

In ‘Gender and Slum Culture in Urban Asia’ (1994) by Thorbek said that one of the major consequences of the development process in third world countries had been large-scale migration of the rural poor to urban centres in search of work (Kirby, 1997).

Goswami in his study states that (2022) there are several facets to social development, including the chance for high-quality education, the acceleration of social integration, the promotion of productive employment, and the eradication of poverty. Social well-being is also defined as allowing each person to become more capable of controlling his own destiny through productive activities in the areas of economics, society, culture, morality, and politics, as well as to be able to take part in decisions that affect society as a whole. (Goswami, 2015)

1. **Socio-Economic milieu of the slum dwellers**

“The socioeconomic characteristics of the respondents—their age, sex, caste, religion, language, education, marital status, occupation, and monthly income—are the primary focus of this section of the paper. The respondents' general information is presented in the first section of the chapter, followed by their family history and socioeconomic standing” (Dubey et al., 1998). “Three hundred (300) Asansol city slum dwellers make up the sample size for this study. A thorough picture of the respondents' slum lives can be derived from their socioeconomic features. The analysis's specifics are shown below. One measure of social class is socioeconomic status. Each profession has a certain status and forms a group of social class. Variables such as income and education are closely correlated and act as the socio-economic indicators. Here, an attempt is made to understand the slum life in general” (Kar et al., 2000).

“In Asansol, there are two broad categories of slums: those that are officially authorised are called *bustees*. There are also a large number of squatter settlements, which are not authorised. These squatter settlements have grown up by the side of canals, large drains, garbage dumps, railway tracks and roads” (Mohan, 2004). The living conditions of the people living in these shanties are the worst. They do not have proper access to any basic amenities such as sanitation or water. There is always a stench in these areas, with many people usually being involved in rag picking, with garbage dumped outside their houses. In other words, this type of settlement not only faces tremendous problems regarding basic facilities but also causes environmental pollution (Lewis,1966).

1. **Environmental aspects of slums**

“Environmental changes may be driven by many factors, including economic growth, population growth, urbanisation, intensification of agriculture, rising energy use and transportation. Poverty still remains a problem at the root of several environmental problems. Poverty is responsible to be both a cause and an effect of environmental degradation” (Mitra, 2004). “The circular link between poverty and environment is an extremely complex phenomenon. Inequality may foster unsustainability because the poor, who depend on natural resources more than the rich, deplete natural resources faster, as they have no real prospects of gaining access to other types of resources. Moreover, a degraded environment can accelerate the process of impoverishment as the poor depend directly on natural assets” (Moser, 1986).

This area of study focuses on several environmental issues of slums. Because of the mushrooming population in Asansol, the problems of space and housing for all have intensified. Slums have become an inevitable part of the city. The proportion of the population in the city living in slums has been increasing over the years. The newly emerged province of Chhattisgarh has been undergoing massive changes since the beginning of the millennium. Asansol, which has become a corporation, is also witnessing rapid changes in terms of its social and demographic profile (Copenhagen, 1995)

“The people in slums live under the most deplorable conditions, with little access to effective social and health care services, potable water, or sanitation facilities and are therefore more vulnerable to epidemics and developmental challenges. Their low socio-economic status, low level of education and high fertility and mortality all indicate that they need special attention in terms of public health, family planning and reproductive health programs. However, unfortunately reverse is the case with such segments of the slum population” (Nayak, 2023). “Rapid slumification has caused widespread environmental degradation in the city. The government has conceded that despite the 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 fuelled by ever-growing traffic” (Obdbo *et al.,* 1988).

“These slums do not have a proper and systematic garbage disposal system; local people suffer a lot due to an unhealthy stock of rubbish. Provisions for the sanitary disposal of human extra and disposal of animal extra seem to be non-functioning. Solid waste or non-liquid waste materials arising from the domestic, trade, etc., is a vital problem in these areas” (Mohammed, 2004). “The lack of rigorous action or inadequate response of government agencies, there is no doubt of the positive role that slum housing plays in housing thousands of poor families. The main question of land ownership and overutilized infrastructure and services will, however, always remain unanswered. Successive generations of governments have recognised this, and a number of approaches have been adopted in finding a solution to the dilemma of squatting. The two popular approaches used by the public authorities have been settlement upgrade and sites-and-services. The slum people, after having organised themselves into a viable organization, have initiated negotiations with the land owner and have ‘shared’ the land, giving the prime locations of the land (for example, the side facing a road) to the owner and using the remaining for their housing, but in a more organized and improved manner (environmentally)” (Khan, 2008).

“As regards the sources of safe drinking water, the situation is best in Asansol, where almost the entire population has access to piped drinking water. However, a substantial population is dependent on hand pumps in many big slums in the country. Asansol faces a drinking water contamination problem during summer, when the temperature goes up to 48 degrees Celsius. At this time groundwater level goes down, and tremendous pressure on the water supply leads to the scarcity of water for daily use. Inadequate water supplies and the lack of sewage and solid waste disposal facilities make it difficult to maintain personal hygiene and cause major health hazards” (Banerjee,1986). “Housing and living conditions tend to be extremely poor, and some slum dwellers have to move during the monsoon, while others live under the threat of eviction, as described in more detail in this study. Slum dwellers are thus vulnerable due to their temporary and insecure working and living conditions” (Pande, 2021). “Those who work in the informal sector are rarely provided with monetary benefits, such as a pension, medical coverage, insurance, redundancy packages, or sickness leave. As slum dwellers are usually a more marginalised sector of society, their needs and rights are frequently not fulfilled” (Gupta *et al.,*2002). In slum areas, a negligible percentage of households reported having filtered drinking water or boiled water before drinking.

**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

1. **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 continuing medical treatment, which means a reduction of workdays and economic loss. Economic loss leads to an inability to invest in a clean environment. The vicious cycle continues” (Copenhagen, 1995).

“Poor education and ignorance lead to the continuation of wrong beliefs and unscientific attitudes towards health. The outcome is incomplete immunisation, insufficient gynaecological check-up during pregnancy, unsafe deliveries at home and improper post-natal care of mothers and children, especially in terms of diet and immunisation. Incomplete tuberculosis (TB) and malaria treatment lead to recurrences and relapses” (Hackman *et al.,*1976). “The unhealthy and polluted environment, lack of immunisation, malnutrition and absence of educational exposure affect children in slums. Sadly, their physical, emotional and intellectual growth is stunted from a very early age” (Tuker, 1975). “Access to community facilities and health centres in these settlements is limited and not inadequate. Across all surveyed slums, it is found that the health centres are not adequately equipped with medicines, and the households have to procure medicines from the open market. These health centres are also not equipped to provide antenatal and postnatal care” (World Commission on Environment and Development, 1987). “To overcome health problems, the corporation runs three maternity hospitals, one government hospital and several health centres located in various places in Asansol. The corporation has also started the Reproductive and Child Health Project, and it is being implemented through non-governmental organisations” (UNHCR,1996). “With their participation, many urban health centres have been established to provide better health services to women and children, particularly in slums and surrounding areas. There are also government dispensaries, which are visited by the poor. There is a need to strengthen health infrastructure, ensuring food and nutritional security; however, it is not enough. There are far too many vulnerabilities in the lives of the poor and those just above the poverty line” (ILO report, 1996). “Around 93% of our labour force works in the informal sector, without any form of social protection, especially against old age” (Mitra, 2004). “With growing migration of younger rural residents to urban areas, elderly parents are often left behind in the village to cope with their own, or have to be dependent upon women who also have to tend to the family farm, as agriculture feminises with growing male migration. Old-age pension is thus becoming a crying need for those dependent on insecure employment in the informal economy, as well as for parents left behind” (Beall, 1995). Moreover, vulnerability in respect of health arises from the under-funding of the public health system and its inability to provide comprehensive care, which is a major concern for the majority of the population.

**Table 2.**

**Health Status of Slum Dwellers in Asansol**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of People** | **Nature of Health Problems** | **Treatment sought**  | **Proximate causes** |
| Male | Chest Pain  | Medication fromprivate/governmentsources | Smoking *bidis* |
| Headaches  | Self-medication  | Tiredness |
| Congestion  | Governmenthospital/privateclinics | Smoking *bidis* |
| Abdomen Pain | Governmenthospital/privateclinics | Alcohol/bad qualityof drinking water |
| Tuberculosis  | Government hospital  | Hereditary |
| Ear bleeding  | Private doctors  | Don’t know |
| Female | Weak Eyesight(irritation/watery eyes) | None | Work related – fineembroidery work / sap sorting |
| White discharge  | Mediation  | RTI infection –complication in pre-post pregnancy stage |
| Reproductive Tract Infection/Urinary Tract Infection | Medication  | Lack of bathing units and toilets for daily use |
| Acute tiredness  | Standards pain killers  | Inadequate foodintake / long working hours/ heavy work load |
| Rheumatism  | Medication  | Inadequate nutrition – vitamin and mineralDeficiency |
| Mental stress/tension  | None | Overall livingConditions |
| Severe back aches  | Standard pain killers  | Work related bothhousehold andother |
| Headaches  | Standard pain killers  | Inadequate foodintake/workenvironment andoverall livingconditions |
| Joint pains  | Medication fromgovernment hospitals | Inadequate foodIntake |
| Male Child | Ear bleeding (water)  | Government / privatedispensaries | Don’t know |
| Fever  | Private doctors(quacks) | Infection- weakimmune systems |
| Cough  | Private doctors(quacks) | Seasonal - weakimmune systems |
| Congestion  | Private doctors(quacks) | Seasonal - weakimmune systems |
| Boils  | Home remedies  | Seasonal |
| Indigestion  | Private doctors(quacks) | Weakimmune systems |
| Malaria (dengue) | Governmenthospitals/clinics | Open garbage dumps/dirty open drains/ stagnantwater holes |
| Female Child | Weakness/fainting  | None  | Inadequate foodIntake |
| Period pains  | Medication | Natural |
| Tiredness  | None  | Heavy school/work load |
| Tuberculosis  | Government hospital  | Hereditary – weakimmune systems |
| Indigestion  | Private doctors(quacks) | Seasonal |
| Leucoderma | Government hospital  | Skin disorder |
| Conjunctivitis  | Private doctors(quacks) | Seasonal infections |

Source- Medical Report 2021 in the local newspaper.

1. **Discussion and Conclusion** :

“The rapid growth of the urban population poses serious challenges in terms of the provision of basic minimum services. Slums are an outcome of an imbalance in urban growth resulting from the over-concentration of economic resources in Asansol. Integrated Slum Development Programme (ISD) offers, in a way, a vision for slum areas, in which the slums may be considered an integral part of the city and planning. 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” (World Bank sector policy paper, 1975).

“Slum problems are widespread and multidimensional in nature; therefore, they can be solved by comprehensive programmes. Infrastructural development and civic amenities are required adequately. After bifurcation from East Burdwan, Asansol’s formation as a corporation has brought qualitative and quantitative changes among the slum dwellers. Environmental degradation is a general phenomenon in slums” (Gandhi, 1996). “Therefore, a system has to be evolved whereby the garbage from slums can be collected from each household and placed in the nearest big garbage collection depots or transaction stations, and after that, it can be cleaned by municipal services. Improved hygienic conditions with increased awareness of preventive social medicine can reduce the health hazards in slum residents. It is noted that a large number of slum dwellers do not believe in casteism, untouchability, and the pardah system. A very few number of residents feel an inferiority complex as they reside in substandard living conditions compared with the mainstream society. Asansol slum dwellers are still far from the standard quality of life” (WFP, 2002).

“The study shows a very balanced sex composition of the respondents and their family members. Within these four slums, 52.58% respondents are male and 47.58% respondents are female. In Chhattisgarh, the sex ratio of the urban population is 938 as per the 2011 Census report. Slum wise sex composition also reveals that almost all the slums are exhibiting the more or less the same picture. Remarkable information is coming out while analysing the data that only 1.37% people are aged 60 years and above. The trend of urbanisation is clearly reflected in this study. It is clear from the analysis that the majority of the workers are engaged in the informal sector or informal employment, which is accessed through various informal channels or networks of information flow designated as ‘social capital’” (Narayan, 1988). “In fact, the existence of these informal networks facilitates the slum based. However, the limitation of the social capital is that the job of the new entrant and that of the contact person tend to be the same, implying overcrowding and prevalence of low wages in certain activities”(World Bank Development Report, 1992). “The livelihood of the urban poor is determined by informal employment, which has absolutely no place for social security programmes. The initiatives and administrative approach for formulating the social security plans separately for the urban poor, in fact, requires stupendous policy planning with a pan-city approach” (Zannat, 2008). To foster inclusive growth so as to cover the urban poor, too, some interventions are required to make urban livelihoods qualitative.

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