1. Research Design:

Reviewing a wide range of literature on health aspects of slum population from both the national and international spectrum, it has been realised that one third of urban population lives in slum. The slum is a distinctive sub-cultural group within the larger socio-economic environment. It is frequently swept by epidemics of cholera gastroenteritis diarrhoea etc. It has been understood that the precarious socio-economic and sub-standard living conditions of the slum dwellers impede the attainment of good health in the process of urbanisation. As far as organic linkage with the urban development schemes are concerned, there is no urban basic services for a comprehensive development of health and family welfare. More precisely there is no attempt to understand health culture as a sub-cultural complex in developing a model of urban primary health care services specially for the slum population. In this context, the
present study is therefore an attempt to understand the state of slum health activity ascertained from the axiom of culture making manifest the dynamics of health culture in the complex urban social system and its process of urbanisation. The aim of the present research is to understand how different forces and approaches of health culture are determined in the larger socio-economic conditions of the people and to explore the pattern of health culture of slum dwellers.

For the attainment of the aim and objective, a field survey was conducted in two slums of Gwalior city by a comparative manner. Sample size of the survey was a total of 300 households i.e., 200 households from the unauthorised slum Muriya Pahar and 100 households from the authorised slum Kampoo, every fourth and every sixth households were selected respectively on the basis of systematic random sampling from the list of the total households. The main tools of data collection were interview schedules and check-list. And the techniques of the data collection were interview, group discussion, case reports and observation. This is a brief statement about the design. The details of the study are given below:
2. General Objective:

This study will focus upon the dynamics of health culture of slum dwellers and to explore how these are determined by the larger socio-economic patterns.

3. Specific Objectives:

1) To study the existing perception, behaviour and action in health seeking process and culturally determined attitude towards use of different system of medicine;
2) To study the socio-economic and political background of the slums;
3) To find out the facilitating or inhibiting factors responsible for the accessibility to, availability of and affordability for health care institutions and to compare the variability in acceptance of health services on account of community's socio-economic background;
4) To identify critical factors that were most amenable for improving the utilization patterns of the existing health services in the light of above objectives.
4. Methodology

To achieve the objectives mentioned above, two slums namely Muriya Pahar and Kampoo in the city of Gwalior were chosen. The rationale for the selection is given below.

(1) Being one of the biggest provincial state in India, Madhya Pradesh (MP) has got an increased population during the last decade. But urban population of the state as percentage of the total population has been increasing more than before.\textsuperscript{167} In 1981 there was a total of 10,586,459 urban population out of the total of 52,178,844 state population as a whole. The percentage of urban population of the total population was 20.29\textsuperscript{168} In 1991 it has increased to 15,384,047 as urban population and 66,135,862 as the total population. Recently about 23.21 percent of the total population has been concentrated at different urban areas in the state. The decennial growth rate of the total population in M.P. has come to 26.75 during 1987-91.\textsuperscript{169} The percentage of population growth in urban areas has become higher than rural areas. It has been to 22.11 percent in rural and 44.98 percent in urban areas. According to 1991 census, there were 433 towns
existing all over the state. Among them class-I with 1,000,000 plus population of urban agglomerations or towns has been increased to 23. About 50.38 percent of the total of 7,733,253 urban population has been concentrated in this category of towns. Similarly, 29 class-II towns having 50,000 to 999,999 population have increased their population with 13.94 (2,138,969) percent of the urban population. Rest 46 class-III towns with 20,000 to 49,999 population have covered about 1,464,591 urban population of the state. 170

(2) Gwalior city has been designated as the forth largest city with a total of 720,068 urban population. 171 According to 1991 census, there were 390,293 male and 329,775 female population in the city. During 1981-91, the decennial growth rate was 29.54. 172 But according to the district's annual report, the city has got a total of 770,150 urban population in its urban agglomeration whereas, Gwalior Municipal Committee report has figured out a total of 692,982 population within the boundary of the Municipal Corporation. 173 A total of 217,624 population of the urban Municipal areas has been concentrated over 107 slums. It has shown that about one third of the urban population has been carrying out their livelihood staying in the slum areas of Gwalior city. 174
In addition to 107 slums listed by Municipal Corporation, Gwalior, there were some non listed and unauthorised slums in the city. In these slums the dwelling members, mostly the poor people has increased quite a lot in the recent past.

(3) The district statistical report of Gwalior has again shown that in 1991 there was a total of 1,414,948 population in the district as a whole. Rural areas of the district were covered with a total of 580,951 population. While the urban areas, population coverage has increased to a total of 833,977. The district has been recorded as 772,601 male and 642,347 female. The geographical boundary of the district was confined with 5214 sq. km. rural sector and 311.3 sq. km. urban sector. The density of population in the district was 2679 per sq. km. in 1991. Rural density of population was 119 per sq. km. whereas urban density of population was 271 per sq. km. In 1991 female per 1,000 male were 831 in urban area and 823 in rural area. The percentage of urban population was 58.94 of the total population. The decennial growth of the district population was 27.72. In urban area it was 36.85. Annual population growth rate of the district was 2.446 per year. In urban area it was 3.137.
(4) There are different health institutions directly and indirectly involved to provide health services in Gwalior. There is a large governmental health care establishment including one Medical College, one Ayurvedic College, one District Hospital, one Mental Hospital, three Civil Hospitals, three Maternity Homes, twenty three Ayurvedic Dispensaries, eleven Civil Dispensaries, five Homeopathic Dispensaries, one ESI Hospital, nine ESI Dispensaries, two Post Mortem Centres, one Nursing Home and one temporary Leprosy Hospital.¹⁷⁶

In addition to these, there were some other health institutions such as one Birla Health and Research Institute, one Cancer Research Institute, three Voluntary Family Welfare Institutes, eleven Municipal Corporation Dispensaries, fifteen recognised Nursing Homes, one Railway Hospital, one Army Hospital. Apart from these, there were six Primary Health Centres (PHCs), one hundred and nine sub-centres, one General Nursing Training Centre, one Lady Health Visitors Training Centre. These were basically meant for the purpose of rural health services in the district of Gwalior.¹⁷⁷

However, poor urban slum dwellers were practically not having full coverage by the above existing health institutions. Of course, there were urban Family Welfare
Centres and Mobile Van Health Care, but they have stopped functioning for slum population. Beside, a large number of local health care providers including RMPs, private practitioners, Quacks etc. were quite pre-dominant in slum areas. It has been increasing while the public health care service provider institutions including civil dispensaries and homeopathic dispensaries have gone far away from, instead of facilitating to the catchment population dwelling in slum areas.

(5) Municipal areas of Gwalior city were divided into 52 wards. These wards were again grouped into 14 Zonal Units for administrative purposes. Out of a total of about 150 slums only 107 slums have been listed by the Municipal Committee and considered as authorised slums. Rest of them are considered as unauthorised though they are provided with water and electricity facilities. The main distinction between these two categories of slums was that unauthorised slums were not given any 'Patta' that is the possession right of housing plot for legal procedures. The residents of such slum were not allowed to get ration card facility, but some of them somehow managed their ration cards by different means and ways. Both category of slums were conditioned by different nature of
socio-economic and political forces including their different geographical areas.\textsuperscript{178}

Both the categories of slum are dispersed mainly at three localities.\textsuperscript{179} They are Lashkar area, Old Gwalior area and Morar area. Lashkar area has got composition of a large number of slum concentrations. It is consists of Shinde Ki Chhawani, Near Railway Bridge, Patankar Bada, Ganji Mohalla, behind Santi Nagar, Kasai Khana, Laxmi Ganj, Jhansi Road etc. While Old Gwalior area has consisted of Near Fort End, Hazira, A.B. Road, J.C. Mill, Ashok Talkies etc. But Morar area has got another composition of Behind Hospital Road, Emergency Quarters, Gandhi Road, Repatpur etc. A map of Gwalior District is given highlighting the urban areas.

5. Procedures Followed in the Study:

a) Selection of the Study Area:

One of the criterion for selecting slums was authorised and unauthorised status given by the Municipal Corporation, Gwalior. Two slums selected for the study were Muriya Pahar which was an unauthorised and Central Kampoo that was authorised by the Municipality. This was
possible because, the researcher had opportunities to visit Gwalior city frequently. Before selecting the slums, the relevant documents and reports of the Municipal Corporation and annual reports of the district have systematically been reviewed. In addition, a brief group discussion was performed at the district on the issues and perspectives of slum population and their health service development in the city of Gwalior. Under the leading participation of the Municipal Commissioner, Gwalior, it was possible to get an insight of the problem. An in-depth interview was also conducted with the Commissioner getting more knowledge on the subject.

b) Description of the Study Area:

Muriya Pahar slum is locally known as "Ramnagar Basti". This slum has been selected for the study due to certain reasons:
(1) It has been situated within a distance of one kilometer from and behind Gwalior Medical College.
(2) Muriya Pahar has been considered as an unauthorised slum. Most of the residents of the slum do not have formal 'Patta' i.e. the possession rights of land and houses.
(3) Geographically this slum has encompassed a little plateau or hilly tract. Most of the houses were constructed on the slops. From outside, it looked like an umbrella shed concentration of the people at the periphery of the city.

(4) The locality was heavily congested with a total of 5605 population.

(5) It has fallen under ward no. 52 and 14 number zonal unit of the city or Municipal Administration.

(6) This slum was situated about six kilometer away from the Central Gwalior and about four kilometers from Gwalior rail station. It was on the south and beside Jhansi Road.

(7) Finally, this Muriya Pahar came under Lashkar area where a large number of slums were constituted.

The second slum, Central Kampoo has also been known as "Sekandar Kampu". It was situated on the south, nearby and about two kilometer away from the central city shopping centre, Bara and about two kilometer away on the west from the Medical College. This was an authorised slum and quite an old basti. It came under ward no. 46 and zonal unit no. 9. This Kampoo slum constituted of a total of about 2684 population.

These salient features were made clear in the descriptions, so that identification of both slums could
be easier for further investigation. Knowing the facts from these slums it was helpful to understand the complex phenomenon in the process of urbanisation, industrialisation, determining forces of health culture and health seeking behaviour of slum population in the city of Gwalior. The physical structures were drawn for identification of the slum areas.

c. Sampling Procedures:

A total of about 5000 population from both the slums selected were covered under the study. In order to get quantitative dimensions of the qualitative data on health culture of the people dwelling in the slum of Gwalior city, a household survey was conducted in a representative sample of 300 households. The objectives of this sampling design were: i) to have a separate independent estimation of the information collected for different types of slums in Gwalior and ii) to provide reliability of such facts by both qualitative and quantitative dimensions.

To achieve these objectives a two stage stratified sampling design was initiated in the study. At the first stage the slums of Gwalior city were grouped into three
homogeneous categories such as Lashkar area, old Gwalior area and Morar area. Homogeneity was sought with regard to the nature and location of the slums. Consequently out of these, only two category of slums were identified and taken under study as i) new slum settlement which was unauthorised slum with a total of about 1030 households and ii) old slum settlement which was authorised slums with a total of about 450 households. Thus, Muriya Pahar slum represented Lashkar area as newly slum settlement while central Kampoo represented old Gwalior area as old slum settlement in the city.

At the second stage, irrespective of caste, religion and language all 'mohallas' or 'galis' of both the slums were grouped to form a homogeneous cluster. Characteristics of such homogeneity were considered to be same for both the slums. Within the clusters formed, each household was visited and verified their physical existence in the slum. Consequently a list was prepared including the name of the heads of household and composition of family sizes. Out of total 1030 households at Muriya Pahar, and 450 households at Kampoo, every fourth and every sixth households were selected on the basis of systematic random sampling. Thus, 200 households
from Muriya Pahar and 100 households from Kampoo were covered as a total of 300 sample of the study. The heads of these household were interviewed by administering the interview schedules for qualitative and quantitative information of the problem under study.

d. Tools and Techniques of Data Collection:

For collection of data the standardised methods that have been commonly used in the sociological research and anthropological studies were applied in this study. They were universally accepted as 'interview', "observations" and case study. Since, the present study was considered as a socio-anthropological study, the above mentioned methods for data collection were considered to be the most relevant to rational judgment of the information collected.

i) Interview: In order to achieve the objectives of the study a semi structured interview schedule was prepared for collecting quantitative data and these were administered to the heads of the sampled households. Thus, the heads of a total of 300 households were interviewed. The main aim of this interview was to get a total picture of the house or family regarding the entire
life pattern in the context of the slum situation and even wider world as well. In the process of interviewing respondents, the households were the basic units of the study. In fact, the interview schedule has consisted of 107 parameters of the relevant aspects and issues on the subject of health culture and socio-economic life pattern of the slum population. Questions asked to the respondents were mixture of both structured and unstructured forms, and the contexts were grouped into about 10 sections.

In depth interviews were conducted for the key respondents for qualitative data on the subject of details. A check list of 23 major focus areas of the study problem was prepared after pre-testing the schedule.

ii) Observations: Qualitative and quantitative data were verified by observation at the time of interviewing respondents and recording data on the sheets of the schedules. Observation were also extended to establish validity and reliability of data collected. Physical check up and drawing maps of the locality were done through observation. In the process of gathering information from different sources, the researcher was very active, observing the situational environment and noting down the relevant information as for example public
iii) Case study: A number of case reports were developed in detail on different aspects of the problems. These have been considered as case study to establish a deep understanding of the qualitative data collected from different key respondents and some of the heads of household. All case reports have been presented in the text as the contextual references of the subjective parameters determined so far. These were basically in depth qualitative overview established from the side of the people dwelling in the slum areas and were of great use in understanding the real implications of the problem under investigation.

e. Analysis of Data Collected:

The study is based on primary data. To achieve the objectives some secondary data were also collected for strengthening the facts and figures of the problems.

i) Qualitative Data: In order to maintain consistency and cohesiveness of the subject parameters all qualitative data were classified and coded for analysing the facts in relation to the objectives of the study. In this process, it was found that there were about 58 dominant parameters.
These were systematically arranged. Finally, these data were noted down on the separate sheets of paper. It was done after summarising the facts and putting them into right context for the interpretation.

ii) Quantitative Data: Data collected through interview schedules were processed as statistical information of the qualitative data. In order to get such quantitative information first of all interview schedules filled up with the responses of 300 heads of the household were carefully scrutinised. Secondly, all parameters leading to the responses were coded for making systematic computing. Thirdly, these coded frequencies were picked up from the interview schedule and put into the master sheet of computer data code sheets. Fourthly, these coded data were fed into the computer and operating SPSS programme in the computer, output data were taken out as variable wise tables. Finally, different tables were made according to the parameters or variables of qualitative data and supplemented as quantitative support to the qualitative information. Thus, these were analysed and interpreted establishing the subject of health culture of the slum population.