Chapter - 6

Summary and Conclusion
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Summary:

The present study had been made for assessing the social and psychological problems of living in high-rise buildings of Kolkata city. The probe had been proceeded with certain specific aims which had already been mentioned in the Chapter — ‘Methodology’.

In pursuing the aims some hypotheses had been formulated by the present investigator. The hypotheses had been mentioned under ‘Methodology’.

In course of the investigation certain tools were used, namely,

(i) **General Questionnaire** (related to housing) containing items like name, sex, age, address, education, occupation, family size, monthly family income, no.of rooms, floor no. etc. was developed by the present investigator.

(ii) **Housing Environment Perception Inventory** consisted of two parts, namely, Part-1 and Part-2. Part-1 was designed by the present investigator to assess the perception of housing environments by the concerned residents. It consisted of 48 Likert-type items which were arranged on a 5-point scale ranging from ‘completely agree’ to ‘not applicable’. Part-2, developed by Dasgupta and Nandi (1988) was a Semantic Differential Scale containing 25 bipolar items having 9-point scale continuum.

(iii) **Depression Scale** – It was the adapted Bengali version (Dutta and Dasgupta, 2002) of D-Scale of the MMPI-2 (Hathaway and McKinley, 1991).

(iv) **Loneliness Scale**, developed by the present investigator consisted of 20 items for measuring the nature and amount of loneliness experienced by the concerned residents.
(v) **Life-Environment Integration Inventory** – The scale developed by Dasgupta and Bose (1984) provided relevant information regarding adolescents’ adjustment pattern, personality problems, group cohesiveness and social belief pattern. The four different areas explored by the scale were – Constitutional factor, Home Adjustment factor, Personal-Social Adjustment factor and Personal-Societal Adjustment factor.

The present study was conducted on 256 adults and 86 adolescents dwelling in high-rise buildings and an equal number of adults and adolescents residing in non-high-rise buildings situated in different regions of Kolkata city (South, Central, North and East). Such selection of subjects was made on the basis of stratified random sampling technique. The selected subjects possessed the following criteria:

1) All the adult subjects were residing in their present houses at least for the last five years;
2) All of them were literate;
3) All of them were willing to participate in the study;
4) All selected adolescents were belonging to an age range of 13 to 19 years;
5) All of them were literate;
6) They were willing to participate in the study;
7) both the adults and the adolescents willing to participate in the study were well conversant with the Bengali language.
8) Not more than one adult and one adolescent were selected from each apartment of the high-rise and the non-high-rise buildings.

Data were collected from the subjects in two separate test sessions as per a pre-planned programme schedule. In the first session, General Questionnaire, housing
Environment Perception Inventory – both Part-1 and Part-2, Depression Scale and loneliness Scale were administered on one adult member of each of the selected households. In the next session, Life-Environment Integration Inventory was applied on one adolescent of the same family, subject to availability.

After collection the data were carefully scrutinized. Then the scoring and tabulation were done separately for each type of the households – high-rise and non-high-rise, taking into account the age levels (below 35 years, 35-50 years, 51-60 years and above 60 years) and genders of the concerned subjects. Thereafter, the statistical analyses of the tabulated scores were done.

The findings of the present study reflected that high-rise and non-high-rise dwellers differed significantly with regard to majority of the general characteristics like education, occupation, monthly family income, number of living rooms, per capita living space etc. In so far as the perception of housing environments (assessed by H.E.P. Part-1 and Part-2) was concerned the two groups of residents of both high-rise and non-high-rise buildings belonging to the age groups of 35-50 years, 51-60 years and above 60 years, irrespective of their genders differed substantially. No such difference was, however, detected in the perceptions of high-rise and non-high-rise dwellers of below 35 years of age. The assessment of nature of perceptions made on the basis of average scores of H.E.P. Part-1 revealed that the male residents of non-high-rise buildings coming under the age groups of 35-50 years, 51-60 years and above 60 years perceived their housing environments more favourably than their high-rise counterparts. In case of the male residents aged below 35 years, the trend was, however, reverse. Regarding the female subjects it was found that the non-high-rise residents of all the four age groups had more positive perceptions of housing environments in comparison to the high-rise ones. The
unfavourable perceptions of high-rise dwellers were reportedly due to the problems relating to security service, maintenance of the buildings, elevator service, inadequate open space, lack of adequate car parking space and play areas for children, fire-fighting arrangements, noise and vibration, obstructed visual privacy etc. Results found in H.E.P. Part-2, however, indicated that perceptions of housing environments of both males and females of all the four age groups living in non-high-rise buildings were more favourable than the high-rise dwellers since the high-rise residents perceived their housing environments as inadequate in size, unattractive, uncomfortable, inconvenient, uncomfortably warm, irritating, unsafe, full of bad neighbours and located at sparsely populated areas etc.

A comparative assessment of the physical health status of the two groups of inhabitants residing in high-rise and non-high-rise buildings revealed that though both groups of residents were suffering from ailments like high blood pressure, cardiac problems, asthma and respiratory troubles, diabetes, arthritis etc the incidence of such diseases was significantly higher amongst the high-rise occupants thereby causing poorer health perceptions in them.

In spheres of general mental health, problems like neurotic disorders, drug addiction, alcoholism etc were found in existence amongst both groups of residents but the perception was substantially greater in high-rise households making the perceptions of high-rise dwellers much poorer on this count.

In so far as the feelings of loneliness and depression were concerned the high-rise dwellers — both males and females belonging to all the four age groups were found to be more negative in their feelings. In case of males, however, insignificant differences were
found among the depression scale scores of high-rise and non-high-rise dwellers irrespective of their age groups. In respect of the loneliness score, a significant difference was marked only in the age group of above 60 years but differences were insignificant in the other three age groups. Significant differences in the feelings of depression and loneliness were recorded among the two groups of female inhabitants belonging to all the age groups excepting those of below 35 years.

A significant difference was also noted in the social interaction patterns of the high-rise and non-high-rise dwellers. The findings indicated that the majority of both types of respondents reported having fair relationships with their neighbours, some respondents expressed kind of impersonal feelings towards the neighbours and a few others admitted about having strained relationships with the neighbours; such strained relationship, however, was found to be proportionately high amongst the high-rise dwellers.

The findings centered around the adjustment patterns of the adolescent boys and girls residing in both types of buildings reflected that the high-rise group expressed somewhat negative perceptions about all the four areas under investigation (Constitutional factor, Home Adjustment factor, Personal-Social Adjustment factor, Personal-Societal Adjustment factor) compared to the non-high-rise group. A gender-wise study, however, indicated that the adolescent girls of high-rise buildings did not differ significantly from their counterparts of the non-high-rise buildings in terms of any of the four factors mentioned above. In so far as the adolescent boys were concerned significant differences were noted in the attitudes of the two groups, namely, high-rise and non-high-rise residents, only towards the Personal-Social Adjustment factor.
Concluding Remark:

To sum up, the present study has been aimed at portraying a picture of the social-psychological problems of the high-rise vis-à-vis the non-high-rise residents of Kolkata city. The study is but a probe to highlight those spheres which need further exploration and more in depth analyses on a broader perspective having consideration of cross-cultural issues as well as the notion of sustainable development for future expansion of metropolis. Admittedly vertical expansion of the cities is the only remedy to the problem of scarcity of land space resulting from population explosion and erection of high-rise buildings is inevitable. The responsibilities of the promoters and builders should not be restricted only in providing accommodation to people in high-rise apartments but at the same time they must ensure proper environmental facilities to the dwellers so that they may live comfortably and peacefully without anxieties and apprehensions. On the basis of the present study some suggestions in this regard are placed below for consideration:

a) The security service may be upgraded by:

• proper checking round the clock of the visitors and their belongings at the gates using sophisticated gadgets like metal detectors;
• restricting unauthorized entries;
• engaging security personnel from registered agencies;
• overall supervision of the security guards to ensure that there is no lacuna on their part;
• inspecting the roves and the basements of the buildings on a regular basis;
• installing intercom system compulsorily etc.

b) The fire fighting arrangements may be made more adequate by:

• keeping provisions for fire escapes and fire extinguishers in each floor of the high-rise building;
• ensuring the capacity of the fire extinguishers duly proportionate with the size of the building and the number of residents;
• regular maintenance of the fire extinguishers;
• proper training of the inmates of the buildings regarding the use of fire escapes and extinguishers.

c) To improve the car parking facilities ‘one family – one car’ system may be introduced.

d) Some restricted place inside the building may be earmarked for children as their play ground.

e) Adequate space for recreational facilities like library, indoor games etc may be provided for in the intervening floors of the buildings.

f) Medicine shops, groceries and provision stores may be set up in the ground floors of the buildings for convenience of the residents.

g) Insulation of the inner walls of the apartments may be upgraded to avoid the incoming of external sounds and maintain the privacy of the inmates.

h) The inter-se socio-cultural relationships and interactions amongst the residents may be facilitated by arranging the events like annual picnics, sports, feasts, festivals etc.

i) Round the clock medical unit consisting of doctor, nurse, ambulance etc may be made available to the dwellers of the buildings.

Finally, it is submitted that the present study could have been more exhaustive and satisfactory if more moderator variables like economic status, the amount of choice among residences a resident had, the building's location within the urban fabric, culture, dwelling design etc could be taken into account and worked upon but due to the time-bound nature of the study coupled with the fact that it had to be done by a single investigator such deficiencies, perhaps, remain unavoidably present.