Chapter-VII

Findings from qualitative analysis

7.1 Introduction

Qualitative research is a type of formative research which includes specialized techniques for obtaining in-depth responses about what people think on a particular issue and how they feel about that, if applied properly, qualitative methods endow with in-depth understanding of emotional and contextual aspect of human responses rather than the objective and measurable aspects. It is often conducted to answer “why” and “how” rather than what a skillful use of various techniques of data collection can maximize the quality of data and reduce the chance of bias. Depending upon purpose of the study, it is recommended to combine both, quantitative and qualitative techniques rather than using one of them in isolation.

In view of above, this study has included qualitative research techniques to supplement the information collected through quantitative survey. The qualitative techniques adopted were:

a) Focus Group Discussion (FGD) and
b) In-depth interview

One FGD both among males and females separately was conducted for the selected slums. Similarly two in-depth interviews from each of three slums were conducted. As such 6 FGDs and 6 in depth interviews among stakeholders of the slums were conducted with regard to the living condition of the slum dwellers. Lastly, groups of youth were also contacted to have some information about themselves and their localities as a whole.
7.2 Focus Group Discussion

7.2a Importance and need to conduct FGD:

A FGD is a Group Discussion of approximately 6-12 persons guided by a facilitator, during which group members’ are made to talk freely and spontaneously about a certain topic. The purpose is to obtain in-depth information on concepts, perceptions and ideas of a group. It aims to be more than a question – answer interaction. The idea is that group members discuss the topic among themselves, with guidance from the facilitators.

In certain respects, FGDs are relatively easy to undertake. In particular, it has the efficiency to interview a number of people at the same time, and also results can be obtained in a reasonably short time span. Social interaction within the group yields free and more complex responses, due to interactive synergy, snowballing, spontaneity and security of participants within the group. In short, people tend to express views that they might not express in other settings or if interviewed as individuals. The researchers can probe for clarification or greater detail and unanticipated but potentiality fruitful lines of discussion can also be pursued. Responses have high face validity due to the clarity of the context and detail of the discussion.

FGDs can work well with any particular population as well as with a diverse population. This includes people who may have limited education, modest verbal skills, low self-esteem and lack of prior experiences in expressing personal views.

The FGD method is designed to explore in a group setting, what people think and how they feel about a particular issue. The group consists of participants, a moderator and a recorder. The goal is to get as much information as possible. Open discussion is
encouraged under condition of complete confidentiality. Group interaction is used to probe and bring out additional information. The moderator stimulates the discussion and keeps it on course. Both concrete information and opinions are considered relevant. Every response is considered valid. There is no attempt to support or criticize any response, resolve any issue, address any individual problem or concern or reach any conclusion. The goal is only to gather as much information from as many different viewpoints as possible.

Steps in the FGD process are as follows:

1. Formulate the research question
2. Identify and train moderator
3. Prepare, pre test and revise the interview guide
4. Develop the sampling frame, i.e., to decide what type of people will participate in FGD
5. Recruits participants
6. Make arrangements for the settings and equipment,
7. Prepare data, analyze and, finally the report

The FGD of this study hovered around following factors:

a) Housing condition

b) Living condition including back ground characters

c) Occupation

d) Expenditure
11. **Housing condition:** Majority of the male who participated in the focus group discussion was of less than forty years of age and was educated up to middle school. Quite a significant proportion of males said that they lived in rented house which was pucca i.e. wall, floor and ceiling were made of pucca materials but females had a very different opinion. They opined that though the houses were rented but it was made of semi pucca materials i.e. wall and floor were of pucca materials but ceiling was not made of pucca materials but was made up of asbestos sheet and ceiling needs repair every year before the monsoon.

12. **Living condition:** Men said that their houses were sufficient for their families’ but women complained that their houses were congested. In case of water, both men and women said that water was supplied to them through public tap but on certain occasions water was supplied to them by water tanker. Sometimes they have to pay Rs. 5/- to Rs. 20/- for getting a gallon of water. In rainy season the water is used to be very dirty and hazardous to drink. They don’t have toilet facility inside the houses. There are common toilets managed by Mumbai Municipality or by the community members. Since the toilets are situated little
away from the main locality, women sometimes feel problem in utilizing the same
while male opined that they never faced any problem in toilet use. Women said
that cleanliness is not maintained in the toilets and they often have to pay Rs. 1
for single use.

13. Occupation: A sizeable number of residents of the slums were students of age
range 10–22 years. The males were mainly earning their livelihood by doing some
kind of daily wage works. The women said that there were many students among
the slum dwellers but majority of them were boys. It clearly indicates that not
many girls were attending schools. The women were mostly housewives or
engaged in domestic works or worked as domestic servants or bai (*Domestic
servant*) in the nearby localities. The fact that more women work as housemaids
also an important factor which affects many girl children’s schooling. As girls are
always persuaded to do household chores since childhood.

14. Expenditure: When asked about expenditure on certain items of the household
men said that majority of expenses are done by them, very fewer amounts of the
expenses are shared by the working children or by partner. Since a significant
number of youth were unemployed, the mother has to shell out a quite a bit of
amount as ‘pocket money’ for the children. Though the children got money from
the father, they secretly asked for some money from their mothers’ too. In case of
a family where a son or daughter was also employed, some amount of household
or other expenses were shared by the working children but this practice was very
uncommon. The women said that during festival time the boys/sons brought some
clothes for them or for unmarried daughters/ sister.
15. **Entertainment:** Men as well as women reported that they get very tired of their duty/jobs. They did not get enough time to visit their relatives. The men said that as a part of entertainment they took their wives and children to their relative’s house/ market place/ mall/ cinema hall. This could be possible only during holidays or weekends. The women said that they hardly go out for entertainment, such as to cinema halls or to see a drama or natal. Some women said that they are really fed up of daily work schedule and they need a break from the works. Majority of the males were member of some political organization. They attended meetings whenever they had time but not even single women said that she is member of any organization. The women opined that they are over burdened with the daily routine of household work. They never get time and opportunity to join or become members of any political/non political/ social organization.

16. **Food habit:** In order to know the life style and way of living condition, it is important to know about the food habit of the slum dwellers, accordingly the men and women were asked about the food habit of their family members. Unanimously both men and women said that their family members like vada pav and missal pav. The men were of the opinion that on holidays or festival days special food should be prepared. They will bring non vegetarian food items from the market which will be cooked by their family members. At times they would enjoy some hot drinks with this delicious food items. Wives opined that whenever they were tired or unable to cook on certain occasion their children managed to eat homemade chapatti with missal procured from nearby shop. They also enjoyed cooking special dishes on the holidays or festival times but they were against the drinking habit of the husbands. They preferred to enjoy the special food with all the family members sitting together and watching TV, because this was a rare
moments for the family members. The men said that they normally take banana but the wives were of the opinion that the family members eat any fruit whenever it is available.

17. **Use of intoxicating items:** Men said that they make merry (consuming alcohol) with their friends mostly on the weekends but they always consume bidi/gutkha. The men were of the opinion that the alcoholic drinks were consumed mostly by elderly person. Muslim women said that they hardly consume intoxicating items but they chew pan regularly. They always try to avoid use of these items and request their husband also to do so.

18. **Diseases or illness:** Keeping in view the recall lapse error, the men and women were asked about occurrence of diseases or illness to their family member during the last six months and the treatment sought for curing those illnesses. The majority of men complained that they mostly suffered from viral fever infections. They sought the health care from doctors only when the problem became severe. The main problem for avoiding meeting the doctors was lack of money. They said that private doctors charge hefty amount even for consultation and hence they preferred to postpone the treatment. The women said that whenever their children fell sick they immediately would try to seek medical help from the doctors. They never wanted to take risk with their children’s health. In case of an elder member falling ill, they prefer to go for home remedy and would try to treat the patient at home only. Such patients are taken to doctors, only when their health condition become very serious because the treatment outside is a costly affairs as the municipality hospital is far off and doctors are also not always available.
19. **Knowledge of RTI/STI and HIV/AIDS:** The men appeared to be knowledgeable about RTI/STI and HIV/AIDS. They said that their source of awareness regarding RTI/STI were radio, TV and friends. The men were of the opinion that AIDS has been imported from rich countries to poor countries like India. They also were aware of how HIV/AIDS can be prevented by using condom or having safe sex. But they don’t have any idea about counseling centers. Very few women knew about RTI/STI and HIV/AIDS. They got knowledge about it from TV, newspaper, and health workers. The women said that whenever they went to doctors, the doctors told them about occurrence of RTI/STI and how to prevent infection of AIDS. The women said that a man can get HIV/AIDS only if he goes for sex outside his family.

20. **Family planning:** Most of the respondents both men and women were adults and some of them have already completed the family size, hence they could provide good information about the family planning practice in use. Men said that although some women prefer sterilization as a permanent family planning method, but they would prefer condom as far as possible as a family planning method. But most of the women said that once the family size is completed, a woman should go for sterilization. There is no need to wait for the child to grow up and get sterilization in due course. The preferred method of spacing the child birth by the women was pill. Some of them have heard about emergency contraceptive but nobody wanted to take risk their health.
7.3 In-Depth Interview

7.3.1 Importance of In-Depth Interview:
In-depth interview is a qualitative research technique that involves conducting intensive individual interviews with selected respondents to explore their perspectives on certain ideas, program, or situation. We might ask the participants about their experiences and expectations related to the program, the thoughts concerned with the program operations, processes, and outcomes, and about any changes they perceive in themselves as a result of their involvement in the program.

7.3.2 Usefulness of In-Depth Interviews:
In-depth interviews are useful when we want detailed information about a person’s thoughts and behaviours or want to explore new issues in detail. In depth is also about getting to know about the participant’s perception and feelings. Such interviews are often used to provide context to other data (such as outcome data), offering a complete picture of why and what has happened in the program. As an illustration, we might have measured an increase in youth’s visit to a clinic, and through in-depth interviews we can find out that a youth went to the clinic because he/she saw a new advertisement/news pertaining to the youth. We might also interview a clinic staff to find out their perspective on the clinic’s “youth friendliness.” In-depth interviews should be used in place of focus groups discussion if the potential participants are not included or if participants are not comfortable in talking openly in a group, or when we want to elaborate on individuals (as opposed to group) opinions about the program in order to have a critical look at the program. They are often used to refine/frame questionnaires for future surveys.
7.3.3 Process for Conducting In-Depth Interviews

The process for conducting in-depth interviews follows the same general process as is followed for other research: plan, develop instruments, collect data, analyze data, and disseminate findings. More detailed steps are given below about each stage of the process of in-depth interview.

1. Plan

   • Identified the stakeholder/respondent who will be involved in In-depth interview.
   
   • Identified the kind of information needed and from whom. (Potential Sources of Information)
   
   • Listed the stakeholders to be interviewed. Identified the stakeholder’s group from national, facility, and beneficiary levels and then identified the individuals within those groups—additional interviewees also been identified during data collection. Sample Design too being worked out if necessary.
   
   • All steps were taken to ensure that the research conducted would follow international and national ethical research standards.

2. Develop Instruments

   • Developed an interview protocol—the rules that guide the administration and implementation of the interviews. Instructions had been planned that are followed for each interview, to ensure consistency between interviews, and thus increase the reliability of the findings.

   ✔ An interview guide was developed that lists the questions or issues to be explored during the interview and an informed consent form also been included. There were not more than 15 main questions to guide the interview, and probes
included were very much helpful. There was a need of interview guides for each
group of stakeholders, as questions may be different for each stakeholder.
Where necessary, translation of interview guides into local languages was also done
and the translation was also been tested.
The following instructions for the interviewer were included in the protocol:

- What to say to interviewees when setting up the interview;
- What to say to interviewees in the beginning of the interview, including ensuring
  informed consent and confidentiality of the interviewee;
- What to say to interviewees while concluding the interview;
- What to do during the interview (e.g. Take notes/ Use audiotape/or both);
- What to do after the interview (e.g. complete the notes/ check audiotape’s clarity/
  summarize key information/submit the findings).

3. Train Data Collectors

- Interviewers were identified and trained, if available interviewers who speak local
  language were preferred.

4. Data Collection

- Set up interviews with stakeholders (The purpose of the interview was explained without
  fail and the reason for selecting the stakeholder, and the expected duration of the
  interview etc...)
- Informed Consent of the interviewee was sought (written/ documented or oral). Re-
  explained the purpose of the interview, the reasons for selecting the stakeholder, expected
  duration of the interview, how the information will be kept confidential, and use of a note
  taker/ tape recorder.
• After the consent of the interviewee, interviews were conducted.

• Immediately following the interview key data was summarized.

• Information given in interviews were verified if necessary, e.g. if an interviewee says that a clinic has a policy of not providing services to under 16, we should verify that information with the clinic.

Training Tips for Data Collectors

Staff, youth program participants, or professional interviewers may be involved in data collection, regardless of experience they have.

Training have included following tips.

• An introduction to the evaluation objectives,

• A review of data collection techniques,

• A review of data collection items and instruments,

• Practice of use of the instruments,

• Skill-building exercises on interviewing and interpersonal communication, and

• Discussion of ethical issues.

5. Analyze Data

• Data was transcribed and/or reviewed.

• All interview data was analyzed.

6. Disseminate Findings

• Report, will be written and /presented

• Feedback from interviewees and program stakeholders would be solicited.

• The report would be revised after incorporating feedback from stake holders.
• Findings of the report would be disseminated to interviewees, program stakeholders, funders, and the community as appropriate.

7.3.4 Potential sources of information:

In-depth interviews typically rely on multiple sources of information to provide a complete picture as possible. Information sources could include:

• Policy Makers
• Program Participants/Clients
• Project Staff
• Community Members
• Clinic Staff

When choosing interviewees, a sample was considered that best represents the diverse stakeholders and the opinions of those stakeholders. The general rule about interviewing is that one will know when one has done enough when we hear the same information from a number of stakeholders.

7.3.5 Presentation of In-Depth Interviews

In-depth interviews are flexible in that they can be presented in a number of ways—there is no specific format to follow, like in most of the qualitative tools. However, like all evaluation results, justification and methodology of the study should be provided, as well as any supporting information (i.e. copies of instruments and guides used in the study).

In-depth interview data may stand alone or be included in a larger evaluation report. If presented as a stand-alone report, the following outline is suggested:

1. Introduction and Justification of the methods used for data collection.
2. Methodology:
This section would take care of following sub sections that would clearly bring out the whole process of the research particularly the data collection part.

a. How was the process carried out? (The process of selecting the interviewees and sampling? and conducting the interviews would be described)

b. What are the assumptions followed in the study?

c. Are there any limitations with the method followed in the study?

d. What instruments were used for collecting data?

e. What sample(s) is/are being used in the research design?

f. Over which period of time was this data collected?

3. Results:

Results will include the answers to the following questions which would clarify the purpose of the study.

a. What are the key findings?

b. What were the strengths and limitations of the information?

c. Are the results similar/ dissimilar to other findings (if other studies have been done)?

4. Conclusion and Recommendations

5. Appendices (including the interview guide(s))

While presenting results of in-depth interviews, one needs to be careful in presenting the data and qualitative descriptions will be used rather than quantify the information. We need to consider using qualifiers such as “the prevalent feeling was that… or “several participants strongly felt that…” or even “most participants agreed that…” Numbers and percentages sometimes convey the impression that results can be projected to a population, and this may not be within the capabilities of this qualitative research procedure.
Providing quotes from respondents throughout the report adds credibility to the information (in FGD as well). For example, if we have interviewed only one youth as a part of our sample, and in the report we have noted that, “one respondent described the program as having no impact on accessibility for youth because the services are “too expensive for my age,” it would be clear to the reader that the quote was from the youth. A good sample of interviewees was ensured and permission was asked from the interviewee before including quotes in the report. Data will be displayed in tables, boxes, and figures to make it easier to read.

As mentioned earlier 6 in-depth interviews were conducted which are given below:

7.3.5.1 Place: Janta Nagar (Mankhurd)

Stake Holder: Private Doctor (Aditya Hospital, Govandi): Dr. Vijay Sharma

Dr. Sharma has been living in Ashirwad Chawl of Janta Nagar slum for past nine years. He is of the view that most of the slum houses are rented and are in very dilapidated condition. The houses are generally kuchcha but few are semi pucca. Due to lack of knowledge and poor economic condition the slum dwellers live in very unhygienic condition. Municipal tap water supply is almost nil in this area. Early in the morning around 5’o Clock, they rush to Sathiya Nagar or PMG colony to collect the water. Quite often they have to buy water from other sources. The price of a gallon (a container having capacity of storing 20 litres of water) of water would vary from Rs. 5 to Rs. 20. This water is very much contaminated during rainy seasons. Though the toilets are common and managed by the Municipal Corporation of Greater Mumbai they are in a very pathetic condition. There is only one toilet is in this slum. Due to high density of this slum there used to a big queue in the morning for toilet use. In order to avoid this rush many people alternatively use open air toilet nearby sea shore.
**Bhojpuri Film Maker/Assistant: Dina Nath Tiwari**

Mr. Dina Nath Tiwari, a Bhojpuri film maker is a resident of Ashirwad Chawl in Janta Nagar slum for past five years. He is a respectable person of his locality. According to him Janta Nagar slum dwellers are very poor and live in hazardous condition in kaccha houses. Normally they cook their food using a kerosene stove. BMC workers do not come regularly to clean the roads and pick up the garbage there. Slum dwellers have irregular supply of municipality water. Early morning 5 O’ clock, the residents of Janta Nagar slum would rush to Sathiya Nagar and PMG colony for fetching water. Sometimes due to scarcity of water or during rainy season they used to get only dirty water else they have to buy water from other sources for Rs. 35 – 40/- per gallon. Though the toilets within the slums are managed by municipality they are in horrible condition. Men do not use toilet regularly but women do use toilet regularly due to security reasons. Men have options for open air toilet. A monthly pass for Rs. 60/- is issued for one month toilet use. During the morning hours there is a long queue of toilet users. Some slum groups have made wooden toilets having a seat or two nearby the sea shore. During weekend a significant number of the slums dwellers go to meet their friends and relatives. Some would visit the malls and shopping centers as a part of their entertainment. On such occasions, they enjoy fast food delicacies such as vada pav and missal pav but they do not eat fruits much as that would be expensive for slum dwellers. Substance abuse is found to be common in slums. Most of the people have a habit of using pan masala, bidi, cigarette and alcohol. Generally they ignore minor ailments and would visit hospital when the problems get aggravated. They have awareness about HIV/AIDS due to intense publicity, but they lack awareness about RTI/STI. They are very familiar with modern spacing contraceptive methods.
7.3.5.2 Place: Rajiv Gandhi Nagar (Dharavi)

A bangle seller: Major Saheb/Netaji

Major Saheb nick named as Netaji has been living in Rajiv Gandhi Nagar-Dharavi for more than ten years. He is a well known person of this slum. He very happily mentioned that the slum dwellers there are of mixed religion and are quite friendly with each other. The main entrance to this slum is very congested and dirty. A huge drain full of filth and dirty water flows at the back side of this slum. Most of the houses are pucca and properly designed/constructed. Residents of this locality suffer from one or the other problem due to the unhygienic environment. Irregular water supply and illegal water connections are the main problems in this slum. Many slum dwellers take water from illegal water connections outside the slums. Toilet facility is equally mismanaged. They normally sit in the open air for defecation near back water of the sea (khadi) which makes the open ground dirty and pollutes the environment. Most of the people are involved in daily wage work and some of them are engaged in permanent job. Considerable sections of youth are also students. Youth are found to be very much familiar with awareness related to HIV/AIDS. Significant proportion of population in the study slums are in the habit of consuming pan masala, bidi and cigarette and on the weekends they also occasionally go for alcoholic drinks. During weekends most of the young slum dwellers prefer visiting malls and shopping centers while older people’s priority is seen in visiting their relatives.
**Businessman/ Bricks and Sand Seller: Lala Bhai**

Lala Bhai is a businessman who sells sand and bricks in the Rajiv Gandhi Nagar. Basically he is a Marathi and a hard core Shiv Sanik. He is of the view that majority of the slum houses are pucca and well maintained but are rented out. He also mentioned that there was scarcity for water and whatever available used to be very dirty. He said some slum dwellers have obtained illegal water connections. The slum dwellers buy water (in the morning only) on monthly basis. Toilet is also a big problem among the slum dwellers and they generally tend to go for open defecation in the land nearby the creek (khadi) or open ground. There is a BMC toilet in this slum, but that is closed since two years and nobody is in mood to start it again. Most of the slum dwellers are daily wage workers followed by non working youth and students. During the day time, majority of the slum dwellers generally have vada pav and missal pav for their lunch and very few take fruits and juices. During weekends they visit malls and shopping centers. Quite a significant number of slum dwellers consume intoxicating items such as Goa gutka, pan masala bidi /cigarette, and other alcoholic drinks. They ignore minor ailments for themselves and for adults as they do not have money to pay for medical fee and hospital expenses, but they are not delaying the treatment seeking for their children. They are aware of HIV/AIDS and its mode of transmission is sexual and unsafe sexual practices would lead to HIV infection but they have very less knowledge about RTI/STI. Similarly, majority of them were seem to be very much familiar with modern contraceptive methods, however majority among women strongly prefer only female sterilization as a favourable choice for planning method.
7.3.5.3 Place: Gundavali (Andheri)

Sarchitnis(Secretary), Rashtriya Congress Party: Mr. Rajesh Gupta

Mr. Rajesh Gupta is Sarchitnis(General Secretary) of Gundavli slum under the auspices of Rashtriya Congress party. He believes that most of the houses in their slum are pucca with one or two rooms. Streets are narrow along with drainage on both sides. There is only one common toilet for males. Toilets are separate for ladies and gents which are regularly cleaned by BMC workers. Due to high density of this slum, there is always a big queue in the morning for toilet use but there is no place for open defecation.

Water problem does not exist here as there is a water tap in every corner of the slum where water comes for 2 hours in the morning as well as in the evening. Majority of the residents of this slum have water purifying machine to get good quality water and refrigerator to have cool water too. A sizable number of youth are students and quite a few are engaged in one or other kind of job and ofcourse few are jobless too. The slum dwellers generally visit malls or shopping centre and market areas on weekends. Sometime they visit their relatives too. In most of the households, all family members would like to have dinner together and the fruit intake among slum dwellers is found to be uncommon. Mr. Gupta has been living in this slum since his childhood with his parents. According to him, most of the slum dwellers have a habit of using pan masala, bidi and cigarette; occasionally they go for hot drinks too. Normally they ignore minor ailments and visit private doctors for general health treatment and checkups. They are well aware of HIV/AIDS and RTI/STI that occur due to unprotected sex. They have also knowledge of modern contraceptive methods.
Social Activist: Mrs. Shobha Parmar

This slum came into existence way back in 1975 and is occupied mostly by Marathi and Gujarati migrants. At present nearly 20 percent migrants are from UP. This slum has an association called “Young Committee”, which organizes most of the festivals and different types of activities. The “Young Committee” was established in 1980 by the local people. The main activity of this committee is to organize shivir and camp for the welfare of youth. Every year one medical checkup camp and regional tour for elderly people is organized. The financial support for all these programs come through Mr. Rajesh Gupta Sarchitis, Rashtriya Congress Party, Gundavli (Andheri), Mrs. Shobha Parmar, Social Activist, Gundavli (Andheri) and Mr. A S Pandey, a voluntary social worker.

Shobha Parmar is of the opinion that most of the houses in the slum are ‘pucca’ and floors are well tiled. The streets of this slum are very congested and narrow but cemented. There is no problem for water. They get 2 hours water supply in the morning and 2 hours in the evening but sometimes water is dirty as well. Toilet facility is also very good as there are separate male and female toilets. Toilets are maintained by Municipal Corporation of Greater Mumbai. Most of the resident of this slum are engaged in low paid office jobs (medium profile jobs) and youth and adolescents are mostly students. Some of the males are working as daily wage workers while females are generally found to be working as domestic workers /house maid. They make their weekends enjoyable by visiting relative’s houses, market place, shopping centre and malls. They enjoy vada pav and soft drinks. Whenever something special is cooked in their house they prefer to enjoy the happy moment’s special food with their family members.
The slum dwellers are in a habit of using pan masala and other intoxicating items as well as alcohol but generally alcohol consumption is restricted to holidays and weekends only. Generally they do not ignore minor ailments and go for proper treatment as early as possible and rush to any doctor whether they are government or private. They have knowledge about HIV/AIDS and RTI/STI with regard to its mode of transmission and its prevention too. They know the place of counseling and treatment for these type of diseases. They are very well aware of the modern contraceptive methods and its availability and also about its side effects.

7.4 A brief meeting with the youth of the slum

The youth of the study slums were also asked to provide a general opinion about their localities. The excerpts of their opinions are placed below:

It was found that quite a significant proportion of these youth were not belonging to working population. They were either students or looking for some jobs. The youth were of the opinion that their houses are very small and there is always acute shortage for water. In summer they were provided with water through water tanker. The toilet facilities were very much inadequate and wherever it existed it was very dirty. Though these toilets are provided by the BMC they are not maintained and are rarely cleaned. Less than half of the youth said that they are involved in decision making in the household matters. They are involved in decision making related to financial matters. Although mother is also involved in decision making in certain matters, in majority of the households it is found that ‘father’ is the supreme authority who exercise control and have a say in many things. No decision could be implemented without his consent (veto),
but the youth did not like father’s involvement in decision making regarding their marriage. The fathers desire that their children should study well and should get good jobs, share household expenses and get a house for themselves after marriage.

The youth discussed various matters among themselves such as study, films, politics, girl friends, and cricket and about job opportunities. They admitted that on certain occasions, their fathers get angry and become violent and on such occasion they get scolding from the father. Fathers often tell them to mend their ways otherwise they were asked to leave the house. Majority of the illiterates youth fall prey to abusive habits and consume intoxicating things might be due to ignorance of side effects of consuming such things.

7.5 Summary and conclusions

In conformity with the quantitative findings, the findings indicate that a significant proportion of slum dwellers live in a rented house, which is a pucca house. Walls and floors are pucca but ceiling is made up of asbestos. They don’t have toilet facility inside the house. There are common toilets managed by Mumbai Municipality or by the community members. They often have to pay Rs. 1 for single use. Most of the males were working as daily wage workers. The women are mostly housewives or engaged in domestic works or work outside as domestic servants or ‘bai’ in the nearby localities. In case of a family where a son or daughter was also employed some amount of household or other expenses were shared by the working children but this practice was found to be very uncommon.
As a part of entertainment they used to visit relative’s house/ market place/ mall/ cinema hall. Majority of them like vada pav and missal pav which used to be part and parcel Mumbai food. They prefer to enjoy the special food with all the family members sitting together and watching TV, because this is a rare moment for the family members. The slum dwellers make merry (consuming alcohol) with their friends mostly on the weekends but otherwise they generally consume bidi/gutkha. The men said that they mostly suffered often from viral infections. They consulted doctors only when the problem was severe. But they never would like to risk their children’s health and hence immediately sought treatment whenever their children facing any health problem. They have little knowledge about HIV/AIDS with regard to its transmission and prevention but they have no idea about location of counseling centers. Majority of women preferred to sterilization as a permanent family planning method but men preferred to use either condoms or pills as contraceptive methods.