Chapter-VIII

Summary and conclusions

8.1 Introduction

In legislation, slums are defined as areas that are “environmentally and structurally deficient”. The 1981 Census of India, in the light of slum area act 1956, defined slums as areas where buildings are unfit for human habitation for reasons such as dilapidation, overcrowding, faulty arrangement of streets, and lack of ventilation, light or sanitary facilities. In other words, slums are groups of buildings, or areas characterized by overcrowding, deterioration, unsanitary condition or absence of facilities or amenities and any of them endanger the health, safety or morals of its inhabitants or the community.

A major characteristic of the slum is that they resemble rural centers in urban milieu. They appear as ‘entry points’ for in migrants to the city and tend to duplicate the closeness and structuring of social life in the village, even reflecting the earlier occupational background of the dwellers. Despite the insanitary condition and crowding in these ‘BUSTEES’ life is generally well organized, relatively free of serious crime.

In the United States the old ethnic slums are known as the Kerry patch, the Ghetto, Little Italy etc. In the cities of Southeast Asia slums are referred as India quarter in Rangoon, Chinese quarter in Singapore, Samphonthawang in Bangkok and Kampong in Indonesia. In India, slums have variety of names. They are known as “Jhopadpatti” in Mumbai, “Jhuggi” in Delhi, “Bustee” in Calcutta, “Cheris” in Madras and “Keris” in Bangalore.
Greater Mumbai like any other metropolis in India and abroad attracts large number of migrants from different parts of the country. Presumably many of these migrants are drawn from the lower socio-economic group of the society. In Greater Mumbai they not only form a large number, but more importantly are crowded and conspicuous. At present more than one-half of the population of Greater Mumbai are slum dwellers; who live in tenements and huts, on pavements, along railway tracks, under the bridges and in other spaces available to them. The homeless and slum dwellers of Mumbai live in condition of terrible poverty, squalor and deprivation.

Over the years the metro cities have been getting congested because slum population is on phenomenal increase. Further, congestion will eventually result in diseases, burdening of infrastructure, endangering gender development and environment. Environmental pollution affect person’s health creating more demands for better facilities from the government. Mumbai slum is over loaded with the above problems. There is a need to look into the problems that the slum dwellers of Mumbai are engrossed with. Improving the health status of the slum population has often been considered to be one of the most important objectives of the health system in urban India.

The basic objectives of this study are to (a) study the socio-economic and demographic profile of Mumbai slum dwellers (b) know the differentials in lifestyle, working and living condition, hygiene and sanitation practices, food habits and its influence on the health of slum dwellers, (c) understand the prevalence and incidence of common diseases and treatment seeking behavior among slum dwellers. Multi stage sampling design has been adopted for this piece of research work.
The data collection consisted of quantitative as well as qualitative methods. The qualitative data was collected through in-depth interviews of at least two key informants or stakeholders in each of the selected slum areas to have first-hand information about the locality, its people, food habits, lifestyle, living condition and prevalence of diseases, if any. At least one Focus Group Discussion (FGD) has been conducted separately among the males and females from each selected slums.

Quantitative data was collected to get information about the households, its members, lifestyle, food habits, prevalence/occurrence of disease during the last three months. The said information was collected either from the head of the household, his wife or a responsible adult member of the household who was a usual member of the household.

Both qualitative and quantitative information has been collected from the three slums of Mumbai viz. Mankhurd, Andheri and Mahim, during December 2008 to February, 2009. A semi-structured household questionnaire was prepared for the household survey in the slums. The questionnaire included some information about unmarried males of 15-24 years age group in Mumbai slums to know their lifestyle and perception about sexual and reproductive health. An effort was also made to know their involvement in the decision making process regarding important issues in the household. In-depth interviews were also carried out with selected stakeholders in the three slums of Mumbai to know about the housing and living condition of the locality. Focus Group Discussions were also conducted among males and females separately in all three slums to understand the housing and living condition of Mumbai slum dwellers.
8.2 Profile of the respondents

More than half of the slum population (56 percent) in Mumbai is less than 25 years old and only 3.8 percent are of 55 years and more. More than one third have education only up to fifth standard and approximately one fourth of the study slum populations are found to be illiterate. Two of every five households in Mumbai slum belongs to OBC while less than one fifth belong to Scheduled Caste. Majority of the sample population belong to Hindu religion. Around forty four percent of the head of the households are married and one third is reported as never married. One third of the sample is comprised of students while two of every five head is working as daily wage worker. The majority of the slum population is engaged in low paid jobs which forced them to work for long hours i.e more than eight hours. One eighth of the slum dwellers are working for less than 8 hours while another one sixth works for 9 to 11 hours. Most of the slum dwellers have to commute for long hours to reach their work place daily. Three fourth people take around one hour to reach the work place.

With regard to the amount of salary received, around nine percent of the slum dwellers have reported their monthly income as more than Rs. 10,000. With respect to their expenditures compared to their meager income, fifty five percent of the residents have mentioned that their monthly expenditure would fall in the range of Rs. 3001 – 5000 and around one third families living in Mumbai slums also said that they were managed to save up to 25 percent of their monthly income. Half of the dwellers in Mumbai have per capita income ranging between 501-1000 rupees per month and only very few have their per capita income more than 3000 rupees. Two fifth (40 percent) of them having been living in semi pucca houses followed by one third in Kaccha house (36 percent) and one
fourth are living in pucca house (24 percent). Electricity is found to be the most important source of lightening in the slums of Mumbai. Public tap is the most important source of drinking water for the slum dwellers of Mumbai. One third household have reportedly having the provision of piped water within their residence. Around one fourth slum dwellers of Mumbai have reported of not having toilet facilities and the other three fourth were said to be using common toilet facility which is in very much unhygienic condition. With regard to the type of fuel used for cooking, around 55 percent households are using kerosene followed by 29 percent who use Liquid Petroleum Gas. Less than one fourth of Mumbai slum dwellers have separate kitchen in their house but in more than three fourth households have kitchen ventilated and two of every five houses have at least one window. In respect of household assets, more than three fourth of the households have reportedly owning television while one fifth have also owning the refrigerator.

Most of the slum dwellers face problems in fetching water because it requires waiting in long queues. They face problems such as unclean water and less/limited quantity of water. Because of inadequate sanitation facilities in slums, a significant proportion of the slum dwellers face problems of long queues for using the toilet facility. Other problem faced by them was location of toilet which is far away from their residence. Around sixty percent of the slum dwellers in Mumbai purify water by alum/straining by cloth and thirty nine percent boil water to purify it before drinking. Cleaning of drainage and road in front of the house is done only occasionally by the municipality. Fifty one percent of the slum dwellers in Mumbai dispose garbage in the municipality pot.
Three fourths of the slum dwellers in the age group 45 years and above are residing in the slums of Mumbai for 20 years and more while, less than five percent of the slum dwellers in the same age group are residing in slums for less than nine years. Duration of stay in Mumbai slums for 20 years and more is found to be the highest (56 percent) among SC/STs followed by OBC (52 percent). Same percentage (31 percent) of OBC and others are staying in Mumbai slums for 10-19 years. Staying in Mumbai slums since birth is most common among the other castes. With regard to working and non working population, for instance 57 percent and 45 percent respectively were said to be living in Mumbai for 20 years and more. Nearly half of the students are staying in the slums of Mumbai for 20 years or more.

There are not much differential among slum dwellers belonging to different occupational category with regards to the duration of staying 10-19 years. Fourteen percent of students and those involved in HH activity have duration of stay less than 10 years in Mumbai slums. There is much differential between slum dwellers belonging to the poorest and richest wealth quintile with regards to the duration of stay up to 20 years and more. As high as 86 percent of the slum dwellers in richest wealth quintile are staying in Mumbai slums for 20 years and more as against only 38 percent in the poorest wealth quintile. All the slum dwellers with monthly income more than Rs 5000 send remittances home but the frequency of sending remittances would varies. Among slum dwellers with monthly income less than Rs 5000 reported that less than two percent of them do not ever send any remittances.
Lack of job opportunity is the second crucial factor responsible for the migration of people to the slums of Mumbai. Among those whose current place of residence (Mumbai) is different from the place of last residence; majority (60 percent) got to know about the present place of residence from their relatives/friends followed by parent/in law (36 percent). Irrespective of the level of education, Ration Cards emerges out to be the item which is possessed by majority of the slum dwellers of Mumbai. Eighty one percent of slum dwellers with high school and above education have Ration Cards as compared to all other educational groups. Very few slum dwellers have also own one more house in Mumbai.

8.3 Living condition and life style

The organizational participation is very less among the slum dwellers of Mumbai. Only three percent of Mumbai slum dwellers are a member of any organization. Among those who are a member of any organization 50 percent are reportedly member of any political organization or social trust. Equal proportion of slum dwellers in both ‘illiterate’ category and those who have education up to fifth, are having membership of any organization. The reason most commonly agreed to by women which leads to spousal violence is ‘Wife disagrees with husband opinion’ (96 percent), followed by ‘Husband suspects her being unfaithful’ (91 percent). More than 70 percent of the slum dwellers go for one or the other form of entertainment. Fifty percent of them reported that their frequency of outings is not fixed followed by those who visit once in a week. Visiting to a relative’s place is the most important mode of entertainment among 86 percent the slum dwellers.
Majority of the slum dwellers (70 percent) have neighbours as their friends. Two fifth of the slum dwellers meet their friends whenever time permits while one third of slum dwellers meet their friends every day. The slum dwellers take loan for the different purposes. The most common source for taking loan is mentioned as bank (27 percent) followed by close relatives who include parents, brother and sister (19 percent) but more than half of them have difficulty in repaying the same due to high EMI.

Only two percent of slum dwellers have ever taken loan from their employers. Respondents from across all of level of education, the slum dwellers reveal their equal preference and value to sons and daughter and they don’t want to discriminate between them while providing education. And more than two third said that they would allow their female family members to go out for work. More than one third of slum dwellers have education up to std. V, have phone connection or own a cell phone. As expected, subscription of news paper is found to be the highest (44 percent) for slum dwellers having educational standard 8 and above. Also, exactly same picture is observed in case of land line phone. Two fifth of slum dwellers having income Rs. 10,000 and above subscribe phone but same proportion of slum dwellers having income of Rs. 3001 – 5000 have cell phone and do subscribe news paper and cable connections.

Around sixty percent of slum dwellers came to Mumbai with the help of their relatives/friends while another one third had support of their parents when they come to Mumbai. On arrival at Mumbai, sixty two percent had initially housing problem and more than one fourth did not have suitable job.
It is worth noting that even currently nearly 71 percent are facing housing problem. More than one third of the slum dwellers opined that the living arrangement at the current place of residence was similar to that at their native place. More than half of the slum dwellers are living in Mumbai for last 20 years and more and only two percent are living here since birth and three fourth of the slum dwellers have at least one relative in Mumbai.

More than 60 percent of the slum dwellers have parents/ in laws in their native place and around ninety percent used to visit their native place but more than half expressed that the frequency of visit to native place is not fixed and forty percent indicated that they visit native place once in a year. Three of every five slum dwellers said that somebody from the native place would visit them and less than three fourth are of the opinion that the frequency of visit is not fixed. They regularly eat vada pav and missal pav for either in breakfast or during lunch. Though they eat vegetable every day, only four fifth of the slum dwellers eat mutton/chicken once in a week followed by fish (74 percent). More than half of slum dwellers consume milk daily.

8.4 Living condition, life style and health status

The proportion of Mumbai slum dwellers that fell ill in last six months is observed to be exceptionally high amounting to 98 percent. The most common ailment from which the slum dwellers suffered is known to be ‘viral fever’ followed by Malaria (14 percent) and Gastroenteritis (10 percent). Most of the slum dwellers suffering from ailments were cured (84 percent) after treatment. In less than one percent of the cases the illness got relapsed.
Money problem is the most important reason for ignoring treatment for minor ailments. Body pain/back pain is normally ignored by the slum dwellers. In addition to this headache/stomachache and cough/cold are other ailments which are ignored by 97 and 99 percent of slum dwellers respectively.

Home remedy as a precautionary measure against minor ailments is most common among slum dwellers of older ages (45 years and above). A significant proportion of slum dwellers aged 45 and above reported that they don’t take any precautionary measure to avoid minor ailments. Three of every five involved in HH activity prefer home remedy as a measure to avoid minor ailments while two of every five who are not working, do not take any precautionary measure to avoid minor ailments.

Around forty percent slum dwellers have borrowed money for treatment of ailment. The principal source being mentioned as relative (48 percent) and neighbour (31 percent). Further, three fourth slum dwellers stated that they spent less then Rs. 1000/- on the treatment of such ailment. The proportion of barrowing decreases as the level of education increases. The richest are 45 percent less likely to suffer from any illness in comparison to the poorest. Slum dwellers having education above eight standards are 27 percent less likely to suffer from illness in comparison to illiterates. Similarly OBC are two times more likely to suffer from illness in comparison to SC/ST. On the other hand, Muslims are two times more likely to suffer from any illness in comparison to Hindu.
8.5 Living condition and life style on sexual and reproductive health

Sixty percent of the slum dwellers of Mumbai consume intoxicating items such as bidi, pan gutkha or alcoholic drinks. Three fourth slum dwellers are consuming Pan/khaini/gutka/mava, followed by Bidi/cigarette (53 percent) and only 27 percent are consuming alcohol. One fourth of the slum dwellers began to use these items when they were less than 14 years of age. There appears to be positive association between age of the slum dwellers and alcohol use.

Around one fifth of the slum dwellers are suffering due to use of intoxicating items. Almost all the slum dwellers have sought any kind of treatment but only 75 percent slum dwellers got their diseases cured. Around one third of SC/ST used to have consumed alcohol regularly. Majority of Muslims (77 percent) were reported of consuming pan khaini/gutkha compared to ‘others’ (56 percent). Less than 50 of Hindus use to smoke bidi/cigarette regularly. Consumption of Pan/Khaini/Gutkha is found most common among slum dwellers having different occupations. Highest percentage (58 percent) of students in Mumbai slums use intoxicating items like Bidi/Cigarette.

The consumption of alcohol is found the highest among working group (31 percent) and observed to the least among those who are not working (14 percent). Most of the slum dwellers used to take alcohol at shops/ bars (84 percent) followed by 14 percent who used to consume at home. Four of every 5 persons consume more than 2 pegs of alcohol. By and large they tend to take desi/local daru with family members.
Ninety seven percent sought any kind of treatment but only 75 percent slum dwellers got the diseases cured. Two fifths of the slum dwellers have borrowed money from any source for the treatment for their illness. Less than one fourth have borrowed money from close relative while around four of every five slum dwellers have borrowed money from other relatives. Use of any one of the intoxicating items is stated to be almost universal among them. Irrespective of age, around three fourth of the slum dweller were said to be having used Pan/Khaini/Gutkha, while another half of the slum dwellers were of users of Bidi and Cigarette. Alcohol use is found to be around 23 percent which is comparatively less than other substance abuse.

Poverty might be the underlying cause behind this phenomenon. The use of Bidi/Cigarette is observed to be the least among slum dwellers with level of education eight and above while the use of alcohol is found to be the highest among them. Thirty seven percent of slum dwellers have said that they knowledge of RTI/STI. Television is the most important source of knowledge about RTI/STI (95 percent). Medico person is the second important source (67 percent) of knowledge about RTI/STI. One out of every eight teacher provides information about RTI/STI. Majority (98 percent) of the slum dwellers believe that heterosexual intercourse is a mode of transmission of RTI/STI. Comparatively significant percentages of people (55.8 percent) have knowledge that homosexual intercourse can also be a mode of transmission of HIV/AIDS.
Knowledge about HIV/AIDS is observed to be quite appreciable among the slum dwellers of Mumbai, which is evident from the fact that as high as 97 percent reported to have knowledge regarding HIV/AIDS. Television and Medico persons have a significant contribution in providing knowledge about the dreaded disease which is obvious from the fact that 95 percent and 83 percent of slum dwellers got information about HIV/AIDS from Television and Medico persons respectively. Heterosexual intercourse is considered to be the major mode of transmission of HIV/AIDS. Another three fourth believe that homosexual intercourse could also lead to transmission of HIV/AIDS. Knowledge about counseling centers of HIV/AIDS is very limited among the slum dwellers of Mumbai. Only one out of every seven slum dwellers has knowledge about counseling centre.

Knowledge regarding family planning method is possessed by as 87 percent of the slum dwellers. Contraceptive Pill is the most commonly known method of contraception among the slum population followed by copper T and Tubectomy. Vasectomy is relatively less known method of contraception. One half of the slum dwellers have ever used family planning methods. Around one fourth of the slum dwellers have ever used condom. Female sterilization is currently practiced by 23 percent slum dwellers followed by Cu T (5 percent). Around three fourth of the slum dwellers in Mumbai believe that the ideal family size should be less than five members and another one fourth (25 percent) think above five or more members in a family.

Predominantly modern contraceptive methods were used by slum dwellers aged 35-44 years. The use of modern contraceptive methods is said to be higher than the traditional methods. The use of modern method is found to the highest (90 percent) among the scheduled caste and the least (74 percent) among others. In case of traditional methods
the above trend is reverse as traditional contraceptive methods are most extensively used by others/ and least by scheduled caste/ scheduled tribes. The use of modern method of contraception is said to be the highest among Muslims (92 percent) followed by Christian (90 percent) and Hindus (70 percent). Use of traditional method of contraception is reportedly the highest (47 percent) among ‘others’ followed by Hindus (30 percent) and eight percent by Muslims.

Those in the middle wealth quintile groups are 82 percent more likely to take treatment for use of intoxicating items as compared to low income group. Similarly OBC are approximately three times more likely to take treatment as compared to SC/ST. Muslims and others are three and four times more likely to take treatment as compared to Hindus. Those who are 45 years and above are 84 percent less likely to suffer from HIV/AIDS as compared to less than 25 years of age.

8.6 Life style and decision making by youth

Involvement of unmarried males in decision making is reportedly the least (28 percent) for SC/ST and the highest for others (36 percent). Two third of unmarried males belonging to other category are found to be involved in decision making. Involvement in decision making is nearly 20 percent more among Muslim unmarried males as compared to their Hindu counterparts. Highest involvement in decision making is spotted in case of unmarried males belonging to ‘other’ religion. The percentage of unmarried males in the age group 15-19 years who get pocket money is said to twice more than those aged 20-24 years. Two third of unmarried male with education up to six to eight standard said that they get pocket money.
With regards to getting pocket money by the unmarried males (15-24 years) we do not find much difference among OBC and ‘others’ but this differential is seem to be glaring in case we compare SC/ST with the other two categories. Thirty seven percent of unmarried SC/ST males get pocket money as against 61 percent OBC. Similarly sixty seven percent unmarried Muslim males get pocket money as against 47 percent Hindu. The students and half of the adolescent who did not work were those who get pocket money. Another 75 percent from the poorest wealth quintile and 40 percent from the richest wealth quintile get pocket money. Twenty six percent of the unmarried males reported as the one who consume intoxicants items. With the increase in level of education, the proportion of consumption of intoxicating substances is also found to be declining. Half of the illiterate unmarried males aged 15-24 years were reported as the one who consume intoxicating substance. Intoxicating substance is reported to be the least (13 percent) for SC/ST followed by ‘others’ (29 percent) and OBC (28 percent). The consumption of intoxicants is found to be only 15 percent among students and 38 percent among those who are not working. As the economic status improves, there seems to be a decline in the consumption intoxicating substances.

Involvement of adolescent in different types of decisions making is very meager. Good job, marriage, education, care for parents, sharing household expenditure and making own house are some of the expectations of the parents from the youth aged 15-24 years. Majority (97 percent) of the parents of the unmarried males aged 15-24 years in the slums of Mumbai expect their children to get a good job. Seven of every ten adolescents are comfortable while talking to their parents about their jobs/ education but little more than one third feel uncomfortable when they talk to their parents about financial matters. Half
of the unmarried males (58 percent) in the age group 15-24 years discuss about jobs with their friends. One sixth of the adolescent opined that they discuss about girl friends with their friends. Similarly one out of every ten adolescent discussed about studies and films with their friends. Around 66 and 33 percent of the unmarried males report that their parents scold them and ask them to even get out of home when they come to know about their discussions with friends on certain matters/ topics.

Seventy percent unmarried males aged 15-19 years reported that their father used to takes all important decisions in family while 61 percent in age group 20-24 years reported that someone else other than their father is involved in making important decisions in family matters. Father is the most important decision maker in majority of the Muslim families (64 percent) followed by Hindus (53 percent). In ‘others’ category maximum (90 percent) respondents reportedly said that someone else, in their family other than father used to takes decision on vital family affairs. Around 48 percent adolescents mentined that they don’t like their parents to take decision on matters related to their marriage. Playing games emerges out to be the most important mode of the entertainment among the unmarried males in the slums of Mumbai. Visiting ‘outside’ as a mode of entertainment is found universal among the ‘illiterates’. Muslims are six times more likely to participate in household decision making as compared to Hindus. Among respondents who are from richer group, on an average 88 percent are less likely to consume intoxicating items as compared to the poorest. Those who have education up to eight and above, 37 percent are less likely to use intoxicating items as compared to illiterates. Those who are working and indulged in household activity are 55 and 77 percent less likely to consume intoxicating items as compared to those who do not work.
8.7 Validation of hypotheses

The hypotheses mentioned in the thesis have been validated with the help of simple frequency and bi-variate analysis. Third hypothesis has been validated through qualitative analysis. The tables of chapter 2 clearly indicated that most of the slum dwellers fall in category of low economic category. Table 2.3 clearly indicated that most of the households of study area have per capita income below Rs. 1000/. The indicators of age at marriage and mean household size further shows that slums of Mumbai have poor demographic profile. Tables 2.3, 5.4 and 5.5 clearly depicted about life style and living condition of slum dwellers. For example, more than 60 percent houses do not have single window in the house. Similarly, more than 60 percent respondents are consuming any type of intoxicating items.

The qualitative analysis clearly pointed about third hypothesis.

Slum dwellers 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. Only in case of seriousness of illness the elders are taken to hospitals because treatment outside is costly and is far off. Due to lack of knowledge and poor economic conditions the slum dwellers live in unhygienic conditions. They often enjoy fast food delicacies such as bada pav and missal pav which is not nutritious from health point of view. Due to poverty, consumption of fruits is also less. Substance abuse is quite common among slum dwellers. Most of the slums have only one toilet. Due to high density of the slums there is always a queue in the morning for toilet use. In order to avoid this morning rush many people prefer open air toilet near sea, highway and railway track. That creates environment polluted and invitation to most of the diseases.
8.8 Policy implications

Many times slums are considered as the buffer for the economy of metros since they provide cheap labour that can support the city’s economy by doing all sorts of jobs. However, they become a curse to society when they indulge in unlawful activities including communal fights, domestic violence for petty things and involve in sex trade. Since the slum dwellers live in a filthy condition, they often act as viable medium to spread diseases. The central and state governments have definite policy for rehabilitating the slums do not encompassed the human rights and failed to cope with the pace of phenomenal increase in the slum population. In Mumbai, when the railway tracts were laid down for connecting Mumbai and Navi Mumbai several hutments were removed and they were allocated residential accommodation in other places. Now that a greater proportion of Mumbai city’s inhabitable area has been occupied by ever increasing slum dwellers and the so called encroachment is on the rise for ever. Hence there is an urgent need to stop further spread of the slums. The findings of this study unfold the following facts:

1. The slum dwellers are poor and used to live in inhuman condition. Effort should be oriented to uplift them by improving their environment.

2. They face problem of water and sanitation. The government should make concerted effort to provide water and sanitation which are basic needs of human survival.

3. Since they are poor and cannot afford medical treatment and quite often neglect minor ailments. Charitable / government dispensaries should be set up in all localities to provide cheap and affordable treatment.
4. In slums, the youth who are unemployed need to be involved in some productive activities. This will certainly curb indulgence of youth in unwanted act

5. A significant proportion of slum dwellers consume tobacco. They need to be counseled about the ill effect of tobacco use.

**8.9 Limitation of the study**

The present study has collected information from around 700 households spread over three slums. It is hoped that this is a representative sample to have a better ideas about the quality of life of slum dwellers in Mumbai. It would have been better to cover more slums that is more number of samples. Due to time and resource constrains, data collections was restricted in three slums only. In view of low prevalence of tobacco use (NFHS III) among the girls, information with regard to tobacco use was not collected from the girls.

**8.10 Future research**

It would be useful if in future the research is carried over in different parts of Mumbai and Navi Mumbai, where the growth of slums seem to be very fast. There are different socio-economic development programs implemented by the states and central government for improving the life style of the slum dwellers. In order, to find out a sustainable and economically viable program it is very much needed to conduct ‘action research’ to identify the most effective program which will improve the lives of the slum dwellers under different circumstances. There is always scope to have more studies about life style and expenditure pattern. An effort should be made to know whether the slum dwellers want to go back to their native place or to the place from where they have moved and the reasons thereof.