CHAPTER I
INTRODUCTION
CHAPTER I
INTRODUCTION

1. INTRODUCTION:

As this study has focused on the health issues of Slums, scholar has explain the growth of Slums as a problems of urban areas, definition of Slums, emerging and prevailing health issues in Slums. Scholar has also summarized the Theoretical Approach (i.e. functional and dysfunctional approach, conflict approach) in this study. Moreover, Scholar has also explained the definition of slums, definition of health, types of diseases and function of diagnostic and preventive medicines. To analyze the health issues of slum dwellers, scholar has selected the slums remains in Ahmedabad City. In the very beginning Scholar has mentioned the process of urbanization and growth of slums. Afterwards, scholar has explained the health, types of diseases generally prevailing in slums, types of medicine and the research methodology applied for present study in this chapter.

Most of the Indian cities have established and developed from primitive stage on the bank of river to facilitate needs of the local residence through business. Even in British rule, cities were developed near sea sour on the ground of residence and business as well as to keep their shoulders ground. And since than cities has grown and developed continuously. The process of growing, spreading and developing the town and cities, is known as urbanization. Urbanization process has begun for over 600 B.C in India. Hence it is inevitable to understand the process of urbanization. Urbanization is the world wide phenomena. Moreover, one can says that Urbanization means “when village converted into urban or cities it is called urbanization” According to the Joshi Vidhyut “The spreading of urban elements in rural community is urbanization” (1996: 66)\(^1\). Thus the Urbanization is the dual process.

Urbanization is a world wide phenomena. In some of the countries, this process is faster then the other countries. In the context of India, this process gets momentum after industrialization. Here scholar has tried to specify certain definition of URBAN given by the sociologists and other scholars. Sociologists “however do not attach much importance to the size of population in the definition of the city. “Sociologists give importance to the
characteristics of the city, such as Heterogeneity of population, complex division of labour, prevalence of impersonal relation, dependence on formal social control, predominance of non-agriculture occupation and so on” (Sociology of Indian Society).

Thus it is clear that, cities should take such characteristics as given by the sociologists. But on the basis of size, the classification of cities is little bit different. Urban areas with population between 5,000 and 20,000 are “Small Town”. Urban areas with population between 20,000 and 50,000 are “Large Town”. Urban areas with population between 50,000 and one lakh are “Big cities”. An urban area with 10 lakh and above population means “Metropolitan cities”. This concept has been accepted world wide after 1961. Even Ahmedabad city, which is the center of this study are also suffer from this procedure step by step.

Now we come back to urbanization. According to Eric Lampard, Who has defined Urbanization in his article “Historical aspect of Urbanization” that “there are three context of Urbanization 1) Behavioral 2) Structural 3) Demographic (Doshi Harish, 1990: 196)². David, Anderson and M. S. A. Rao are also accepting these three contexts. Three main scholars who have define urbanization such as.

“Urbanization refers to the movement of people from rural area to city”

Wallace and Wallace.

“Urbanization is the movement of population from rural to urban areas”

Ram Ahuja.

VLS Prakasha Rao (1983:13)³ has define Urbanization in his own word, “The Urbanization process relates to concentration of people engaged in non-agriculture occupation and concentration of non-agricultural land use in the specialized area, a ‘Place’, as a consequence of population, occupational and land use shift”. He defines it in four different levels (A) Concentration of people at population densities higher then those associated with agricultural population with only very rare exceptions on either side. (B) Population shift from rural to urban areas (C) Occupational shift from agricultural to non-agricultural (D) Land use shift from agricultural to non-agricultural”.

Here in this definition we find every important aspect of Urbanization. Hence, the census of India defines some criteria for urbanization. Which are as under:
1. Population is more then 5 thousand
2. The density is over 400 people per km.
3. 75% of the male population engages in non-agriculture occupation.
4. Cities are urban area with population more than one lakh.
5. Metropolitan are cities with population of more than one million (Census of India, 2001).

Moreover, the important factor in the urbanization process is migration and even we show before that urbanization is related with migration of for village to urban settlements. It may be permanent or seasonal. In the present time, more employment opportunities became available because of fast industrialization. After this, in urbanization process, Includes better educational opportunities, health care facilities, social welfare programme for the people resides in periphery area. Even employment opportunities became available for all workers which tempted rural labour force to migrate to the urban areas. “In developing countries one of the important responsible reason for urbanization is hardship of living condition in rural areas along with wide spread poverty, indebtedness, underemployment, unavailability of change for the development and practically uncomfortable life” (Narang P, 2007).

Urbanization is the movement of people from rural to urban settlement considering this as important factor. “Thomson warren has defined it as the movement of people from communities concern chiefly or solely with agriculture to other communities, generally larger whose activities are primarily centered in Government, Trade and Manufacture or allied interest” (www.wekpedia.com).

So, as we have observed most of the thinkers, Government and Non – Government institutes and Educational institutes have different views about definition of Urbanization. In spite of this, it creates problems to get clear understanding of urban life and urban development process in sociological literature. Though we can say that, “Urbanization is a process of dynamic aspect of urban development”.

1.1 URBANIZATION IN INDIA:

In any society Urbanization is a part of development process. In the context of India, Urban areas are continuously developing and spreading its wings. India is full of tradition. In the global context, Indian economy has been growing, but socially it is steel remaining behind. India has long standing tradition of urban living and has been a land of
“Nagar” from pre-historic times of the Indus valley. There were two cities Harappa and Mohen - jo –daro of Indus valley were very much developed. These both cities of Indus valley are known for best standard for town planning and architecture.

In ancient age, during the magadh dynasty in 5th and 6th century BC, Patliputra, Ayodhya, Kashi etc were prominent Nagar for religious and administrative importance. While in Buddhist period, cities such as takhashila, valbhi, Nalanda, Mithila and other were important for their academic as well as religious existence. Where as cities in Mughal Period, Fatehpur sikri, Lakhnow, Lahore, Haidrabad, Bijapur, Shahjahabad (Delhi), came to prominence for their administration place, business and Historical Importance. And in British rule, cities like Calcutta, Bombay, and Madras, Surat etc given importance for its military place of evaluation and ruling and economic transaction power. After Independence, Growth of cities and urbanization process became rapid, science and technology played an important role. Other factors were development of transportation facilities i.e railway also helps in this process. On the other hand Industrialization itself becomes helping factor through migration of people from rural area to urban settlements.

Urban area means that area were large number of people living and the density of population is high and large part of population is engaged in non – agriculture activities. The process of urbanization and industrialization obtain new speed especially after independence. Even after 1971 to 2001, population ratio raise in cities. In 1971, there were only 9 cities (Mumbai, Calcutta, Delhi, Chennai, Hyderabad, Banglore, Ahmedabad, Kanpur and pune) with more then 10 lakh populations. Where as in 1981 number rose to 12, 23 in 1991, and 35 in the 2001 census. And two cities i.e Mumbai and Calcutta population increased by about 100 lakhs. (Census of India, 1971 – 2001) Thus, urban population has been continuously grown up. The main and proper cause for urbanization is “Migration” of people and it occur due to economic reasons, attraction for urban high life style, higher education and training, employment related aspiration, political reasons and natural disaster can also include from this. Thus, both push and pull factors are included in migration of people. Sometime, change the boundaries of city also a factor of urbanization.
1.2 GROWTH OF URBAN CENTERS IN INDIA

Since 1961, there is appreciable rise of towns/cities in India. In 1961, there were 2334 urban agglomeration, where as in 1971, there were 2567 towns, 3347 in 1981, and in 1991 3769 towns were in India. It increases up to 4378 in the year 2001. Thus the highest urban agglomeration growth was in 1971-1981, and that was 46.1% and 36.4% in 1981 - 1991. The decadal growth of urban agglomeration was 31.3% in the year from 1991 to 2001 (Census of India, 2001). Thus from 1991 to 2001, the urban agglomerations growth became slow because major villages are deriving the elements of City under the process of modernization and globalization, even small towns are also expanding and developing by imitating major cities and by this cause migration ratio seem to have abated. Whatever the reason stating behind it but we can’t deny the process of urbanization and growth of urban areas in India. Because if we support the definition of urbanization and process of urbanization, we should accept its continuity and process as a global phenomena.

1.3 GROWTH OF URBAN POPULATION IN INDIA

Overall development is required for all human beings. It requires to make life better and thus to make it even better they need certain essential goods and commodities. Under the process of urbanization, it is found that there is continuous increase of urban population since last 10 decades i.e from 1901 to 2001. Ministry of Home Affairs, Government of India, has revealed the data of population growth, which is given below in the table no.1.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1901</td>
<td>25,51,873</td>
<td>10.8%</td>
</tr>
<tr>
<td>1911</td>
<td>25,941,633</td>
<td>10.3%</td>
</tr>
<tr>
<td>1921</td>
<td>28,086,167</td>
<td>11.2%</td>
</tr>
<tr>
<td>1931</td>
<td>33,455,989</td>
<td>12.0%</td>
</tr>
<tr>
<td>1941</td>
<td>44,153,297</td>
<td>13.9%</td>
</tr>
<tr>
<td>1951</td>
<td>62,443,934</td>
<td>17.3%</td>
</tr>
<tr>
<td>1961</td>
<td>78,936,603</td>
<td>18.0%</td>
</tr>
<tr>
<td>1971</td>
<td>109,113,977</td>
<td>19.9%</td>
</tr>
<tr>
<td>1981</td>
<td>159,462,547</td>
<td>23.3%</td>
</tr>
<tr>
<td>1991</td>
<td>217,551,812</td>
<td>25.7%</td>
</tr>
<tr>
<td>2001</td>
<td>285,354,954</td>
<td>27.8%</td>
</tr>
</tbody>
</table>
Thus the data summarized above regarding urban population has been found to be growing spasmodically. The percentage wise decadal growth of urban population discloses the fact that a faster growth rate was seen from the phase 1921-1931 & then gradually from 1931-1951. In the decades 1961-1971 a sharp improvement in population growth is seen. According to census 2201, 285 million people were residing in urban areas & 742 million in rural area out of the total population. Thus the ratio of rural population is very high, compared to urban population because even today Indian economy is highly depends on cultivation and ranching and most of the people are involved in this business. In this decade many villages are disguised as towns and small cities by accepting urban elements and large number of people are tracing similar opportunities as urban areas still these people are not ready to give up their tradition, cultivation and traditional occupation and relation with their villages. Even the numbers of villages are more than cities and towns in India so it is inherent for high population in rural areas. Still the populations of urban areas are increasing day to day.

1.4 URBAN PROBLEMS

Whenever we talk about urban areas, we should emphasis on urban problems. Because, more or less every urban area are victims of many problems i.e crimes, child offence (Juvenile delinquency) Bagging, Red light areas – prostitutions, Slums, white collar crimes, community conflict etc. As we know that there is a more pressure of high population in the cities and in front of this, due to lake essential commodities and exigency of primary resources creates such problems. Here scholar has explicit about SLUM as a problem of city.

SLUM – As an Urban problem

It is fact that slums are increasing world wide. Perhaps, the ratio is high or low in different countries of the world. It is an inevitable part of cities. In recent time, the problems of slums are serious and required proper attention of the scholars as well as administrators of developed countries. Doshi Harish (1990) indicates in his book “Urban Sociology” that “slum is a socio – economic problem of modern society. There is not even a single city of India without slum. Along with industrialization, socio – economic
reasons are also responsible for increasing slum areas. Here we can define that slum area means those areas where people living in poverty, less equipments of primary needs, sanitation, less opportunities of personal development, inaccessible basic amenities etc. Even there is less opportunity of overall development. Here scholar has specified some concept and definition of slum.

Census of India has explained the definition of SLUM as under.

1. All areas notified as “Slum” by state/local Government and UT (Union Territories) administration under particular slum act.
2. All areas recognized as “Slum” by state/local Government and UT (Union Territories) administration, which have not formally notified as slum under the slum act.
3. A compact area at least 300 population or about 60-70 household of poorly built congested tenements in unhygienic environment usually which inadequate infrastructure and lacking in proper sanitary and drinking water facilities (Census of India: 2001).

VLS Prakasha Rao (1983: 223-224) explain that “origin of slums are varied – roots lie in the fisher communities in port cities, migrant laborers in Industrial cities, construction workers drawn by the huge building construction programme and canal and road construction works and the refugees migrants flooding the cities as a consequence of political wars and natural disaster”, moreover he specify that “definition of slums has its roots mainly in deteriorating and sub standard housing and over – crowding, sanitation, poverty and the character of the very site/area occupied by the slum, and its location in the ecological setting within the sprawling city. United nation Habitats Report describe the term “SLUM” as a wide range of low income settlements and poor human living condition. A simple definition of a slum would be “A heavily populated urban area characterized by standard housing and squalor” (UN-HABITAT Report: 2007).

As slum define in Indian constitution article in section 3 of the slum areas (Improvement and clearance) Act, 1956, as areas where building,

- Are in any respect unfit for human habitation.
- Are by reason of dilapidation, overcrowding, faculty arrangement of Streets, Lack of ventilation, light, sanitation facilities or any combination of these factors which are determinate to safety health and morals.

According to Doshi Harish (1990: 476)\textsuperscript{13} Slum areas are those areas where there is drains and lack of facilities like lavatories, roads, schools and public \& health services. Where houses are in form of huts and made from waste materials, tin and sheets of asphalts, plastic’s bags, waste tires, old bamboos sticks, tree leaves and mud. The homes from slum has urgent requirement of mending. And as a building they are in bad condition, lack of facilities and very clumsy and full of people.

Another Marxian Sociologist Desai. A. R. observed that “cities in India have been growing haphazardly with no provision to accommodate the ever – growing volume of in – migrants. There has also been no viable effort to develop the employment potential the smaller cities and towns and there by make them attractive to migrants who leave the country side. Resultantly, slums themselves are considerable lucky as they have some kind of shelter though the cost of this, as this study brings out, is day by day increasing. . . .” (1972: 19)\textsuperscript{14}. Moreover he says that “In many slums there are no lavatories or water taps and where the exist the number of users per lavatory runs into over a thousand in some cases “Slum” is generally areas of poor sanitation, excessive overcrowding is not merely a question of low per capita living space; it portends health hazards of a severe nature. Health indices like infant death rate, as mentioned earlier, show that be it New York or madras, the slum population has a distinct level of misery (Desai A. R: 22-23)\textsuperscript{15}”

As we know that, food and clothes are basic human amenities, on the other hand house and housing condition is also very important. Here scholar has noted some of the characteristics of slum for his study. And these are “infirm housing structure, congestion, over crowding, drainage problems, paucity of safe drinking water, Faulty alignment of streets, absence of Bathrooms and toilet facilities, Inadequate lighting, non \– availability of basic physical and social services etc. Here especially indicating non \– availability or less \– availability of health services in slum because this study is related to health of slum dwellers.

Definition of slum has been defined by scholars and researchers in different ways. Economist, town planners, social workers, administrators, welfare agencies and sociologist has explained slum in different ways. “for economist, the slum is an area of
poverty and deterioration, to which is physically as well as morally related to town planners, it is an area of complete physical deterioration, lacking in basic amenities and requiring total demolition and re-construction (Rao Ratna, 1990: 4). Bergel says (1955: 410) “Slums may be characterized as areas of sub-standard housing condition within a city. A slum is always an area a single neglected building even in the worst stage of deterioration does not make a slum.” Marshall Clinard (1966: 4) is of the opinion that “Slum have been commonly define as those portions of cities in which housing is crowded, Neglected, deteriorated and often obsolete” According to Rao Ratna (1990: 6) “A physically deteriorated area where human beings live an organized life of their own thought they are economically poor” Thus, we can says all the definitions are field based definition. As, Doctor Check only physical condition of slum dwellers, where as sociologist define slum with the glance of social atmosphere.

While defining slum, a question always remains that “Why do they exist? “And Rapid rural – urban migration is main reason for creates slum. Both, push factor and pull factors are responsible for migration. Even United Nation Habitat emphasize on insecure tenure and Globalization. The UN Report fined that cyclical nature of capitalism, increased demand for skilled versus unskilled labour and the negative effects of Globalization in particular, Global economic booms and busts that ratchet up inequality and distribute new. Wealth unevenly contributes to the enormous growth of slums. Scholar has given different names to slums as per characteristics they have observed; they are Brighted area, deteriorated area, gray area, renewal area, lower income settlements/area, Inner core area. Slum areas are addressed by different name in different countries i.e Barrios clandestinos’ in Columbia, ‘Vilas de malocas’ in port Algere, ‘colonias proletarias’ in Maxico, ‘vilas miserias’ in Argentina, ‘Favelas’ in Brazil etc (Doshi Harish,1990: 474) And in India, Slums are called “Zupadpatti, Chali or chawl, Bastees, and in northern India slums are known as jhuggis. There are different types of slums in different countries. By theoretical analysis, Charles stroke, Lima, John sile, Harbert Jeans, Caracas and other thinkers explain different concept with them own glance of slum in the context of different countries. Here we discuss about Indian Slums, its concept is totally different then the slums of developed countries. As if, “Slums are exists, where constructing huge building, temporary constructed residents near by mills and
factories and even residence near mills and factories are known as CHAWL. Sometime Slums are come to exist on foot-path or riverside.

As we know objectives of this study is to observed and study the Health and Health problems of Slum settlements. So it is requisite to explain the theoretical term of Health and other health related terms. So here, scholar has tried to give some definition of Health, Medicine, and Social medicine with scientific approach.

1.5 DEFINITION OF HEALTH

The term health is a common colloquial in most of the cultures but community wise concept is presumably different. Here health means “Absence of Disease” by overall perspective. Absence of disease contributes in the structure of any society. In this sense, countries of the world emphasis on better health services. Health status of any nations is (whether it is low income nation or high income nation) depending upon infant mortality rate. During past few decades health become a world wide social goal and even it become a fundamental human right.

The absence of disease is a particular concept of health which recognizes world wide and it exist from the primitive stage to yet. But in the age of science, technology and development, various concepts of health has become popular such as Bio-medical concept, ecological concept, psychological concept, holistic concept etc. if a person is free from disease, then he/she is consider health, this is the biomedical concept which is very clear and very practical. The ecological concept is totally concern with men and his environment. “This concept is emphasizing on two issues. viz imperfect man and imperfect environment” (Park. K, 2009: 12)21. Holistic approach indicates that whole sectors of society have an effect on health. Thus, there is not any particular concept of health. But if we sited an overview, we can consider two things viz. absence of disease and human well being.

Health means “A condition or quality of the human organism expressing the adequate functioning of organism in given condition, genetic and environmental” moreover, WHO (world health organization) also summarized that “Health is a state of complete physical, mental and social well being and not merely an absence of disease or infirmity (WHO Report, 1978)22. Many scholars of medical science criticize this
definition as unoperational definition. But still the definition is acceptable world wide. This is the overall definition and the country wise concept may be different.

According to park K (2009: 13)\textsuperscript{23}, “There is no obvious evidence of disease on that a person is functioning normally and the several organs of the body are functioning adequately in themselves and in relation to one another, which implies a kind of equilibrium or homeostasis”. Thus, the process of human living with functional organism and adaptation with environment means health. Moreover, the definition of health is very different in the context of poor and reach person. As an example, “poor facilities consider nutrition and hunger to be a normal part of life, where as people in rich countries define hunger and poor nutrition as illness that can be cured with more and better food” (Macionis J J, 2005: 265)\textsuperscript{24}. Somewhere health is pertaining with human mentality also and on the same way according to Macionis J J (2005: 265)\textsuperscript{25}. “Many doctors addressed it as a psychosomatic disorder, in which the mind appears to affect the body. When people believe that they are sick, their belief often comes true”. While we look upon the “health” and Human mentality among the health in pragmatic life, many people assume that sometime unhealthiness is functional, as an example ‘fever is worth sometime because high temperature is in the favor to throw out hit from the body”. Thus, it shows the people beliefs and their mentality among health in pragmatic life. So there are many assumption of health in society and we may segregate the term health in physical or mental health.

The concept of disease is also important in the deliberation of health. Because health means absence of disease and unhealthiness is the present disease in human body. Disease creates disturbance in part of the human body. The oxford dictionary defines disease as ‘A condition of the body or same part or organ of the body in which their functions are disrupted or deranged’. In the biological sense, disease is creating unhealthiness by disturbing the function of human organs. Generally there are three terms used in science, social science and in pragmatic life i.e disease, illness and sickness. Susser explains it as under:

- Disease is a physiological/psychological dysfunction.
- Illness is a subjective of state of the person who feels aware of not being well.
Sickness is a state of social dysfunction i.e. A role that the individual assumes when ill (sickness role) (Park. K: 31) 26

Thus, there is big difference between these three terms. Though the term disease is very clear in biological aspect.

Medical science has usually distinct all diseases in three parts i.e. communicable diseases, non – communicable diseases and contagious diseases. Communicable diseases are spreaded through person to person, animal to animal, and animal to person or environment to person. Non Communicable diseases are not communicated from person to person. i.e. heart diseases, blood pressure. Whereas, contagious diseases are transmitted through direct contacts i.e. sexually transmitted diseases (STDs). There are five routes of transmission of communicable diseases, which are as under.

1. Contact Transmission: The contact may be direct or indirect. Kissing, sex and touching are the direct contacts. Whereas, shared towels, tap, lavatories, surgical instruments are indirect contacts.

2. Vehicle Transmission: Water and Food both are the most vehicle transmission particularly in slums. We can also mention about reservoir also.

3. Vector Transmission: Arthropods or other invertebrate hosts by biting, regurgitation, scratching in of infective feces and contamination of hosts with body fluids of vectors.

4. Air – Born Transmission: Direct infection by sneezing and spitting by infected people. Common cold, influenza, T.B, Measles, Whooping cough and mumps are spreading by direct infection and TB and Pneumonia are spreading by infected dust.


As we have seen earlier that there are three specific dimensions of health – the physical, mental and social. The physical dimension of health is stated about good functioning of the body. This is totally a biological concept, and in this context physical dimensions concentrate on functioning and harmoning between every different cell and organ of the body. On the other hand, mental health is mainly concern with society and human physical structure. Such as while person couldn’t integrate with society or its norms, values, ends, or the other one’s of the society, it creates a pressure on person’s mind and he may suffer from the mental disorder. Moreover, Sartorius N. define it as “a
state of balance between the individual and the surrounding world, a state of harmony between oneself and others, a co-existence between the realities of the self and that of other people and that of the environment” (Sartorius, N, 1983: 64(1) 5)\(^{28}\). In this age, mental health is also relating with the society and environment. Even, few decades ago, the mind and body were considered as independent entities. According to the different branch of science, it is assumed that they are related to each other, and there are many researches have been done on it. Even the concept of mental health has been continuously changed from the ancient time to present day. Michel Foucault has giving explanation in his book ‘Birth of Clinic’, about the ‘changing concept of mental health in different age’. Likewise, social dimension of health indicates functionality in social structure, social integration and adaptation among society. There are many other dimensions also such as philosophical, environmental, educational, nutritional, curative and preventive dimension also.

### 1.6 HEALTH AND MEDICINE

The term health and medicine both are related and interdependent on each other. We may not say that where there is medicine, there is healthiness. But we make sure that medicine is a curative part in physical disturbance so both are exist in the subsistence of each other. Medicine takes part as a preventive or curative in human unhealthiness. Preventive medicine is known as an advance step among disease and unhealthiness. Curative medicine is near by thousands of years old as well as preventive medicine came to exist in 18th century. Preventive medicine is indeed newly developed branch of medicine for public health. Such as James Lind (1716-1794) indicates fresh fruit and vegetable for the prevention of scurvy in 1753, Edward jenny discovered vaccine against small pox in 1796. Many preventive medicines has discovered spasmodically such as cholera vaccine (1892), Diphtheria antitoxin (1894), anti – typhoid vaccine (1898), antisepsics and disinfectants (1827-1912) etc. Afterwards, antiviral vaccines come to exist like polio vaccine (1955-60). Moreover, “The discovery of sulpha drugs, anti – malarias, antibiotics, anti – tubercular and anti – leprosy drugs has all enriched preventive medicine” (Park. K: 7)\(^{29}\). Thus, the preventive medicine is a most recent approach which emphasize both health habits for prevent disease, eating and healthier diet, and adequate exercise and insuring a safe environment. As we have seen earlier that, many years ago
curative medicines were well prevailing. Here scholar has explained a brief history of these medicines.

In ancient time, people believed in supernatural power. They believed in evil spirit. People used magic, sorcery, amulet-charms etc to come out from the influence of evil spirit. People were very rituals and depend upon their traditions. The medicine of prehistoric time was intermingled with superstitions, religion, magic, and witchcraft. If we look around the world, supernatural theory of disease and rudiments of primitive medicines are still persist in the many core of the world today. As an example, Mantra – (Amulet & Charms) is also used in India for the curing snake bite. This is the general deliberation about the world wide assumption and action among disease and health.

Moreover, there were many indigenous medicines were existed from the ancient time. Indian medicines were developed in the form of Ayurveda and Siddh System which is still remaining and practiced in India. People used this both medical system as a prophylactic. In ancient India, the inventors of Ayurvedic Medicine were Atrey, Charak, Susruta and Vagbhhatt. Atrey was the first great Indian physician and teacher and by this fundamental norms and principles Charak authorized a book namely “Charak Samhita”. More then 500 drugs are mentioned in his book. Susruta is known as a “Father of Indian Surgery”. He compiled the surgical knowledge in his book ‘Susruth Samhita’. Significance of Ayurveda is the ‘Tridosh theory of disease. The humors are wind, gall and mucus. Person is said to be happy while these three humors were in perfect balance and harmony. Moreover, other indigenous system of medicine namely ‘Unani – Tibb’ and ‘Homeopathy’ are still alive in India today. Medicine types are utmost important source of medical relief to the rural population. On the same way Greek, Egyptian, Mesopotamian and Chinese and Roman civilization had traced their own traditional medicine by different rudiments.

Thus, every civilization of the world had their own medical system and medicines in the ancient India. Today many people are there who are still using the traditional medicine for cure the disease and be healthy. Many sagas have shown that most of the primitive medicines were curative because the concept of primitive medicine was not developed. But today curative and primitive both type of medicine are utilize in the world. The new concept of social medicine has developed in the Europe by the consequents of germ theory was given by Louis Pasteur and Robert Koch. This theory is
developed the on the base of ‘Germs in air’. Germ theory of disease is also a one cause behind the development of social medicine (Park K; 2009)\(^3\). Moreover, social medicine emphasize on men as a social being, social environment and health of the community. Moreover it is an expression of human traditional medicine. Care of patient, Prevention of disease, Medical Services and administration etc are the subjectivity of the social medicine. Social medicine is new branch in social sciences and medical science. Thus, curative, preventive and social medicines are the modern way for health care.

Health and medicine are concern with each other. As we have seen that the concept of health and medicine and way to cure health are spasmodically changed in different age. By this cause it is utmost important to derive some information about the health care system of slum dwellers, that what the method they are using in sickness is. Thus, in this part scholar has explicit such concepts and definitions of medical term such as health, medicine, disease, illness, sickness etc.

1.7 THEORITICAL APPROACH

Each and every studies of any branch of knowledge has its own sociological Importance. As we have seen in the beginning of this chapter that this study is mainly concern with two branches of sociology, Urban Sociology and Medical Sociology. Urban Sociology is concentrating on urban social phenomena. From the 20th century, urban areas and urban communities have been rapidly growing as well, that is why it becomes Important to study. Urban Sociology studying urban community, urban structure, formal and informal relation of urban people, urban institutions, urban problems and other phenomena. Urban sociology defines the influence of urban social interaction, social action and social institution in urban life. There are many scholars such as Burgel, Erickson, Marshall cinard, Ashish Bose, A.R.Desai, S.D.Pillai and many other have concentrated on urban studies. When medical sociology is modern branch in sociology because it came to exist only after second world war. Social thinkers and researcher conceive that human disease and illness is not only effects to biology of human body but also effects on social structure of society. It creates disfunctionality in the structure of social life and interpersonal relation of a human being. Medical sociology also explicit the values and disposition of illness, patient, disease, and health issues. Medical sociology is a new developed branch and not myriads of the studies have done in it. Indian Sociologist like I.P.Modi, and. Ahuja has contributed in relevant subject of medical sociology. It is
remarkable phenomena that D. Benarji has started the Department of Social Medicine and community Health at Jawaharlal Nehru University, Delhi. Even, In comparison to other branches of sociology very few studies have been conducted pertaining to medical sociology. Because of this, scholar has decided to study about relevance of this branch.

While I searching various sources related to urban problems, my interest has been perpetually increased in the area of urban studies because I found urban society is surrounded by many social problems and enhancement of slum areas are also one of them. These slum areas are hub of problems and people living in these slums (slum dwellers), their main problems are inadequate community facilities, Imbalance distribution of income, lack of civic and social amenities, inadequate social services etc. Thus, in the context of time and money scholar has decided to focus only on health issues of slum dwellers. Even one of the reasons behind selecting this topic of study is the personal interest of scholar in medical sociology.

Each and every study has their own theoretical importance. Without including theoretical aspects the study is incomplete because theories are providing milestone to galvanize the study structure, even it gives proper direction to fulfill the requirements of the objectives of the study. Furthermore the theories are providing a scientific nature to the study and along with this subject related theories are giving a proper scientific glance to the scholar for the completion of the study. Thus, theories are utmost important to giving a scientific nature to the study and in this study scholar has tried to indicates some theoretical approach i.e. functional and dysfunctional approach and conflict approach. These approaches are well known in the sociology and different sociological branch. Here scholar has tried to highlight the situation of slum dwellers, discrimination to providing medical and other services between rich and poor and the vertical cause for conflict in family of slum dweller etc by theoretical glance. Even the purpose behind explaining such aspects is to reveal the theoretical approach in medical sociology and to present the relation between medical and urban sociology. Moreover, the theories will create its own identity and will giving a scientific nature to this study and thus the study will be more important. Here scholar has explicit some theoretical approaches.
(A) **Functional Approach and Dysfunctional Approach:**

Functional Approach merely considers social Integration and solidarity in social system. Functionality is ever requisite for remaining social system for analyzing social system, functionalists mainly emphasis on three elements such as,

1. The general interrelatedness or interdependence of the parts of the system.
2. The existence of a “normal” state of affairs, or state of equilibrium, comparable to the normal or healthy state of an Organism.
3. The way that all the parts of the social system, recognized to bring things back to normal. (Wallace & Wolf, 2008)\(^{31}\)

Thus, functionalists indicate these elements for normal social system. Total area of slum, slum dwellers and their relations are the part of urban society. When we talked about functional approach, it needs to signify the functionalism. So, in this process, if we see, modern dictionary of sociology define functionalism as “The analysis of social and cultural phenomena in terms of the functions and they perform in a socio – cultural system. In functionalism, society is conceived as a system of interrelated parts. No parts can be understood in isolation from the whole. A change in any part is leading to a certain degree of imbalance, which in turn results in changes in other part of the system and to some extent to a reorganization of the system as a whole. The development of functionalism was based on the model of the organic system which found in the biological sciences. (Theodorson G & Theodorson A, 1969)\(^{32}\)

Talcott parson explains his view towards health and medicine, and its functionality as well as dysfunctionality for social system. According to Talcott Parson, Medicine is a strategy for carrying the health of people. Where as illness of person is dysfunctional. Because medicine helps to sick person to come out from illness and make them enable for performing their role in society. Unhealthy person can’t play proper role in the society. So, Social system will disturb. Therefore it will be dysfunctional. To carrying the health of people is an important factor for normal society. Parson addressed three characteristics for the role performs by sick person, which are as under.

1. Illness exempts people from routine responsibilities.
2. A sick person must want to be well.
3. A sick person must seek competent help. (Macionis J. J, 2006, 559-560)\(^{33}\)
Thus, Parson explains three characteristics for the role performed by sick persons. No one wants to be sick. Because everyone has their own responsibilities for role playing. Though sometimes some people pretend to be sick to avoid their responsibilities and people who are seriously ill, they are trying to come out from the sickness and taking help of health care practitioners. Eventually everyone has to play their role successfully in society and it is requisite for functional society. We use this theory in our study with some modification. This study is mainly focusing on health issues of slum. Slum dwellers are surrounded by poverty and by this cause they couldn’t expand for better health. Here scholar would like to specify that poverty is not only a reason behind the worst health situation of slum dwellers but there are other factors also such as paucity of lavatories, hovels, non-ventilated dwellings, deteriorating condition, environment of slum place, lack of education and awareness among sanitation, etc. Thus we can trace that Slum dwellers have to perform their role in their family and group successfully; unhealthiness creates controversies for playing role. Therefore disfunctionality has existed in their family and group. But here scholar would like to indicate that Unhealthiness is not only a reason behind hindering the role performance of person, but there are other factors also such as alienation from work, social tensions and social relations, lack of basic amenities, economic situation, less employment opportunities or unemployment, education and some time environment also hinder a person for role playing. This study focused only on health situation and that is why scholar has concerned it with role playing and thus scholar has explained dysfunctionality. Scholar has not considered other factors for disturbing role performance of anyone. Health situation is utmost worst in slum areas rather than other city areas. Thus, my interest developed to understand the dysfunctionality in the families of slum due to unhealthiness of slum dwellers and I inspire for this study.

(B) Conflict Approach:

While applying conflict theory to the study of public health in sociology, we may relate it with inequality. It is also clear that conflict arises in such situation where there is inequality and unavailability. Here the scholar has focused on three aspects in their study regarding health. First of all, it is found that there are almost all kinds of medicines and treatment available in medical clinics or hospitals. Poor people cannot spend higher expenditures for their treatment so it is situation of unavailability for them. On the other
hand most of the doctors are found to be more interested in profit making. Higher profit encourages unnecessary tests and surgeries as well as over reliance on drugs. Today money and profit both are important factor for overall treatment of patient. Even surgery has become very costly now days. Health care & better treatment of people should be the major concern of the doctors, not the profits. Due to privatization most of the hospitals do not follow the government norms for fee and service structure and concept of social service as well.

It is clear that class discrimination exists in health services between peer and peerless groups. Poor people can't afford higher fees for better health treatment and this is the reason they prefer to go to the government hospitals. Most of the time it is believed and sometime found that they don't get good treatment at government clinics and hospitals. On the other side the people belonging to high income class can avail good health treatment due to their ability to spend more money. They avail treatment & services at private hospital also. Sometimes doctors of government hospital extend better treatment in their private clinic but they are reluctant to extend the same service for which they are paid for. For this study scholar has not applied conflict theory because it is inherent that poor people cannot spend more for there treatment. They can't show their protest for poor treatment and even protest against capitalists. We have to accept the fact that, "where there is money there is power”. So slum dwellers do not get better health services neither can they spend more money for their better treatment in health. So from overall understanding we found that here scholar has explained this theory only to understand and shows the affect of this process. Thus, we can indicate some approaches of the functionality dysfunctionality and conflict among slums. While we are concern the study with theoretical approach, while we can indicate the two types of slums, slum of hope and slum of despair. Both the types are considerable in the studies of slum areas.

Charles Stoke talked about the two types of 'SLUM' after his study on different slum areas. He indicated them as (1) Slum of hope and (2) Slum of despair. Slum of hope are those settlements which have upward opportunity of development and progress. In this type of slums, slum dwellers can get the opportunity for their own upliftment. On the other side, slum of despair are totally hopeless areas. People here cannot find better opportunity to come out from unfavorable socio economic circumstances. They have taken it for granted that no improvement is possible in there case neither anybody will
come forward to help them to improve their. Both these types of slums are found in Ahmedabad. During this study we can find that slums of Ahmedabad city consists of above sited types of slums i.e slum of hope and despair. Scholar did not specifically study and focus on the types of slums under this study; instead he explained it as much as required, which reveals the real situation of the slums of Ahmedabad. While study of slum area, one should also give a glance upon socialization of slum dwellers. There are several types of socialization such as negative socialization, deliberate socialization and unconscious socialization, delocalization, reverse socialization etc. From all these types of socialization, we can implement deliberate, unconscious and reverse socialization. Such as, people learn to utilize ethnic medicine and materia medica from their family and forefathers. While we are talking about slum dweller we have to know that they are not economically sound and they cannot afford costly medicines for them. So in critical health situations slum dwellers used ethnic/traditional medicine due to easy availability and low rate which is in their affordability. They learnt to use it consciously or unconsciously from their family. So it is also a part of socialization. In the same way some elders are not only conscious about the traditional indigenous ways of health treatment but they are also aware of the modern techniques of health treatment of the new generation. So it is similar to reverse socialization process in the context of health in this study. Scholar did not analyse deliberate and unconscious socialization. But he is eventually more concern about social theoretical aspect in health study of the slum dwellers.

Moreover, the purpose of this study is that it enhances the sociological knowledge and improve some data and information in medical sociology. It will also be helpful for the students of sociology as well as researcher and urban planner. Even it will be helpful for making future government policies. This study may be useful for various other purposes related to individual and society at large.

Scholar came to know that there are many researches done in the context of Slum. But there is not much studies concerning health of slum areas of Ahmedabad city. We have seen earlier that there are many researches related to health issues of slum area but due to different region, different ecological atmosphere, different demography, and different socio-economic back ground of slum area, health issues and situation of one slum may be different then other slum. And even consequences of the similar problems would be different in future. In this way, It shows that this study is very much Important and fruitful for the concerned subjects.

1.8 METHODOLOGY

Research is an important part for increasing knowledge and information in all social sciences. The role of research is to accumulate the information, develop concepts, and theories for social sciences. In short, we can say that “Research means to search out new facts on the basis of data and rectify old one”. So the research is miles stone of natural and social both sciences. Research work has been implemented on the objects of the particular subjects, like sociological research deals with social phenomena. Even, research can be defined by “Re + Search”; it means the repetition of search. According to Khan J. A (2007: 2)34, “In some cases repetition can be but for the improvement of knowledge as attitude and other related aspects of previous study might have been affected by socio – economic, socio – psychological, Socio – political or any other related factors”. Research should be on scientific way for making it more authentic. There are merely difference between scientific study and study with common sense. According to Ahuja Ram (2009: 17)35, “All these differences between science and common sense indicate that scholars give statement and proposition which can be empirically verified but a layman does not believe in testing and validity. In short, the method of science is different from the method of intuition (accepted by the priories because it is agreeable to reason if not with experience) or tenacity (fact is true because it is known to be true and repetition enhance its validity)”. There are two methods of research 1) Scientific method and 2) Unscientific method. Unscientific method is not recommended for any research. If a researcher starts research journey without honoring the scientific method than such work can not be classified as a scientific research. So, every researcher used scientific methods. There are such elements for following scientific method like empirical, conceptualization, definiteness, neutrality, verifiability, reasonable, analysis, objectivity,
generalization etc. Ahuja Ram quote empirical test as “the scientist test his hypothesis and theories through systematic empirical testing but the man in the street tests his so called hypothesis and theories in a selective way. He, often select evidence simple because it suits his hypothesis. The sophisticated social scientist rejects such ‘selective tendency’, instead of giving an arm chair explanation of a relationship, he believes in ‘testing’ the, relationship in the field/laboratory” (2009: 16) 36. This whole study is on the base of scientific method and research scholar will work through research methodology.

1.9 SOCIAL RESEARCH

Sociologists are generally studying about problems and other social phenomena, and trying to find out the solution. Research is implementing for understanding the types of problems and for getting its solutions. Social research is an empirical because it’s getting systematic information and studying on it. Even it is comparative also. We can say that Research is a continuous process. Because observation, findings, theories and prediction has came gradually in all types of research work. According to Young P. V, “Research may be defined as the systematic method of discovering new facts or verifying old facts, their sequences, inter relationship, causal explanations and the natural laws which govern them” (1977: 30)37. Moreover, Ahuja Ram has also addressed some points about social research that “social research is a research that focuses on the process of social of social interaction” (2009: 19) 38) Where as Kelinger addressed it as “systematic, controlled, empirical and critical investigation of hypothetical propositions about the presumed relations among phenomena” (1964: 13)39

The encyclopedia of social sciences defined research as “The manipulation of generalizing, extending, correcting or verifying knowledge….., whether that knowledge aids in construction of theory or in practice of art” (1930)40. Where as Redman and Mory also define social research in short as a “systematized effort to gain new knowledge.” (1923: 10)41. Scientific research only follow the systematic plan, in this sense Redman and Mory indicate about those systematically efforts which can be supportive character for gaining new knowledge. Research involves a systematic structure of investigation and at last it is resulting into a systematic report form. These all definition specifies the primary purpose of research. As we have seen earlier that research is comprehensive, intellectual, discovering of facts, and their significance or inference with reference to the
problem under study. Thus, research is scientific process which increases scientific knowledge.

We can classify the types of research in three parts according to the study method such as exploratory research, Descriptive research and Explanatory (Causal) research. Moreover there are also other types of research like pure research and applied research, Qualitative and Quantitative research and longitudinal and comparative research. These types of scientific research are described as follow.

- **Exploratory Research:**

  These studies are taking under those problems about which researcher has little or no knowledge and information, even he may unfamiliar with structure of the group he is studying. Moreover this kind of research has mostly done on the base of the hypothesis of any phenomena. “This type of research is qualitative which become useful in formulating hypothesis or testing hypothesis and theories.” (Ahuja Ram; 18)\(^4\).

- **Descriptive Research:**

  This type of research describes the answer of question such as what, why, how and so on. The purpose of this study type is to observe the social phenomena and then describe that what did researcher find? In this study, Researcher has to present different phenomena with scientific interpretation. In short the major purpose of descriptive research is description of existing phenomena. The main character of this research type is that researcher has no controls on variables and can only report that what has happened or what is happening? Survey method, Observation, Case study, Archival method etc is the illustration of Descriptive types of research. This study is similar to diagnostic study.

- **Explanatory Research:**

  This type is known as causal research also. Such researches explain the causes of phenomena. As an illustration, there are many obstructions to getting basic civic amenities for slum dwellers. But why slum dwellers face to such obstruction? Thus, this type of researches are focusing on causes that why such circumstances has been created in society. So, this research giving such scientific explanation for any phenomena.
• **Pure Research & Applied Research:**

  The main intension of pure research is to accumulation in scientific knowledge. This type of research depends upon primary information. Find out the new facts of subject, and making a new principles and norms of subject, these are the main intension of pure research. Pure research in all scientific fields is sometimes justified in terms of gaining “knowledge for the sake of knowledge.”

  The main object of applied research is to find out and suggest the solution of the social problem. Secondary data can useful for applied research. It is conducted to find solution to a real life problem requiring a remedy or policy decision. Market research is an example of applied research.

  In short, pure research means, ‘Research of Human body and connection with its part, and applied research means “searching the medicine for maintaining and making a strong human body’. Thus, we can detach the both type of researches.

• **Qualitative Research & Quantitative Research:**

  This research study is present the quality of group, community, individual and etc. it does not focus only on numerical magnitude but it concern with attributes and characteristics of group, community and individual that which selecting under research subject. Qualitative research is especially important in the behavioral science.

  The type of study is depends of statistical analysis. So, it is emphasis on numerical measurement. Most of the social sciences researchers are utilize both types research, qualitative and quantitative.

• **Comparative Research:**

  This type of research explains differences and similarity between different units and its components, different cultures or social group. Ahuja Ram defines as it is the word “Comparative” shows its meaning, that compare between different social phenomena, social groups, system and so on. According to Saravanavel. P, “comparative method is thus a scientific method in which comparative data is collected with a specific purpose and analyzed and specific conclusions are derived from its result”(2003: 63)
• Longitudinal Research:

This type of research is studying about different social problem and social phenomena that which occur in different period of time. As an example, Enhancement of literacy rate in Gujarat spasmodically.

1.10 METHOD OF DATA COLLECTION

• Field Study Method:

Field study method is appropriate for in depth research. This study method is different then other method because mainly it is useful for particular groups, sub – groups, community, and other sub – structures. Thus, it’s utilized for collecting deep information from the field. In this study method, researcher has to concentrate on particular study field which has selected for research. So it gives more authentic information from filed then others. Generally this method has been used by anthropologist but its utilization is not possible in every social sciences.

• Survey Method:

It is thoroughly comprehensive method as well as systematic also. “This research has the advantage of greater scope in the sense that larger volume of information can be collected from a very large population.” (Sarvanavel .P, 2003: 61) 44. Hypothesis is not requiring in this method. This study is merely concern with the immediate problem of universe. Census survey is illustration of this method. Ahuja Ram indicates the difference between the field study method and survey method. Survey has a greater scope while field study has greater depth.

• Case Study Method:

This study method is focusing on particular unit or case. This unit may be a community, organization or a group. Case study means as observation of particular unit, person, family, organization and institution, or community of society. According to Young P.V (1977: 247) 45, “Case study means comprehensive study of a social unit, be that unit a person, a group, a social institution, a district or community”
• Historical Method:

    In this research method, scholar collects data from secondary sources such as past records (written or audio/video), News papers, diaries, autobiography, life history, story, manuscript, letters and other printing documents of history.

• Experimental Method

    Experimental method means ‘Observation of any social phenomena under control condition.’ Field experiment and laboratory experiment both are included in Experimental method. Study is conducting in field for the experiment of particular group and compares it with control group it is addressed as Field experiment. In this method, researcher observes the study group in its original situation. In laboratory research, Investigators create a situation what they wants and experiment on it. After experiment, before experiment and Ex- post experiment are sub methods of experimental research.

    Thus, these are the types and methods of scientific social research. This study has been conducted on scientific methods, about which scholar has explain further under research design.

1.11 RESEARCH PROBLEM

    Selection of research problem is the main step of any research. In sociology, there are many branches and different subjects for research but here scholar has merely focused on Urban Sociology and Medical Sociology due to his interest. From primitive stage, most of cultures of the world were developed in cities. Even at that time, economic and social development also centralized in the cities. Now urban society take a new looks in 21st century. Urban areas have been increased rapidly, rural areas also transmitted to urban areas at somewhere. Scholar is utmost interested to know and focus on urban problems. Increasing slum areas in the cities is becoming a serious and grave phenomena and by this cause many other problems has been created in city areas. So scholar has decided to study about slum areas as a problem of urban society.

    From the overall glance, there are many issues in slum areas such as Humiliation, unsafe and worthless life, Health and Education related problems, Lake of opportunity for women upliftment and development, Poverty, Crime, desocialization etc. Thus, there are
different issues creating in urban slums. It is not possible to add and focus on all issues in this study. Moreover, it would be very much spacious, so from all these issues scholar has selected “Health Issues”. On the other side, Health issues in slums become vast deliberative issues for social scientists, social workers and urban planners. Slums are decay for public personal health. Slum dwellers can’t take nutritional food; they live in small, congested and lake of ventilated houses, there are lakes of lavatories facilities, unawareness among the sanitation etc. In this context, all circumstances create non–healthy condition for slum dwellers.

Slum areas are regarded as the degraded form of human habitation and slum dwellers mostly suffer from minimum basic amenities and lake opportunities of self expression, developed and maintaining good health. On the other side, slum areas are perpetually growing due to uncontrolled migration and thus it creates many problems, that which we have seen earlier. Ahmedabad city is also under the process of urbanization and today the process of urbanization become very prompt. Moreover, slum areas are also increased continuously in Ahmedabad and there are lots of health issues are remaining in slum areas due to the lake opportunity of maintaining health, unawareness among health of the slum dwellers and lack of health facilities provided by Authority. So, scholar has decided to study about the health issues such as malnutrition, infections, low fertility, lack access to health care and low health status of slum dweller. Even through these all aspects scholar can trace some health related milestone realities of the field.

1.12 RESEARCH DESIGN

It is important and requires to preparing a research design for scientific and systematic research. While scholar prepares any design with considering a problem and subject, design become more fruition for scientific research with unbiasness. Design is a guideline for right direction. Preparing a research design is most important step in entire research process. According to Khan. J. A (2007: 45)46 “It can be stated that a research design is the logical, scientific and systematic planning or research for fruitful result”. This whole study has fulfilled the requirement of research design.

- Source of Data:

After selection of research problem, it is requisite to explicit various source of information for any scientific research. For this study, scholar has used many relevant
documents such as reports, bulletins, relevant research documents, journals, books etc. and tried to get previous and new information from this entire document for his information updation.

- **Nature of Study:**

  Research scholar has to clarify the nature of the study, that either it is experimental, statistical or comparative? Some scholars used more then one type of research. Study undertaken is mixed type of study because scholar has used statistical information, empirical and field data and documents as secondary data.

1.13 **HYPOTHESIS:**

Hypothesis provides proper guideline for research in particular frame. It is an assumption and tentative explanation of problem under study. Hypothesis is a statement related to different variables of research problems. It also explains the relationship between two or more variables, and thus it creates tentative statements. Moreover, it is an answer of specific questions. All the statements consider different variables of the problem. Hypothesis is unscientific sense if statements are without variables as an example ‘Slum dwellers are suffering from the problem of unemployment’. There are many types of hypothesis such as null hypothesis, statistical hypothesis, working hypothesis. Good hypothesis must be conceptually and theoretically clear.

In the beginning of the study, many hypotheses are working hypothesis, The hypothetical statement of this study is, (1) **people of slum areas are facing many problems of health in the compare of other non slum areas.** (2) **Basic civic amenities and health related facilities are rarely accessible for slum dwellers, and degraded physical, geographical and social environment in slum areas directly impacts on the health of slum dwellers.** (3) **Slum dwellers are less aware about their health and government’s health related schemes and programmes.** This is the working hypothesis to clear the work and objective of the study. Scholar is trying to know the facts in the context of health in slums on the base of this hypothesis.
1.14 **OBJECTIVES**

Objectives are the statements of the problems. It should be concern with the title and hypothesis of the study because objectives are giving a right dimension to the whole research process. Here scholar has explain objectives

1. To know the Socio – Economic and Educational background of the selected respondents.
2. To identify the health related problems and reasons of the selected respondents.
3. To observe and take stock of primary health facilities provided to respondents by local authority.
4. To understand the circumstances and consequences for unhealthiness of respondents.
5. To suggest some solutions of the problem.

Thus, this study is carried out with all such objectives. Objectives will support scholar as guideline for the study and keep it safe from the decay of incompetence of study

1.15 **METHOD USED FOR DATA COLLECTION**

In the present study, scholar has collected data by field sources and thus he collected information by interviewing the families residing in the selected slum areas. As well as, scholar has used documentary sources also. Thus, research scholar has selected both methods for data collection. Even qualitative and quantitative research types containing in this study. Thus, it reveals the difference between method of data collection and method of research also.

A. Tools and Techniques used for Data Collection:

In research, researcher used confirmed tools and techniques of his/her subject. Sociology is also science and all sciences are having their tools and techniques to collect required data. Here in this study, scholar has used interview and observation techniques. Even before he started his field work he has used library to collect secondary information with reference to study. Tools of this study have been prepared carefully. Research scholar has given first priority to interview technique because other technique would not give accurate, perfect and unbiased information than interview. In this technique scholar have a chance to get information face to face from respondents and observe the study
field. Likewise, information collected without the decay of biasness. Cross checking of
data is also possible in this technique. Interview technique is adaptable and flexible for
data collection. By this scholar can easily explain the questions which seems confused
and he can collect the data on proper way. Scholar has used open and closed both type of
question in schedule for getting accurate answer from respondents.

B. Processing, analysis and interpretation of data collection:

After collection of data, one has to classify it according to requirement of the
study. So scholar has been divided into different categories in the context of different
variables, which scholar has explained. In his study both logical and statistical methods
have been used. Here scholar has used SPSS computer technique for data analysis. Data
have been analyzed by the value of different variables. Data were presented in tables,
graphs and other ways as required.

1.16 UNIVERSITY AND SAMPLING

There are generally two methods of study – field study method and census method
based on secondary data sources. Census include all unites and components of universe in
research, which become broad sense of study. In the census method, the great deal of
time, money and energy are involved so it is possible to use this method at all. In the
sampling method, few units and components are selected from the universe. Sample is
depiction of such components and units of universe. Even we can say that it is measured
group which has selected from population. Fairchild H. P has mentioned it as “sampling
is the process or method of drawing a definite number of individual cases or observation
from a particular universe” (Fairchild H. P, Dictionary of Sociology).47

The present study has been conducted in the slums of Ahmedabad city. Ahmedabad
city is industrially and commercially developed and economically sound city
of Gujarat. Slums are generally settled on the land not used by others for any regular
purpose like to construct commercial building, government and private offices and other
infrastructural projects in Ahmedabad city. These could be settled near industrial area,
near railway lines or riverbanks.

Universal study is not possible in this case due to time limit and other obstacles.
By this cause scholar has concentrated on representative cases of study field. Ahmedabad
Municipal Corporation is divided into six department or zone 1) North zone, 2) south
zone, 3) middle zone, 4) east zone, 5) west zone, 6) new western zone. These zones comprise many slum areas in themselves. In Ahmedabad, there are total six zones which contain 64 wards. 1547 slum and squatters are remaining in Ahmedabad city, reported under Slum Networking Project, which comprise 138151 households (shanty, hovel, and hutment) in these areas. (AMC Diary; 2013: 97) Thus, the universe is very wide. In the present study scholar has selected two wards from each zone that is ten (10) wards from five (5) zones. Scholar has selected 15 slums out of 10 wards of 5 zones under the various criteria. The criteria’s are sited in third chapter. These selected slums are at the center of different ward as typical slum. From Paldi and Vadaj ward, scholar has selected 3 – 3 slum areas, means total 6 (six) slums and from each slum areas 10 households has been selected as sample for the study. Paldi ward of the west zone is one of the very posh areas of Ahmedabad and there are no slum areas having more than 100 households. On the other hand, Vadaj ward is very large by areas (domain) and divided as NAVA VADAJ and JUNA VADAJ. Here RAMAPIR NO TEKRO is the main and very large area (Slum) of the JUNA VADAJ. Consist of many chawls within out of these all chawls, scholar has selected three chawls namely Gorakumbhar Vas, Parikshit Nagar, and Sanjay Gandhi Nagar. These three areas are deriving the characteristics of typical slum. Moreover, two slums are selected from Nikol ward in east zone namely chhotalal ni chali and Ashirvad Nagar. These both areas are having 150 to more households, and peoples are living under degraded condition. Whereas, from Odhav Ward, scholar has selected Bhavani Nagar no Tekro area. This area is located on the both side of Kharicut Canal. Many chemical factories are also located in this area which creates polluted environment and the area is stinking forever by the chemicals. People of these slums are facing basic socio – economical and environmental problems compare to other non slum areas. But the overall conditions of these slums are very dilapidated. In north zone, from Asarwa ward and Girdharnagar Ward scholar has selected Nilkanth Mahadev ni chali and Khodidas ni Juni chali. In south zone, from Maninagar and Dudheshwar Ward scholar has selected Ramgiri na chhapra and Sankalchand Mukhini chali. In central zone, from Dariyapur and Dudheshwar ward scholar has selected Sultan Maholla and Ramlal no Khado slums as sample. From every selected ward (10) scholar has extract 30 families, so 300 families are selected as a sample of the study. In the context of all the facts explained above, scholar has used random sampling for the study.
1.17 IMPORTANCE OF THE STUDY

Research work is fake and useless without importance. Every research has take over the hand with some importance. We have seen some topics, that which reveals theoretical and applied/pragmatic importance of this study earlier. Along with this, scholar has tried to explain some other aim of this study also.

- **Functional view**

As we know that the increased rate of slum areas in city has created many problems in from of society. In which the main question is about the health of the slum dwellers. Slum areas are the consequences of urbanization and industrialization and at present whole world are facing this problem. Health problems of slum area may be overlooked by the government and even by slum dwellers also. This study will be useful to appraise the ratio of health awareness of slum dwellers. And it will give a new dimension to government and non government organization for solving the health problem of poor urban settlements.

- **Importance of Action**

Ahmedabad Municipal Corporation and state government has planned many projects and policies, and implemented for slum areas. This study will reveal the impact of these projects on slum dwellers and even it will be useful to government and NGO’s for implementing other projects and policies. Thus, this study will contribute in evaluation of programme, planning and re-planning and social policy development.

- **Theoretical Importance**

Without theoretical aspects research looks baseless and full of nerveless. Scholar has focused some theoretical aspect in beginning. This study is concern with urban sociology and medical sociology. Medical sociology is developing branch in Indian context. So, this study will involve its contribution in this new branch as much as it can. As Young P. V says that ‘research is discovering new facts and verifying old facts’. So this study will provide support for verification of old facts and modification of present realities. By this study, we can evaluate social problem (health issues), explore social reality and explain social life of slum dwellers.
Institutional Importance

Every research has fixed different type of importance for the institution of the society. It can be used for the development of education also. Education is one of the major institutes of society. So here scholar would like to mention about the importance of the study under taken for educational institution. This study will help the students of social sciences, especially for those students who are concern with research work and interested in urban sociology and sociology of health. Even it will fulfill the student’s requirement of the knowledge of both branches and its applicability. On the other side, it will be useful for social scientist/researcher also as a reference. Moreover, this study will be useful for professors, lecturers, readers and others who are concern with planning and development institutions for further study. Thus, this study will support and suggest those all delegates who are interested of this area.

At last but not least, this study will enhance the subject related information and knowledge of scholar. This study will help the scholar for getting vast information of the study field. It will introduce him as a good research fore further studies.

1.18 LIMITATION OF THE STUDY

In this study, scholar has taken only a slum area of Ahmedabad city. So it is difficult to find the situation of universe means Gujarat’s or India’s slum areas. It may be possible that every slum areas have different characteristics, situation and problems. So e may not generalize it to other fields.

While we are conversing about Ahmedabad city we must indicate about its slums. Ahmedabad city has six main zones, but according to the direction, scholar has selected five (5) zones. It means scholar didn’t consider new western zone. So it is difficult to analyze and interpretate the internal situation of the slum areas of new western zone.

There is time botheration of research to know the whole subject keenly, scholar needs long time. So there is time limitation for research also. Moreover, it is awkward to guess that how far it will be useful in further conditions because the finding of current scenario may not be suitable the finding for the further scenario.
REFERENCES.


15. Desai A. R, 1972, Pg no. 22-23, Ibid.


20. Doshi Harish, 1990, Pg no. 474, Ibid.
35. Ahuja Ram, 2009, Pg no 16, Ibid.
37. Young P. V, 1977, Pg no. 19, Ibid.
41. Young P. V, 1977, Pg no. 18, Ibid.
42. Ahuja Ram, 2009, Pg no 18, Ibid.
44. Saravanavel P, 2003, Pg no.61, Ibid.
45. Young P. V, 1977, Pg no. 247, Ibid.