

# Chapter Three

## SLUMS IN INDIA AND CONSEQUENCES OF LIVING IN CROWDED AREA

### 3.1 Dimensions of Slum Problems in India :

Slum offends the eyes, the nose and the conscience of everyone and it proliferates all the same. Estimates of the total number of people living in the slum of Indian cities stagger the imagination.

Bangalore city corporation contained 159 slums in 1972 with a population of about 1.3 lakh accounting for about 10% of the city population. Ten years later in 1982, the number of slums in Bangalore city has mushroomed to 287. Hyderabad had counted 113 slums in 1962 and saw them multiply four times to 455 by 1980. Similar is the population size to Hyderabad with about 22.5 lakh inhabitants in the metropolitan region. A study of slums is conducted by Gujrat University School of social sciences in 1972, found 80,000 households in slums as against 18,652 huts in 1960-61, an increase of 329% in a decade. 83% of these citizens are migrants and some 30% are settlers in squatters neither owning the land they live on nor paying any rent. The general increase in the population of Madras city during 1961-71 was 42% whereas the rate of growth of the slum population was 78.9%, i.e., almost twice as fast. In 1961, 23.8% of Madras city's population were classified as slum dwellers and in 1971 the said population was 29.9%. Bombay is said to have more than one million people living in these festering sores while in Calcutta the conditions have become more grave and the Census (1981) estimate of "those living in the pool of stagnant misery and desolation" are 3.02 million in the core area of the city (Seminar Report, 1983).

The physical and social conditions of today's Indian slums are generally considered as the worst and the most extensive of any country in the world. Lack of sewerage, lack of drainage, lack of water and electricity supply, lack of roads and paths, lack of latrines and lack

of space characterise Indian slums. The shelters themselves are built of mud, tin sheets, card boards, gunny bags and other flimsy scrap materials on unauthorised land and provide minimal protection from the elements. The streets, lanes and open drains in typical slum areas are filthy and people sleep as many as six to twelve in a room, hovel or shack. The Indian slum, however, is far more complex than the mere aggregate of those appealing physical surroundings suggests. It is a way of life. Rates of disease, chronic illness and infant mortality remain high and there is little knowledge of health and sanitation, nutrition and child care. Illiteracy is exceedingly high and cultural and recreational activities are almost lacking except those provided by commercial enterprises as cinema and gambling. They are the abode of low skill and low wage workers (Clinard, 1966). The people who live in the urban slums as well as the general public usually call the slums in the various cities by specific names that refers to the general housing or to the type of construction materials used and so forth. They are called chawls in Bombay, bustees in Calcutta, juggies in Delhi; and cheris in Madras.

Slums in Indian cities are the product of compulsion rather than design. A large number of them began to develop during colonial era when rural industries were destroyed and an excess of village artisans and landless workers took place from an impoverished rural hinterland to the present-day cities. These unfortunate ones herded together in chawls and bustees very close to factories with little or no regard to sanitation or hygiene. The passage of time or the dawn of independence has not brought any improvement. At the present reckoning, the slums in the metropolitan cities are burgeoning at least twice as fast as the cities. The predictions for the future are even more frightening. By the turn of the century more than 50% of the urban population in India will be living in slums (Tyagi, 1982).

## .2 Accentuation of Inequality and Slum Proliferation in India :

In post independence India the public sector was envisaged to achieve the "commanding heights" in the economy. Yet it has been found to be subserving and strengthening the private sector. The assets of the top 20 business

houses have increased from Rs.648 crores in 1951 to Rs.6,620 crores in 1979. The redistribution of income in favour of the propertied classes and consequent erosion of earning of the wage employees has also been confirmed by a recent study for the period 1970-71 to 1978-79. Another study by Prof. Brahmananda reported in Deccan Herald (March 29, 1983) has noted the growing wage disparity in India. The ratio between the lowest and the highest wages was 1:6 in 1950-51 and now three decades later it has become 1:12 (Seminar Report, 1983).

The rural agrarian structure is highly skewed in the distribution of assets. The poorest 10% of the rural households owned only 0.1% and the richest 10% owned more than half of the total assets in 1971-72 as well as in 1961-62 (Draft Five Year Plan, Govt. of India). In 1961 census, the landless agricultural labour formed 16% of the total work force. In 1981, their proportion has gone upto 25%. Pauperisation of the small peasant and dispossession of land is taking place at an alarming rate in the countryside. Related to it has emerged the phenomenon of organised violence of the Kulaks against landless agricultural workers of the depressed caste.

Half of the country population is living below the poverty line and every year about 5 million persons are being added to this figure. The number of applicants in the live registers of Employment Exchange has gone up from 5 million in 1971 to 10 million in 1982. In short, India is witnessing on an unprecedented scale, concentration of wealth and assets at one pole and the pauperisation and unemployment at the other. The rural poor because of poverty and unemployment flee towards the city. The urban commerce and industry are not adequately developed to absorb these unfortunate ones. When there is no job for these migrants in the organised sector, they seek their fortune in the unprotected informal sectors as vendors, scavengers and sweepers. Thus, with their meagre earnings, they have had no other alternative but to squat

wherever there is a little space in the crowded city. Thus slum is the by-product of landlessness and housing famine in the city. It's root cause, however, lies in the inequalities of property and income distribution.

### 3.3 Unhealthy Attitude towards Slum People :

There is little or no genuine attempt to accept the poor as disadvantaged as part of the city development process, to accept them as equal and integral citizens, to develop the city also according to their needs. Quite the opposite, not only are they exploited, but their life styles and livelihood are often made illegal and then even the "illegality" is exploited. Furthermore, this is not understood sufficiently, the poor as a group are an absolute indispensable part of the city and of society as it is presently structured. The middle class and the wealthy and the economy more generally, could not survive without them and their services. The city is not made for the poor; it has evolved not to reduce dependency but to take advantage of it, it is not made so as to enable the poor to improve their condition but rather to serve the wealthy and to allow them to enjoy and increase their advantage.

What is more - the post-independence experience of urban planning for the poor has been quite exasperating for two reasons. Viewing the slums as a scourge on the city's landscape attempts have been made to obliterate them. As a result slum dwellers have repeatedly been made target to state violence in the form of inhuman eviction and deportation to areas far flung from their work place. Secondly, the policies and programmes - ostensibly drawn up to help the poor have in reality benefitted the rich. A study shows that in Bombay a majority of slum and pavement dwellers have been evicted at least once during their stay, 51% have had their hutments demolished more than five times (Parekh, 1982). During the period of emergency (1975-77)

upto 5,00,000 squatters in the twin cities of Delhi and New Delhi were forcibly removed from their slum-homes and those structures were demolished. In Bombay, 72,000 squatters were whisked away to the new cheetah camp on the fringes of the city. In response, the Janata party vowed that it would never allow such a policy of slum demolition. Yet when it came to power after the 1977 election, Maharashtra State Cabinet (under Janata party) decided to demolish without exception all hutments in greater Bombay constructed after January, 1976. Such a step covered almost 2,00,000 slum dwellers in Bombay.

No matter which party is in power, the urban poor will have no respite for it depends upon class character of the state, that is which social group occupies state powers. In modern capitalist society economic power and political power are highly correlated and it become necessary to pose the question - which class is going to reap benefits from the demolition of slums ?

#### 3.4 Empirical Studies on Crowded/Impoverished Environment - An Overview:

Investigations on slum neighbourhood or highly dense and/or impoverished housing may be broadly categorised into two divisions viz. Western Studies and Indian Studies.

##### 3.4.1 Western Studies :

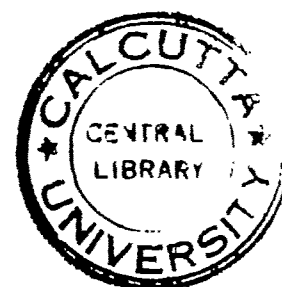
Slum environment is predominantly characterised with highly crowded neighbourhood irrespective of their locations in developed and developing countries. The effects of crowding on human beings can usefully be divided into : (1) Alterations of behaviour in normal individuals; (ii) Effects on mortality and (iii) Effects on the prevalence of psychiatric disorder.

I. Alterations of Behaviour in Normal Individuals :

Psychological experiments on normal subjects to study the effect of crowding have been comprehensively reviewed by Sundstrom (1978). His conclusions are summarised in the Table-1.

Table - 1 : Hypotheses supported by the number of research evidence and the total number of studies

Hypotheses	Finding supportive	Total
1. Small room size (high spatial density) produces a feeling of crowding, discomfort, or other negative moods states.	18	29
2. In brief exposures to a constant-sized area, increases in group size are associated with feelings of crowding or discomfort.	6	9
3. In prolonged exposures to a constant-sized area, increases in group size are associated with feelings of crowding or discomfort.	0	9
4. A feeling of crowding is more likely when a group works together or interacts than when members work alone.	4	6
5. In brief exposures to high room density in same-sex groups, males react more negatively to others than in low room density, but females react more positively to others in high than low room density.	9	18
6. A person with a history of intense or frequent social stimulation shows greater tolerance for high density than does a person with a history of relative isolation (adaptation-level effect).	4	5



Hypotheses	Finding supportive	Total
7. Performance of complex tasks is poorer during brief exposures to high room density than to low room density.	3	6
8. Prolonged exposure to high room density is associated with poor health.	11	15
9. Prolonged exposure to high household density is associated with crime or aggression.	4	5
10. Prolonged exposure to high neighbourhood density is associated with withdrawal from interaction among males.	4	5

## II. Effects on Mortality :

The relationship between mortality and various measures of density for census tracts in Chicago was examined by Galle et al. (1972). They attempted to disentangle the effects of social class ethnicity, and of a combined index of crowding based on four measures (persons per room, rooms per dwelling unit, dwelling units per structure, and structures per acre). They were unable to decide which was the most lethal variable, but persons per room accounted for 60 per cent of the variance in mortality ratios and correlated best with such measures of social pathology as juvenile delinquency. Levy and Herzog (1974) found that total mortality, and male deaths from heart diseases bore a significant relationship to density, even when they controlled for the effects of crowding and economic status. In Rotterdam, however, a relationship was found between death ratio and crowding, 1 per cent increase in persons per room producing 1.2 per cent increase



in death rates (Herzog et al., 1977). Schmitt (1966) found that density was the most important variable to be related to mortality in the city of Honolulu. He had previously shown (1963) that in Hongkong, measures of density and crowding were extremely high, so was the expectation of life.

Kellett (1984) using 33 London Boroughs and cumulative mortality from 1969 to 1973, both years inclusive, had sufficient numbers to relate the demographic indices not only to overall mortality in males and females aged 15-54 and 54-64, but also to specific causes in those groups. The results (Table-2 and Table-3) of this study showed that overall mortality was closely related to crowding, as measured by people per room, and to a lesser extent to density (people per hectare), especially for the old age groups. In the latter, this correlation remained significant at the 0.0001 level, even when controlling for the effects of social class (males 'r' = 0.73 (0.64 controlling for social class), females 'r' = 0.82 (0.74)). In London, although the indices of crowding and density correlated closely ( $r = 0.79$ ), there was less correlation to social class ( $r = -0.59$  and  $-0.23$ , respectively). Cancers, apart from lung and cervix, generally showed little correlation with these indices, and cancer of the large intestine in males and ovary in females seemed more common in less crowded boroughs. This contrasted strongly vascular and respiratory diseases, which were closely correlated with crowding, and violent deaths, which though correlated with crowding, seemed to relate more to density in females.

Table - 2 : Correlations of mortality (by London boroughs) with indices of Crowding and Density (controlled for social class) Male

	Age	Pop/Room	Pop/Hect.	N
Total	15-54	0.37	0.16	24,123
	55-64	0.64	0.47	44,933
Cancer in:				
large intestine	15-54	-0.22	-0.41	359
pancreas	55-64	0.38	0.21	689
Lung	15-54	0.27	0.37	2,093
	55-64	0.43	0.58	7,095
Rheumatic heart disease	15-54	0.36	0.28	517
	55-64	0.31	0.30	581
Hypertension	55-64	0.25	0.35	719
Acute myocardial infection	55-64	0.45	0.43	12,850
CVA	15-54	0.51	0.38	1,269
Venous thrombosis and embolism	55-64	0.44	0.46	403
Pneumonia	55-64	0.31	0.11	1,307
Bronchial asthma	15-54	0.31	0.08	847
	55-64	0.74	0.63	3,139
Chronic bronchitis	55-64	0.76	0.61	2,805
Motor vehicle accidents	15-54	-0.34	-0.31	1,427
Poisoning	15-54	0.80	0.71	307
Suicide	15-54	0.64	0.78	1,336

N.B. Diseases whose mortality were under 300 were excluded from the analysis.

Levels of significance :

$r \geq 0.30$	$p < 0.05$
$r \geq 0.40$	$p < 0.01$
$r \geq 0.50$	$p < 0.001$

Table - 3 : Correlations of mortality (by London boroughs) with indices of Crowding and Density (controlled for social class) Female.

	Age	Pop/Room	Pop/Hect.	N
Total	15-54	Not significant		16,600
	55-64	0.74	0.70	24,172
Cancer in :				
lung	55-64	0.56	0.58	658
Cervix	15-54	0.52	0.50	624
	55-64	0.44	0.57	709
Ovary	15-54	0.39	-0.45	700
Ischaemic heart disease	55-64	0.32	0.25	4,007
Acute myocardial infection	15-54	0.35	0.03	983
	55-64	0.49	0.41	3,306
Venous thrombosis & embolism	55-64	0.20	0.38	342
Bronchitis & Asthma	55-64	0.43	0.28	798
Bronchitis	55-64	0.40	0.21	616
Motor vehicle accidents	15-54	0.15	0.37	497
Poisoning	15-54	0.70	0.70	1,390
	55-64	0.34	0.53	541
Suicide	15-54	0.54	0.76	670
	55-64	0.10	0.30	951

N.B. Diseases whose mortality were under 300 were excluded from the analysis.

Levels of significance :     $r \geq 0.30$        $p < 0.05$   
                                   $r \geq 0.40$        $p < 0.01$   
                                   $r \geq 0.50$        $p < 0.001$

### III. Effects on the Prevalence of Psychiatric Disorder :

Bagley et al (1973) used rates of both in-patient stay and out-patient attendance to assess the incidence and prevalence of psychiatric illness in the 19 electoral wards of Brighton. Psychiatric illness in general correlated with a wide variety of social variables, of which the strongest was the percentage of rented, furnished rooms ( $r = 0.88$ ); crowding - as measured by the percentage of households with more than 1.5 persons per room - also correlated ( $r = 0.66$ ). However, persons per room correlated most strongly with alcoholism ( $r = 0.74$ ) and parasuicide ( $r = 0.75$ ), though the correlations were equally high with the proportion of single person households, which was hardly an indication of crowding.

Gove et al (1979) found that the number of persons per room correlated significantly with levels of psychiatric symptoms, 'alienation', irritability, and rates of nervous breakdown in the preceding year, and negatively with happiness, self-esteem, positive affect and mental health balance. Again, 61 per cent of the variance of nervous breakdowns could be explained by the effects of crowding. Furthermore, crowding showed a relationship to poorer marriage, and was also important in determining lack of sleep and dissatisfaction with child care. This important study largely succeeded in separating the effects of crowding from those of other factors, and concluded that the influence of objective crowding, as measured by person per room, is largely mediated by a feeling of excessive social demands and lack of privacy.

Baldessare (1979) has suggested that children would be more vulnerable than adults to the effects of crowding, and this is supported by studies showing a strong relationship between large family size on the one hand and delinquency, low verbal IQ, and poor reading skills on the other (Clausen, 1966; Douglas, et al., 1968). Rutter et al (1975), comparing the incidence of psychiatric disorder in the Isle of Wight and in the London Borough of Camberwell, estimated

that 12 per cent of 10 year-olds had disorder of this kind in the Isle of Wight, compared with 25 percent in Camberwell. Of the demographic factors, large families and crowding seemed particularly important in the Isle of Wight, and social class in Camberwell. Rutter et al., suggested that a large family leads to delayed language development, through lack of verbal stimulation by adults. It was observed that in families of six or more, 27 per cent of fathers had not spoken to each child as often as once a week (compared to 14 per cent in smaller families) and for mothers the figures were 10 per cent and 2 per cent respectively. Poor language development tends to lead to delayed reading, dissatisfaction at school, truancy, and finally delinquency.

Studying 216 consecutive suicides in Edinburgh, McCulloch et al (1967) found that crowding and a previous history of self-poisoning or injury were the most powerful ecological correlates, the former correlating ( $r = 0.73$ ) with the rates of suicide in different kinds of accommodation. They suggested that suicide rates are high in the single elderly, living in old tenement blocks and in the young living in the council accommodation, where there are high levels of juvenile delinquency and social breakdown. This latter crowded environment also produced large numbers of attempted suicides (McCulloch and Phillip, 1971). Bagley et al (1973) also found that rates of suicide in Brighton correlated significantly with crowding ( $r = 0.58$ ), as did parasuicide ( $r = 0.75$ ), although the strongest correlations of crowding were with the number of psychiatric cases ( $r = 0.82$ ), rates of alcoholism and personality disorder ( $r = 0.89$ ). In a latter paper (1976), Bagley, et al distinguished three groups viz., older middle-aged with physical illness, young sociopathic, and a chronically depressed group characterised by isolation, only the latter being associated with residence in the crowded wards of the town.

During the past two decades research workers in developing countries have in fact played a very positive role in the epidemiological fieldworks. One example is a survey of suicide and attempted suicide in Fiji (Haynes, 1984), where those of Indian race form 50 per cent of the population,

but account for 90 per cent of suicides; in the decade 1972-1982, suicides increased in number by 80 per cent, compared with a population increases of 19 per cent, and Hindus were over-represented, compared with Moslems. In one province, which mostly consists of sugarcane farms, worked by Indians, suicides in 1979-1982 were by hanging in 74 per cent of cases, and the rest by poisoning. In this province of Fiji, 80 per cent of female suicides were aged under 30, but above that age, the male rate excluded the female, and there was a dramatic peak in males aged over 60, all of whom had a long history of chronic ill-health. Haynes reported that those committing suicide nearly all lived in rural areas, and particularly on sugarcane farms, which are sometimes very isolated, usually based on extended family units, and tend to develop a claustrophobic life, in which stresses become greatly magnified.

Besides above several recent investigations were also conducted to determine the possible consequences of living in overcrowded dwellings. In one of such significant studies Gove et al (1979) randomly selected 25 households from each of the 80 census tracts in Chicago city. Several variables were analysed in relation to density. The major conclusions of their study are as follows :

1. Persons per room is a good objective measure of crowding;
2. The experience of crowding largely involves the experience of excessive social demands and lack of privacy;
3. Crowding results in physical withdrawal, psychological withdrawal, lack of effective planning behaviour, and a general feeling of being "washed out";
4. The experience of crowding is strongly related to poor mental health;
5. The experience of crowding is strongly related to poor social relationship;

6. The experience of crowding is strongly associated with a number of characteristics of poor child care, although it is moderately associated with poor interaction between parent and child;
7. The experience of crowding is associated with poor physical health by being strongly associated with the following : generally getting insufficient sleep, catching infectious diseases, being unable to get good rest, and not being cared for by others when one is sick;
8. The experience of crowding is significantly associated with poor social relationships outside home.

More recently, Duckitt (1983) examined the relationship between household crowding (person to room : 2.74) and psychological well-being (as measured by the Affect Balance Scale) in a community sample of 433 "coloured" South Africans (aged 18 - 65 yrs.) living under varied but generally high levels of crowding. Findings indicate that after controlling for a variety of demographic variables, crowding was associated with significant increase of negative affects. The "crowding-negative affect" relationship was non-linear, showing sharp initial acceleration and gradual flattening of the curve which presumably indicated the effect of adaptation to crowding stress.

Loo and Ong (1984) examined crowding in San Francisco's China town and the attitudes and perceptions of its residents using interview data from 108 residents (mean age : 46 yrs.). The objectives of the study were to test the theory that crowding is related to psychological stress and social conflict and to get a further understanding of the nature of crowding and density. Subjects evaluated crowding as undesirable and harmful. Personal effects of crowding included environmental health problems, social conflict and psychological stress. Cultural background and environmental reference significantly predicted perceived crowding at the neighbourhood level but did not affect perceptions of crowding at the dwelling level. Perceptions of dwelling-crowding were instead heavily influenced by objective indices i.e., number of persons and number of room. Findings suggested that extended exposure to crowding generates greater dislike for crowding at the micro level and that crowding in a primary environment is deemed more undesirable than crowding in a secondary environment.

Comment on the Results :

In view of the above overview of the studies the state of research knowledge indicates that there are a few clear-cut consequences of density (Lawrence, 1974) and so far the issue has been understood, human reactions\* to crowding are much more a function of the social and architectural situations and culture than simply of density. Again studies of humans under dense conditions, conducted specially in the western countries generally fail to show significantly negative or positive consequences. Most of the studies were also criticized (Fischer, et al., 1975) due to their inherent methodological problems. The logical connection of the empirical levels and type of analysis to the theoretical or substantive level of analysis is weak. Obvious procedures, such as measuring density in units equivalent to the units in one's theoretical propositions, are ignored. An absence of a logical examination of relevance, is more common making most of the research of dubious utility to the urbanist. A major cause of this irrelevance is, probably the paucity of deep theoretical analysis. Researchers "must know of what they speak and its relation to their problem, whether it be housing, neighbourhoods or cities. Beyond that, it is important to have a clearly thought-out theoretical perspective (Fischer, et al., 1975).

3.4.2 Indian Studies :

Slum environments are not only overcrowded but also are suffering from various types of deprivation. Various studies have been reported in literature that are indicative of detrimental effect of deprivation on the development of perceptual-cognitive functioning of the individual. Environmental or social deficiency (e.g. in slums) produces differentials in the development of perceptual and cognitive skills (Rath, Dash and Dash, 1978). The individual, who lives in the slum environment are always suffering from various types of deprivation. For the proper development of the child, organized and effective environment in the family and his social world are prerequisites. Sinha (1977) has proposed

---

\* The results obtained from the experiments on animals are virtually unanimous that over-crowding per se causes individual and social pathology (Calhoun, 1962, 1973 ; Christian, 1955).



an ecological model for understanding the effect of socio-cultural deprivation. According to this model, the upper and more visible layer includes the immediate social environment - home, school or peer groups - each ordered on three dimensions : (a) physical space and materials; (b) social roles and relationships; and (c) activities. The second concentric layer is the supporting or surrounding milieu : a) the physical and geographical environment, b) the institutional setting of the individual in terms of social class, caste and the like and c) general services and amenities available.

Misra (1977) observed that "the basic psychological processes, especially cognitive functioning, are determined by ecological factors in the sense that they provide the source and variety for sensory stimulation, thereby, enriching or impoverishing the experiential content of the individual". Deprivation could occur concurrently in different areas. For example, economic poverty in the family may result in mal-nourishment of the children, congested and unsanitary living conditions, poor quality of schooling and social discrimination (all of these are prevalent in slum neighbourhoods). Deprivation has, thus, been considered "as a multidimensional and quantifiable variables operative over long periods" (Tripathi and Misra, 1976).

Broota and Madholia (1980) studied the effect of deprivation on the development of form orientation in children between 5 to 11 years of age. Two groups of children from low and high economic levels were studied. The stick figure of man was presented in 8 different orientations tachistoscopically and subjects were required to recognize the figures of the test chart. The results showed significant differences in the recognition threshold of the two groups. The low-economic group had higher recognition threshold than the high-economic group. The findings indicated the impaired development of perceptual skills among children living in an impoverished environment. However the initial lag in the development of perceptual skills was not found to be permanent, since by about 9 years the two groups were found to be equal in their performance on a perceptual task.

Bahal and Saxena (1978) reviewed studies dealing with aspects of family ecology as factors in the cognitive development of the child. They concluded the parental behaviour, child-rearing practices and parental acceptance and rejection are important factors. Other factors relevant to the cognitive development of the child include socio-economic status, maternal employment, family size, etc.

In another study on children in the age range 5 to 12 years, Pushpa (1980) found that physical, cultural and parental deprivation had an adverse effect on the cognitive development of children. Thus, it can be said that an impoverished environment retards the development of cognitive and perceptual skills.

The impact of socio-economic disadvantage on academic achievement has been the focus of a large number of studies. Children from socially disadvantaged groups become victims of our social system twice. First, they lack resources and wherewithals to do well in schools which are basically meant for educating middle-class children (Sinha, 1980). Second, when they enter the school they are victims of the favourable teacher expectations (Panda and Dash, 1980). Ushasree (1980) observed that socially disadvantaged children (majority of them were slum dwelling) were low on academic adjustment. Chitnis (1979), reviewing the problems related to the education of the socially disadvantaged, has suggested that structural changes are necessary in the educational set-up to achieve the educational goals set for the socially disadvantaged.

Besides, programmes to enhance academic achievement of the socially disadvantaged students, strategies have also been suggested to bring about changes in the level of living of people. Pareek's paradigm for the economic

development of people by bringing about suitable changes in the achievement, extension and power motives has not been put to test (Pareek, 1970). However, efforts to improve the economic status through development of entrepreneurship have been undertaken. Shah, Gaikwad, Rao and Pareek (1975) have reported positive results obtained from one such programme. Clinard (1970) has demonstrated that by developing a positive self-image among the slum dwellers, motivational basis for effecting change in the desired direction could be created. In this study, self-help projects initiated by the slum dwellers themselves brought about significantly more positive changes in the self than did projects initiated by outsiders.

Sinha (1980) has classified poverty researches under five broad headings, namely, effects of poverty on cognitive, perceptual and linguistic skills; motivational and personality dimensions; personal style including self-concept, success and failure orientation, time perspective and coping strategies developed by the poor; nutritional, sensory, motor and physiological factors related to poverty; and mental health, crime and delinquency as related to poverty. According to him, the poor do not easily acquire such skills that would enable them to counterattack poverty. Some of the characteristics of the poor, as indicated by him, included low motivation and aspiration, apathy, fatalism and resignation to their lot. Their behaviour was characterised by extreme caution, lack of risk taking and failure avoidance.

A comparison (Misra and Tripathi, 1978) of the mean ratings of high, middle and low deprived groups revealed a negative relationship between deprivation and perception of status with respect to three time dimensions, viz., past, present and future. There was a trend towards an increase in emphasis on achieved status.

Basically a disadvantaged child has been categorized on the basis of low level of parental education, inferior occupation, rural residential area and low income etc. Rao (1976) has viewed socially disadvantaged as first generation learners. He introduced some basic minimum facilities in schools to observe their effects. "The opportunity school" in Kanpur is an attempt in this direction. This school along with the neighbouring school aimed at developing in children a feeling of competence in an integrated setting. Teacher-student relation, and teacher attitudes were positive toward these children. Although this school may not provide the blueprint for educational revolution in India, yet it is a working model. It has been possible to achieve the objectives set forth in this school. The opportunity school is a viable model with marginal expense in the way of educational upliftment of the disadvantaged.

Exhaustive reviews on deprivation and cognitive competence have recently appeared in India with reference to intelligence (Sinha, 1976), verbal ability, perceptual and conceptual processes (Sinha, 1977; Verma and Sinha, 1977), memory in natural setting (Misra and Shukla, 1979) where a lack of these abilities has been attributed to low socio-economic status (Misra, 1982; Panda, 1981).

The major findings that emerge reveal a greater incidence of adjustment problems in only children (Doss, 1980); urban adolescents in general (Sultana, Siddiqui and Siddiqui, 1981); and rural adolescents girls in particular (Sudha, 1979). Socio-cultural disadvantage is reflected in the greater incidence of emotional and health problems (Reddy, 1979) and lower self-esteem of adolescents from poor families (Rao, 1978; Rao and Shankar, 1977). Case studies of adolescents and youth indicate parental, developmental and social causes of sexual problems and need for guidance (Nagaraja, 1983) and the perception that along with their parents they are operating at the mal-

adjusted level of interpersonal behaviour (Dhamni, Satyavathi and Murthy, 1978).

According to "Crime in India" a publication of the Bureau of Police Research and Development (1982) the magnitude of delinquency in India under the IPC was 6.9 per 100,000 population. Investigations dealing with the psychosocial aspects of delinquency have highlighted that delinquents have greater evidence of disturbed or unsatisfactory parent-child relationship characterized by rejecting attitudes (Das and Nandi, 1976; Shanmugam, 1977; Singh and Sharma, 1977), broken or unstable home with lack of cohesion between parents (Misra, 1977). There was no significant difference in the incidence of family disorganization in the case of delinquents with average intelligence and those who were mentally retarded (Somasundaram and Polnaya, 1979).

Examining a group of "adolescent property offenders", Shukla (1977a, 1977b) has noted that a large number of them were slum dwellers, many were disowned by their families which were marked by low parental income and impersonal interpersonal relations among family members. In view of these findings the author has concluded that these subjects nourish insecurity in the family and this loss of status in legitimate society is compensated by achieving a status in the delinquent subculture. He has also noted that habituals saw films more often than occasionals as it served the dual purpose of entertainment as well as getting an opportunity for pickpocketing or snatching. These findings (Shukla, 1977a) have been confirmed by another study (Shukla, 1979). In this study professionals and habituals belonged to loosely organized social units where religion were of little importance as compared to those who indulged in offences occasionally. Mukherjee's study (1979) dealing with the nature of delinquent acts and parental reaction to these acts is an interesting one. Of the three groups

of delinquents studied, groups I and II belonged to families in a slum area while group III was from a posh residential area. All three groups were apprehended by the police for law infringement. The reaction of parents differed in the three groups, in group I delinquents were largely left to defend themselves, in group II parents showed concern for the petty acts of delinquents but when it hurt their family norms, these children were thrown out of the homes and in group III parents made all efforts possible for the release of their children.

Comment on the Results :

One of the most significant aspects in the mentioned studies is that the participant individuals who, by virtue of consistent and constant exposure to deprivation (as have been **observed** in case of slum dwelling people) would have developed qualities which are not conducive for healthy living. Studies on the disadvantaged groups have revealed that, to a large extent, the disadvantaged in general, are characterized by qualities such as helplessness, lack of personal efficacy, dependent proneness, fatalism, pessimism and powerlessness. These qualities either alone or in combination can affect their capacity to imbibe information and to react to the opportunities made available to them. In case these qualities are prevalent to a large extent among slum dwelling disadvantaged groups, the chances of ameliorating their poverty condition through economic programmes alone may not meet with the desired level of success. Therefore, an effort has to be made to evolve programmes of social education to build up their awareness level and confidence in themselves with illustrations of the possibilities open to them in their own socio-economic environment. ~~Interpretation of deprivational effects on cognition,~~ varying conceptual and methodological orientation of researchers, have hampered the growth of deprivation studies.

Though the study of adjustment problem during adolescence has been observed to be continued to be a favourite topic of research, the quality of contribution has not kept pace with the quantity. The definition of the construct "adjustment" itself has been an artifact of its measurement; the tools of study are limited to self-reports; and further, when attempts have been made to correlate two or more sets of variables, e.g. personal and social adjustment, the data source has been the same, thus limiting the usefulness of the observed correlations (Pandey, 1988).

Most of the attempts made to improve the condition of the weaker sections are stimulations to improve the economic and social conditions but not necessarily measures to improve the quality of human beings. Whatever may be the opportunity provided as external facilities and services, it seems relevant that the desire to improve should be expressed by the individual himself. In this direction, there are not many field studies which attempt to understand the psycho-social dimensions of those who are at the lower strata of the social and economic hierarchy. It is generally believed that human development in terms of one's potentialities, values, attitudes and perceptions can serve as a prerequisite for economic development. It can be said that development of human factors in keeping with the development efforts for providing an economic base would not only improve the pace of development but also support the development process.

Engels was aware of the hollowness of such policy measures and philanthropic approach to housing. He asserted that the basis of human welfare is not pity and compassion but the principle of equal rights and opportunities. The present chaos in urban neighbourhoods is a product of the social order that caters of the needs of a chosen few. "In such a society the housing shortage is no accident; it is a necessary institution and it can be abolished together with all its effects on health

etc., only if the whole social order from which it springs is fundamentally refashioned" (Desai and Devadas, 1970).

### 3.5 Guidance for Future Research :

In view of the various economic and welfare measures introduced by the government (Central and State) for the upliftment of weaker sections who are intellectually, culturally and economically deprived, it is necessary to know the extent to which these groups are availing of such opportunities in order to improve their level of living. Time and again, it has been felt that these groups do not come forward to avail of the increased economic and welfare opportunities open to them. This reluctance may be the result of some inherent inadequacies built into their cognitive frame of reference which prevents them from acquiring a different status in life. This calls for an investigation to determine the nature of barriers in the social and psychosocial set-up of these groups so that appropriate measures may be taken to overcome such resistance to a considerable extent while introducing relevant social welfare programmes for them.