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Chapter 1 : Slum - Wikipedia

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This article has been cited by other articles in PMC. An outfall of urbanization in developing countries has been the mushrooming of slums where dwellers live in pitiable environmental conditions representing the lowest rung of social strata. This group is more vulnerable to practicing deleterious social habits, including tobacco and alcohol abuse. The present study was undertaken to understand the strength of association between risk factors suspected of causing oral precancer among slum dwellers in Delhi. A house-to-house survey was conducted in an urban slum cluster situated in the heart of Delhi city by a single trained investigator who recorded oral mucosal lesions according to WHO criteria. Demographic details and history of suspected risk factors was recorded by personal interview of each subject. The obtained data was coded, cleaned, and analyzed manually. A total of subjects of both sexes were examined and 31 cases clinically diagnosed as having oral precancer, of which majority were leukoplakia. All cases except one reported practicing habits that are known risk factors for oral precancer, i. Practicing combination of habits with alcohol was found to be the most strongly associated risk factor for oral precancer. Oral cancer, Risk factor analysis, Slum dwellers Introduction Cancer of the oropharyx is a problem of public health magnitude in many countries worldwide, including the Indian subcontinent where it is one of the most common of all body cancers. Recent literature supports the high relative risk of precancerous lesions and conditions turning malignant. Of the various social classes, lower socio-economic groups are believed to practice these habits more often, which make them more vulnerable to developing oral precancer. Since India is home to some of the largest slum clusters in the world, it provides an ideal setting to study the strength of association between known risk factors and oral precancer. Furthermore, there is a paucity of data on slum dwellers. Hence, the present investigation was undertaken with an aim to understand the strength of association between risk factors suspected of causing oral precancer among slum dwellers in Delhi, India. The results of this study may be used as pathfinder for developing suitable oral cancer screening and community intervention programs in urban slums. Subjects and Methods The present study was conducted in an urban slum cluster viz. Valmiki Basti situated in the heart of Delhi city and in close proximity to the investigators. A detailed list of all households in the slum was collected from a Health Center located within the slums and all houses were included in the study. Prior the investigation, an informed consent was obtained from the study subjects and those who failed to give consent were excluded from the study. The sample size was consisted of all the subjects residing in the urban slum cluster who were available at the time of investigation, which was conducted for a period of 3 months from March to May The informed consent was taken from all the subjects who participated in the investigation. An open-ended interview based form was prepared by the investigators in order to record the exposure of the subjects to known risk factors for oral precancer. Along with questions related to the type, frequency and duration of deleterious habits, the demographic information on characteristics such as age, sex, occupation, educational level, and socioeconomic status was also obtained. The interview was conducted in regional language Hindi. The questionnaire was initially prepared in English, translated into Hindi language and the retranslated back to English to check for consistency. To ensure uniform interpretation, understanding and application by the examiner, of the codes and criteria for the precancer conditions to be observed and recorded in the proforma used, the investigator was priorly calibrated and trained in the Department of Public Health Dentistry, Maulana Azad Dental College, Delhi before the commencement of the study. The calibration procedure was performed on a group of 10 subjects, which were not included in the study. Duplicate examination was performed after 2 days on the same group of subjects to ensure the reliability of the examiner. The interview form was also checked for the validity at the same period and was modified accordingly. For the purposes of this investigation, a subject was considered as having a habit e. In addition, pertinent clinical description of observed oral mucosal lesions was made according to

WHO criteria. The investigator made house-to-house visits and took verbal consent of the subjects before interviewing them. The subjects were seated on their front porticos and screened under natural illumination using plain mouth mirrors. In case some or all members of a household were not present on a particular day, a second visit was made to them on a later date. An attempt was also made to collect biopsy specimens from suspected cases of oral precancer in order to confirm the clinical diagnosis by histopathologic examination. Chi-square test was applied to assess inter-group differences. Cases were matched to lesion free controls and restricted to sex and age groups in which oral precancer were observed. Of the remaining adult subjects females and 92 males , 31 cases were clinically diagnosed, as having oral precancer, of whom 10 were females and 21 males. The mean age of the cases was Similarly, significantly greater proportions of male subjects i. Table 1 Open in a separate window Clinically, leukoplakia was the most commonly observed precancerous lesion of the oral cavity i. Leukoplakia was found to occur exclusively on the buccal mucosa. Table 2 shows the distribution of oral precancer in the subjects by clinical type and site. None of the subjects, except two, consented for the biopsy. Histopathologic examination confirmed the clinical diagnosis of leukoplakia in both these cases. Table 2 Open in a separate window Since all cases, except two, were non-vegetarians and reported using a toothbrush to clean their teeth, any modifying effect of dietary or oral hygiene habits was ruled out. The cases not using toothbrush reported utilizing Datun Azadirachta indica , which is an indigenous oral hygiene aid used in India.

Chapter 2 : Slums and Affordable Housing - Encyclopedia of Social Work

*Old Age Among Slum Dwellers [Shabeen Ara] on racedaydvl.com *FREE* shipping on qualifying offers. Socioeconomic situation of slum dwellers in Kulkarni Hakkal slum in Hubli, Karnataka.*

The definitions have core implications for conceptualizing the problem, understanding the scope of the problem, and for the allocation of resources. Using the UN Habitat definition of slums, the following sections explore the background and prevalence of the manifestation of slums in the developing world. The definition, which allows the consideration of slums in the nondeveloping world, will be explored later in this entry. The following explores the causes of slums and is mainly relevant to the developing and nondeveloping world. Contributing Factors Various factors have been linked to the presence of slums. This is perhaps reflective of differing perspectives among scholars, and in some cases affected persons, as to whether slums continue to exist because of purposeful design, benign neglect, or other forms of intentional inattention to the needs of poor people and slum dwellers. A full exploration of these perspectives is worthy of exposition, but is beyond the scope of this entry. There is agreement among major global institutions and researchers that key causal factors include modernization and structural adjustment interventions, poverty, poor planning, poor governance, and climate change. Under colonialism, poor indigenous people were exploited for labor. Their needs were not considered in planning. Slums were viewed as extensions of the ethnic village tribe Arimah, Some scholars have linked the IMF and World Bank interventions as extensions of colonialism as a causal factorâ€”namely the structural adjustment and peasant modernization programs Davis, ; Murray Li, Both programs influenced the shifting of subsidies and other resources away from traditional sustenance and small commercial farming to more modern farming methods embraced by larger corporate growers. This has resulted in deep cuts in domestic spending, including agricultural support. De-peasantization or modernization programs sought to move sustenance farmers to increase efficiency in growing by requiring farmers whose families had for generations used traditional methods to sustain themselves to increase output or leave farming to become rural or urban wage earners Davis; Oya, In many cases, modernization coupled with reduced agriculture support had the net effect of creating global food shortages Arimah; Davis. African countries such as Ethiopia and Ghana were particularly hard hit. Additionally, climate changeâ€”impacting rainfall pushed many families beyond the scope of their ability to feed and house their youth. Thus, young people, with no amassed resources, sought out cities for economic opportunity, which they did not find upon arrival. Their exodus to the only low or no-cost spaces available Oppong-Ansah, illustrates how SAPs and de-peasantization are driving poverty as a push factor for migration to urban slums. Poverty Seeking opportunity in urban areas is the core connection between slums and poverty. One the chief consequences of poverty is the lack of access to adequate, permanent, safe, and affordable housing. The global population affected by poverty has sought to access housing where they can and have thus found themselves living on land that has limited value or importance to governmental or private development entities UN Habitat, An additional connection is the impact of poverty on educational attainment and social mobility. Worldwide, when people live in areas of high concentrations of poverty, their ability to move into working and middle class is severely hampered Krishna, Once a poor person becomes a resident of a low-income area, their exit can only be facilitated with extensive planning and intervention UN Habitat, Poor Planning Slums are viewed as geographical manifestations of poverty driven by poor urban planning Arimah, ; UN, Urban slums in which active planning and intervention are not in place are growing in scale and the degree of poverty experienced there is worsening. Davis makes key distinctions between slums where poor planning persists and areas where active planning is in place. The World Bank captures this dichotomy using M. The interventions being applied incorporate self-help approaches and interventions by local government and NGOs Davis, ; UN Habitat, This deterioration is further fueled by the continued rapid influx of the poor without planning and action to address current needs or to project future actions required to improve the slum area. These institutions assert that poor governance results in the lack of a political will to address the conditions of slum dwellers via planning and resource allocation. Research conducted by Devas supports these findings and more specifically suggests that the lack

of participation by poor citizens in decision making regarding planning and land use for slums has been linked to a greater likelihood that slum conditions will persist. Fox further asserts that lack of voice and participation is one of several factors that define poor governance. The additional factors include lack of transparency, limited accountability, limited participation, lack of the rule of law, bureaucratic inefficiency, and failure of enforcement to support property rights Arimah, It is important to note that participation means having the ability to actively shape and then vet urban planning and development decisions. Climate Change As discussed under poverty, lack of rainfall is a critical factor pushing people from rural farms to urban areas. Climate change is also contributing to rising sea levels, a particular threat to slums in coastal areas Adelekan, Slums are more likely to be located in areas that are susceptible to flooding and land collapse. Slum housing, because of the use of poor-quality materials, is less likely to withstand earthquakes or storms with strong winds Saha, When slum housing is destroyed, residents are likely to resettle in other nearby slums, thus causing further slum growth. Each of the aforementioned factors helps to create slums or maintain status quo slum conditions, yet when these factors are corrected, governments can avoid the conditions experienced by residents of slums, which are described below. Conditions Because slums are home to large concentrations of people who are poor, socially marginalized, or otherwise relegated to a low socioeconomic status within their particular society Davis, ; Devas, , these areas are often impacted by a complex web of poor social, economic, health, and spatial conditions. The array of conditions culminates in the lack of political capital to secure safe, sanitary, and affordable housing UN Habitat, Additional details on the nature of these conditions follow. Economic Conditions Slums are also characterized by other challenging social conditions, including high levels of poverty, low educational attainment, and social stratification resulting in classes of economically oppressed people. These people are often racial, religious, or cultural minorities. Some slum communities have high rates of unemployment. However, some scholars have argued that it is important to consider that many people in slum communities are employed in informal alternative economies Cities Alliance, ; Devas, The types of work can include activities that may be deemed illegal, such as prostitution and drug selling. Other activities may include various aspects of domestics work, mechanical work, textile and clothes making, toilet attending, or gathering and recycling materials or the production of crafts or art UN Habitat, According to Dash , people employed within the informal sector may work for themselves and others doing work that is undesirable or insufficiently profitable for non slum dwellers. This sector may also include economic activities deemed illegal such as prostitution and drug selling , and thus are potentially more difficult to draw into the formal economic sector in milieus where these activities violate social norms. Health The key conditions that threaten health in slum communities are the lack of access to sanitation and clean water University of California at Berkeley, The lack of sanitation causes a myriad of unsafe conditions because people dispose of waste, both human and other types, too close to where they live, resulting in the contamination of water sources Water Aid, Although recent upgrades have improved such conditions across the globe, the majority of slum dwellers continue to lack access to sanitary systems within their homes Nderitu, Some slums have public sanitation systems that may be accessed for a fee. The flying toilets contribute to unsafe water conditions, which increases exposure to water-borne miasmas that cause dengue fever, cholera, and diarrheal diseases. Slum dwellers also face the risk of accidental injury and possible death resulting from unstable land when slums are situated on steep slopes UN Habitat, Other types of injury are possible when slums are located in or near dumpsites, including burn injuries, exposure to toxins, and diseases such toxoplasmosis University of California at Berkeley. Because the toilet facilities may not be private, women in such areas choose to use these systems during hours of darkness, resulting in both physical discomfort and potential exposure to crime Yasin, Because housing is produced by each house holder, it is possible to find people living in various types of structures, which are built from available materials including mud, plastics, cardboard, discarded wood, tin, and aluminum. Structures may also be built using more durable materials, including brick and cement Arimah, ; UN Habitat, Many homes lack plumbing, electricity, access to clean water, or safe sanitation methods.

Chapter 3 : Shodhganga@INFLIBNET: Old age among slum dwellers

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Find articles by Kathy V. Find articles by Gulrez S. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license http: This article has been cited by other articles in PMC. Abstract Extreme heat is a significant public health concern in India; extreme heat hazards are projected to increase in frequency and severity with climate change. Few of the factors driving population heat vulnerability are documented, though poverty is a presumed risk factor. To facilitate public health preparedness, an assessment of factors affecting vulnerability among slum dwellers was conducted in summer in Ahmedabad, Gujarat, India. Indicators of heat exposure, susceptibility to heat illness, and adaptive capacity, all of which feed into heat vulnerability, was assessed through a cross-sectional household survey using randomized multistage cluster sampling. Associations between heat-related morbidity and vulnerability factors were identified using multivariate logistic regression with generalized estimating equations to account for clustering effects. Age, preexisting medical conditions, work location, and access to health information and resources were associated with self-reported heat illness. Several of these variables were unique to this study. As sociodemographics, occupational heat exposure, and access to resources were shown to increase vulnerability, future interventions e. Surveillance and evaluations of future interventions may also be worthwhile. Introduction India is a rapidly developing country with many climate-sensitive health concerns [1]. The incidence of weather-related illness in India is not known, but historically heat illness has been a significant issue [2]. Climate change is expected to bring increasingly frequent and severe extreme heat events to the region [4]. Mean annual temperatures across India have been over historical normals â€” since , with annual increases between 0. This is consistent with global circulation model projections [3 , 5]. Major heat waves occurred in and in several regions of India. In , temperatures rose to These events had significant public health impacts. From â€”, heat waves of variable lengths claimed thousands of lives [8]. In particular, the major heat waves of , , and resulted in 1, [5], 2, [6], and 1, [7] deaths, respectively. Due to variable reporting, these statistics are almost certainly significant underestimates [9]. As both the health impacts of climate change and effective public health preparedness are place-specific [10], factors affecting heat vulnerability in India are of increasing concern. There are, however, relatively few studies of heat vulnerability specific to South Asian populations available to guide adaptive management. Heat vulnerability can be conceptualized as a function of interacting biophysical and socioeconomic determinants that can be broken down into heat hazard probability as well as factors associated with population exposure, susceptibility, and adaptive capacity Figure 1. Exposure refers to the degree to which the host e. Exposure can be affected by hazard factors e. Susceptibility or sensitivity relates to the impact of exposure, and is influenced by host characteristics such as demographics e. Adaptive capacity is the ability to make protective changes to reduce health burdens, in response to actual or expected hazards [14 , 15]. In the context of heat as a health hazard, these factors can be influenced and driven by climate variability, urban form, occupational conditions, infrastructure, and interventions that might include warnings, surveillance, and education.

Chapter 4 : Sanchetana Trust

Age over 60 years, having preexisting medical conditions, outdoor work location, and limited access to water or information resources were found to increase the odds of heat-related symptoms and illnesses among urban slum dwellers.

This is an open access article distributed under the Creative Commons Attribution License , which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. Abstract Intestinal parasites cause one of the most important health problems through their effects in causing undernourishment morbidity and incapacitation due to their behavior particularly in children compared to adults. This study was intended to state the prevalence of intestinal parasites between the slum dwellers of different areas in south Chennai. Among the total of samples collected between the ages of 0â€”50 yrs, samples were positive. Standard laboratory techniques for parasitological diagnosis were carried out for each sample. The data on the prevalence of parasites with respect to sex and age showed that the females harbored more numbers of parasites when compared to males. Further, with respect to age, children and teenagers had surplus parasites compared to old age groups. The percentage of educational status showed a reduction in the number of parasites in the higher education dwellers. These parasites could be prevented by possible grouping of better ecological design and hygiene. Conclusively, the examination of personal hygiene as well as routine medical examination and treatment is strongly recommended in the low socio-economic areas. Introduction Intestinal parasitic diseases constitute a global health burden in numerous developing countries mainly due to fecal contamination of water and food [1], sympathetic climatic, and environmental and sociocultural factors enhancing parasitic transmissions [2 , 3]. These parasites dwell in the gastrointestinal tract in humans and other animals [4]. In urbanized countries, protozoan parasites commonly cause gastrointestinal infections in contrast to helminthes [5]. Amoebiasis is the third most important reason for death from parasitic diseases wide-reaching, with its furthermost impact on the people of developing countries. The World Health Organization WHO estimates that approximately 50 million people worldwide endure insidious amoebic infection each year, resulting in 40â€” thousand deaths yearly [6 , 7]. Current estimates suggested that Ascaris lumbricoides can infect over a billion, T. Intestinal helminths hardly ever cause death. As an alternative, the saddle of disease is related to less mortality than to the chronic and subtle effects on health and nutritional status of the host [9 , 10]. In addition to their health effects, intestinal helminth infections also damage physical and mental development of children, prevent educational achievement, and hamper economic development [11 , 12]. The common parasites that come upon in most of the preceding systematic investigations include Ascaris lumbricoides, hookworms Necator americanus , Trichuris trichiura, Strongyloides stercoralis, Entamoeba histolytica, and Giardia intestinalis [13 , 14]. These are reliant on poverty, miserable personal hygiene, piteous environmental care, inadequate health services, and lack of proper and necessary awareness of the transmission mechanisms and life-cycle patterns of these parasites [15 â€” 17]. Like other developing countries, intestinal parasitic infections are a major health problem in India. There is insufficiency of epidemiological data on the diffusion and prevalence of intestinal parasites in low socioeconomic people from south Chennai. This trend prompted us to evaluate the distribution of intestinal parasites among the slum dwellers in different areas of south Chennai by their age, education, nutrition, and hygienic factors. Study Plan and Methods 2. Nagar, Santhome, and Saidapet. Study Design The study was conducted between January and June of with the cooperation of local community, which possess the record for each member in the area. The fieldwork involved house-to-house visits, encouraging participation from each individual. Verbal informed consent was obtained from each individual before the study. Name, sex, age, education, nutrition, and family relationship details were collected. Collection of Samples Proper collection of sample is important for the detection and identification of intestinal parasites. A small screw capped plastic bottler with wooden scoop was provided to each person who was agreed to participate in the study. They were advised to fill half the bottle and discard the scoop after use. The next day samples were collected and brought to the laboratory for processing. All the containers along with specimen were properly labelled with the

respective sample number, date, and area. Total of samples were collected, from which 32, 63, 78, 49, and 34 samples were from age groups of 0â€”10 yrs, 10â€”20 yrs, 20â€—30 yrs, 30â€—40 yrs, and 40â€—50 yrs, respectively. Among those, samples were from females and samples were from males. The following precautions were taken before collection of faeces. Consents were instructed not to mix urine with stool sample and also ensured that oil, oily emulsion, barium, or bismuth salts were not given before stool examination. Preservation of Samples Once the specimen was transported to the laboratory, saline, iodine wet mount, and other staining techniques were performed. Preservation of faecal specimens is essential to maintain protozoal morphology and also to prevent further development of helminthic eggs and larvae. Microscopic Examination-Staining Methods The recognition of intestinal parasites was observed by using a binocular microscope under 10x and confirmed by observing under 40x [19 â€” 30]. Saline and Iodine Wet Mount Approximate 2 mg of stool sample was picked up using a wooden stick and mixed with a drop of normal saline 0. If it was a formed stool, materials were taken from well inside the sample to look for parasite eggs. The preparation was covered with a cover slip and observed under the microscope. It was covered with a coverslip and observed under the microscope. Modified Ziehl-Neelsen Stain Acid Fast Staining The smear on slide was fixed with methanol for 10 min and 5â€—7 drops of carbol fuchsin were flooded for minutes. Then, the smear was counter-stained with methylene blue for a minute. Finally, the smear was rinsed, drained, air-dried, and examined under 10x, 40x, and oil immersion x. Giemsa Stain The smear on slide was fixed with methanol. Giemsa stain and buffer solution 1: The smear was washed with buffer solution, allowed preparation for about 30 sec. The slide was blot-dried and observed under oil immersion x. Floatation Techniques 1 mL of stool sample was mixed with few drops of salt solution and was stirred continuously to make as suspension. More salt solution was added to fill the container. Crude matter, which was floated, was removed. The container was placed on a level surface and the final filling of the glass container until a convex meniscus was formed. A glass slide was carefully laid on top of the container so that its center was in contact with the fluid. The preparation was allowed to stand for 20â€—30 min after which the glass slide was quickly lifted, turned over, smoothly so as to prevent spillage of the liquid, and examined under the microscope. Zinc Sulphate Centrifugal Floatation A fine stool suspension was made by mixing 1 g of stool and 10 mL of lukewarm distilled water. The coarse particles were removed by straining through a wire gauge. The filtrate was collected in a tube and centrifuged for 1 min at the rate of rpm. The supernatant fluid was poured off and distilled water was added to the sediment. It was shaken well and centrifuged and the procedure was repeated two to three times until the supernatant fluid became clear, which was then poured off. The sediment was stirred and further zinc sulphate solution was added to fill the tube up to the top and centrifuged again for at least 1 min at rpm. The surface film was then removed by a loop on to a glass slide, covered by a cover slip, and observed under the microscope. It was then strained through a wire gauge and the filtrate was collected in a centrifuge tube. It was then centrifuged at rpm for 2 min and then al-lowed to settle. The debris was loosened with a stick; the upper part of the test tube was cleared of fatty debris and the supernatant fluid was decanted, leaving 1 or 2 drops. The deposit, after shaking, was poured on to a glass slide, and a cover slip placed over it and the specimen was examined. This process was suitable for both protozoal cysts and helminthes eggs [31]. Results Figure 1 a depicts the various intestinal parasites which were observed under microscope. Each stool sample collected from apparently healthy people was processed for intestinal parasites using various parasitological methods. The distributions of the parasites were well described by the positive cases. And the second most predominant parasite was Cyclospora sp. Among the other protozoan parasites, E. In the case of helminthes, Ascaris lumbricoides was predominant with 16 6. Finally, the metazoal parasite Hymenolepis nana was found predominant with 7 2. Parasites identified from stool samples. F Ascaris lumbricoidesâ€”decorticated egg; G A. Figure 2 depicts the distribution of positive and negative cases in low socioeconomic area of south Chennai. The total samples collected from Saidapet slum dwellers was 56, of which 52 Distribution of samples in low socioeconomic areas from south Chennai. Figure 3 depicts the percentage result on the prevalence of parasites in male and female. This result showed that females harboured larger proportion of infections in contrast to the males who frequently carry out moderate infections. Distribution of parasites among males and females of low socioeconomic areas. Figure 4 depicts the age

prevalence profile of the intestinal parasites. The children and teenagers were found to harbour increased numbers of parasites in comparison with old age group. Distribution of parasites among different age groups from low socioeconomic areas from south Chennai. Figure 5 provides information on the distribution of the parasites in different areas. Saidapet and Thiruvanmiyur dwellers had an increasing proportion of E. Nagar and Foreshore Estate dwellers had less number of parasites compared to Saidapet and Thiruvanmiyur dwellers. Distribution of parasites among different areas from south Chennai. The percentage of positive cases shows a decrease with regard to increase in educational status. A large number of positive cases were found completely in illiterate population. This shows the implications of education in sanitary living. Education status of the low socioeconomic dwellers from south Chennai. The present study included a parasitological analysis of stool samples in low socioeconomic areas of south Chennai with special attention to both intestinal protozoa and helminthes. This study has documented a high prevalence

Chapter 5 : Kathmandu Slum Dwellersâ€™ Health and Drug Abuse Problems | National Institute on Drug A

Squalor can be seen in the streets, wash clothes hanging between buildings. Published in Life and Labour of the People in London. The red areas are "middle class, well-to-do", light blue areas are "poor, 18s to 21s a week for a moderate family", dark blue areas are "very poor, casual, chronic want", and black areas are the "lowest class Slums were common in the United States and Europe before the early 20th century. As the slum clearance movement gathered pace, deprived areas such as Old Nichol were fictionalised to raise awareness in the middle classes in the form of moralist novels such as A Child of the Jago resulting in slum clearance and reconstruction programmes such as the exemplary Boundary Estate and the creation of charitable trusts such as the Peabody Trust founded in and Joseph Rowntree Foundation which still operate to provide decent housing today. Slums are often associated with Victorian Britain , particularly in industrial English towns, lowland Scottish towns and Dublin City in Ireland. Engels described these British neighborhoods as "cattle-sheds for human beings". In Europe, slums were common. A footnote defined slum to mean "low, unfrequent parts of the town". Charles Dickens used the word slum in a similar way in , writing "I mean to take a great, London, back-slum kind walk tonight". Slum began to be used to describe bad housing soon after and was used as alternative expression for rookeries. Close under the Abbey of Westminster there lie concealed labyrinths of lanes and potty and alleys and slums, nests of ignorance, vice, depravity, and crime, as well as of squalor, wretchedness, and disease; whose atmosphere is typhus, whose ventilation is cholera; in which swarms of huge and almost countless population, nominally at least, Catholic; haunts of filth, which no sewage committee can reach â€” dark corners, which no lighting board can brighten. This demographic and economic trend rapidly raised rents of existing housing as well as expanded slums. French government passed laws to block increase in the rent of housing, which inadvertently made many housing projects unprofitable and increased slums. Trash piled up as well and by the early s the lake was filled up and dry. Five Points was occupied by successive waves of freed slaves, Irish, then Italian, then Chinese, immigrants. It housed the poor, rural people leaving farms for opportunity, and the persecuted people from Europe pouring into New York City. Bars, bordellos, squalid and lightless tenements lined its streets. Violence and crime were commonplace. Politicians and social elite discussed it with derision. Slums like Five Points triggered discussions of affordable housing and slum removal. Slums were found in every major urban region of the United States throughout most of the 20th century, long after the Great Depression. A type of slum housing, sometimes called poorhouses, crowded the Boston Commons, later at the fringes of the city. Slums were scattered around Paris through the s. By , in various cities and towns of Latin America alone, there were about 25, slums. Common causes include rapid rural-to-urban migration, poor planning, economic stagnation and depression, poverty, high unemployment, informal economy, colonialism and segregation, politics, natural disasters and social conflicts. Kibera slum in Nairobi , Kenya , the second largest slum in Africa [44] [45] [46] and third largest in the world. Some ruralâ€”urban migrant workers cannot afford housing in cities and eventually settle down in only affordable slums. They thus expand the existing urban slums. In addition to migration for jobs, a portion of people migrate to cities because of their connection with relatives or families. Once their family support in urban areas is in slums, those rural migrants intend to live with them in slums [53] Urbanization[edit] A slum in Rio de Janeiro , Brazil. Rocinha favela is next to skyscrapers and wealthier parts of the city, a location that provides jobs and easy commute to those who live in the slums. The formation of slums is closely linked to urbanization. In the early s, many African governments believed that slums would finally disappear with economic growth in urban areas. They neglected rapidly spreading slums due to increased rural-urban migration caused by urbanization. This type of urbanization involves a high rate of unemployment , insufficient financial resources and inconsistent urban planning policy. During the process of urbanization, some agricultural land is used for additional urban activities. More investment will come into these areas, which increases the land value. Alonso-Villar argues that the existence of transport costs implies that the best

locations for a firm will be those with easy access to markets, and the best locations for workers, those with easy access to goods. The concentration is the result of a self-reinforcing process of agglomeration. Urban growth is dramatically intense in the less developed countries, where a large number of huge cities have started to appear; which means high poverty rates, crime, pollution and congestion. Financial deficiency in some governments may explain the lack of affordable public housing for the poor since any improvement of the tenant in slums and expansion of public housing programs involve a great increase in the government expenditure. In some cities, governments assume that the housing market will adjust the supply of housing with a change in demand. However, with little economic incentive, the housing market is more likely to develop middle-income housing rather than low-cost housing. The urban poor gradually become marginalized in the housing market where few houses are built to sell to them. Dharavi slum started in with industrial and segregationist policies of the British colonial era. The slum housing, tanneries, pottery and other economy established inside and around Dharavi during the British rule of India. For instance, the Europeans arrived in Kenya in the nineteenth century and created urban centers such as Nairobi mainly to serve their financial interests. They regarded the Africans as temporary migrants and needed them only for supply of labor. The housing policy aiming to accommodate these workers was not well enforced and the government built settlements in the form of single-occupancy bedspaces. Due to the cost of time and money in their movement back and forth between rural and urban areas, their families gradually migrated to the urban centre. As they could not afford to buy houses, slums were thus formed. For example, Dharavi slum of Mumbai â€" now one of the largest slums in India , used to be a village referred to as Koliwadas, and Mumbai used to be referred as Bombay. In , the British colonial government expelled all tanneries, other noxious industry and poor natives who worked in the peninsular part of the city and colonial housing area, to what was back then the northern fringe of the city â€" a settlement now called Dharavi. This settlement attracted no colonial supervision or investment in terms of road infrastructure, sanitation , public services or housing. The poor moved into Dharavi, found work as servants in colonial offices and homes and in the foreign owned tanneries and other polluting industries near Dharavi. To live, the poor built shanty towns within easy commute to work. It developed into a slum and became home to about a hundred thousand people in Lagos. Social exclusion and poor infrastructure forces the poor to adapt to conditions beyond his or her control. Poor families that cannot afford transportation, or those who simply lack any form of affordable public transportation, generally end up in squat settlements within walking distance or close enough to the place of their formal or informal employment. Affordable public transport and economic infrastructure empowers poor people to move and consider housing options other than their current slums. Economic stagnation, in contrast, creates uncertainties and risks for the poor, encouraging people to stay in the slums. Economic stagnation in a nation with a growing population reduces per capita disposal income in urban and rural areas, increasing urban and rural poverty. Rising rural poverty also encourages migration to urban areas. A poorly performing economy, in other words, increases poverty and rural-to-urban migration, thereby increasing slums. Informal economy is that part of an economy that is neither registered as a business nor licensed, one that does not pay taxes and is not monitored by local or state or federal government. For example, in Benin, slum dwellers comprise 75 per cent of informal sector workers, while in Burkina Faso, the Central African Republic, Chad and Ethiopia, they make up 90 per cent of the informal labour force. In other words, countries where starting, registering and running a formal business is difficult, tend to encourage informal businesses and slums. Everything else remaining same, this explosive growth in the informal sector is likely to be accompanied by a rapid growth of slums. The urban poor arrives with hope, and very little of anything else. He or she typically has no access to shelter, basic urban services and social amenities. Slums are often the only option for the urban poor. Politics[edit] Many local and national governments have, for political interests, subverted efforts to remove, reduce or upgrade slums into better housing options for the poor. Removal and replacement of slum created a conflict of interest, and politics prevented efforts to remove, relocate or upgrade the slums into housing projects that are better than the slums. Similar dynamics are cited in favelas of Brazil, [95] slums of India, [96] [97] and shanty towns of Kenya. Numerous other regions have slums, but those slums are scattered. The numbers show population in millions per mega-slum, the initials are derived from city name. Some of the largest slums of the

world are in areas of political or social conflicts. Scholars [12] [99] claim politics also drives rural-urban migration and subsequent settlement patterns. Pre-existing patronage networks, sometimes in the form of gangs and other times in the form of political parties or social activists, inside slums seek to maintain their economic, social and political power. These social and political groups have vested interests to encourage migration by ethnic groups that will help maintain the slums, and reject alternate housing options even if the alternate options are better in every aspect than the slums they seek to replace. Over time, the city may expand past the original slums, enclosing the slums inside the urban perimeter. New slums sprout at the new boundaries of the expanding city, usually on publicly owned lands, thereby creating an urban sprawl mix of formal settlements, industry, retail zones and slums. This makes the original slums valuable property, densely populated with many conveniences attractive to the poor. In cities located over a mountainous terrain, slums begin on difficult to reach slopes or start at the bottom of flood prone valleys, often hidden from plain view of city center but close to some natural water source. These strategies shield slums from the risk of being noticed and removed when they are small and most vulnerable to local government officials. Established old slums, surrounded by the formal city infrastructure, cannot expand horizontally; therefore, they grow vertically by stacking additional rooms, sometimes for a growing family and sometimes as a source of rent from new arrivals in slums. The newcomers, having paid for the right, feel they have commercial right to the home in that slum. It also encourages them to upgrade their housing facilities, which will give them protection against natural and unnatural hazards. In addition, without registration of the land ownership, the government has difficulty in upgrading basic facilities and improving the living environment. Slum areas are characterized by substandard housing structures. Often the construction quality is inadequate to withstand heavy rains, high winds, or other local climate and location. Paper, plastic, earthen floors, mud-and-wattle walls, wood held together by ropes, straw or torn metal pieces as roofs are some of the materials of construction. In some cases, brick and cement is used, but without attention to proper design and structural engineering requirements. Many dwellings are single room units, with high occupancy rates. Each dwelling may be cohabited by multiple families. Five and more persons may share a one-room unit; the room is used for cooking, sleeping and living. Overcrowding is also seen near sources of drinking water, cleaning, and sanitation where one toilet may serve dozens of families. One of the identifying characteristics of slums is the lack of or inadequate public infrastructure.

Chapter 6 : Risk Factor Analysis for Oral Precancer among Slum Dwellers in Delhi, India

The mean age of the cases was years, of whom the youngest was 21 and eldest was years old. There was a statistically significant increase in the proportion of cases with an increase in age (P <)and illiteracy (P <).