A GEO, SOCIO-ECONOMIC ANALYSIS OF SLUMS IN **GRATER VISAKHAPATNAM**

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Abstract:

Rapid population growth, industrialization and urbanization in the country are adversely

affecting the environment. Though the relationship is complex, population size and growth tend to

expand and accelerate these human impacts on the environment. All these in turn lead to an increase in

the pollution levels. However, environmental pollution not only leads to deteriorating environmental

conditions but also have adverse effects on the health of people. India is one of the most degraded

environment countries in the world and it is paying heavy health and economic price for it. Various

agencies, especially those in developing countries are finding it difficult to respond to this situation

effectively.

Greater Visakhapatnam, a significant port city on the east coast of Peninsular India, strategically

located midway between Kolkata and Chennai, is one of the fastest developing cities in Southeast Asia.

This strategic geographical location coupled with the availability of the other associated factors of

logistics has enabled the city to attract large commercial investments and the major public and private

sectors' industries. In recent years, there has been a spurt in investments in the city and its surrounding

areas giving further impetus to transform the city as a future mega city.

Key Words: Adversely, conditions, Industries, location, Surroundings.

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I. Introduction:

Nearly half of India's population lives below the poverty line. Majority of the slum dwellers are rural immigrants who come to cities in search of employment in the secondary and tertiary sectors of activities. Most of them lives under highly congested and sub-human environmental conditions. Encroachment of land by the urbanized poor becomes inevitable. The urban poor are forced to settle on hazardous areas such as toxic dumps, near refineries, near railroads and highways. The slum habitants have no infrastructure to speak of. There is no sanitation facility and no provision of drinking water. In Mumbai the sanitation ratio is one toilet seat per 500 inhabitants. The contamination of water by human and animal waste is responsible for the scourge of chronic diarrhea, which kills infants. In the slums of Delhi there are 1,500 shanty colonies housing over three million people with the average population density of 3,00,000 people per square kilometer.

With about one third of city's population living in slums, the city is characterized by significant presence of urban poor with a growing poverty profile. Further, the environmental conditions in slums are very poor, unhealthy, affecting the health of the dwellers. Heavy influx of laborers from rural to the port city has meant a growth in slum population at a rate higher than 6 percent per annum. At present about one third of its population lives in slums. Most of the Visakhapatnam slum dwellers live under sub-standard environmental conditions. On account of this the slum dwellers in the city are prone to diseases such as the gastroenteritis, skin diseases, and respiratory infections are quite common in the slums. The health problems of the urban poor who are living in the slums can be attributed to the socioeconomic features like poverty, inadequate and poor quality of nutrition, environmental factors like population, poor housing, overcrowding traffic congestion and lack of physical facilities like drains, latrines and protected water supply.

Thus urban slums are to be studied for the welfare and the development of the society. Understanding the socio-economic pattern of the slums is essential in order to identify the problem areas, design the developmental plans and for their effective implementation. The need is imperative as the human resource development is being emphasized for restructuring the economic and cultural set up, thereby enhancing the quality of life. In this context an attempt has been made in the present study to analyse the socio-economic and environmental conditions of the slums in Visakhapatnam from a geographical perspective.



II. Objectives of the Study:

The broad objective of the study is to understand the socio-economic conditions of slum dwellers in the Grater Visakhapatnam Municipal Corporation. The specific objectives of the study are

- 1. To analyse the demographic characteristics of the city.
- 2. To study the urban sprawl pattern in GVMC
- 3. To analyse the land use pattern and its dynamics.
- 4. To suggest possible measures for sustainable development of slums.

III. Database & Research Methodology:

The study is based on both primary and secondary data. The secondary data pertaining to population, built up statistics, land use statistics, infrastructural facilities etc. have been collected from the Census Hand books, Municipal records and other unpublished works. The primary data relating to the socio-economic aspects of slums have been collected with the help of pre-tested interview schedule. Slum dweller is the basic and real operational unit for micro analysis of slums. SOI topographical maps, thematic maps of Municipal Corporation of Grater Visakhapatnam, Visakhapatnam Urban Development Authority (VUDA), unpublished works, and Satellite Image IRS LISS-III are used to prepare base map, land use/cover maps and built up maps.

Statistical methods are used to analyze the socio-economic conditions at micro level. Tabular analysis of percentages and frequency distribution tables are widely used and graphic analysis is presented wherever required to analyze different aspects of the problem. Statistical correlations are applied to analyze the influential factors and inter relationships between various socio-economic parameters such as the influence of education on income, health, infrastructure and sanitation etc. GIS and Image processing techniques are used for obtaining base map and thematic maps of land use/land cover etc. NRSA standard classification procedure is adopted to map the land use land cover.

IV.Findings:

The micro level study reveals that most of the slum dwellers are unskilled and semi skilled people having low occupational status and have low income. The nature of employment of slum dwellers is



highly diversified. Most of them are working as daily labour and few of them are auto drivers and carpenters. They are mainly from the weaker section of the society and live in huts. The family size varies from 4-6 persons.

Spatial disparity is also evident from the study. Some of the slums are provided with minimum basic amenities and in certain areas slum dwellers are living a very pathetic situation without any sanitation facilities, lack of street light, poor drainage, and prevalence of rats, snakes are mosquitoes. Due to unhealthy environmental conditions prevailing in the slums diseases like malaria and viral fever are common among the people.

V. Conclusions:

Taps and bore wells are the major sources of water in the slums and the accessibility to the source is less than half a kilometer. The current study identified that about 15.29% of sample households in the study slums are without street light while 75.28% are with tube light. The remaining have the facility of mercury/sodium and bulb lights. 92.71% of the population in the slums has access to different types of roads, which seems greater that about 71.5% for Andhra Pradesh. Among the residents of the slums, nearly 2/3rd has access to cement roads.

In the case of urban slums of GVMC, about 18.59% of the people use open defecation, about 17 % have their own lavatory facility, 7.42 use community toilets, 3.64% share with few households. Half of the slum dwellers use other alternatives not mentioned

Another dimension of civic sanitation in urban slums that needs to be looked into is the disposal of solid waste. Out of the total population dwelling in the study slums, about 39.83% of sample households dispose using dumper bin. This is followed by disposal on vacant land and door to door collection which are favored by 21.53% and 19.80% of the sample households, respectively.

The share of urban slums which has Government hospitals within one kilometer radius is about 47 to 48%. Among the sample households, over $1/3^{rd}$ (37.54%) are accessible to doctors in government health facilities followed by 19.55% by private doctors and 15.14% by private clinic.