



Impacts of Living Conditions on Health Status of Slum Dwellers: A Study of District Gujrat, Punjab, Pakistan

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Abstract: *One of the most enduring physical manifestations of the rapid urbanization seen in developing countries has been the development of slum and squatter settlements. Slums and squatter settlements continually grow for a variety of reasons, such as socio-economic, environmental, and living conditions, among many others. Lacking the means of basic facilities, people from these settlements experience the most deplorable living and health conditions. The absence of basic infrastructure, such as unsafe sanitary and hygienic environment, inadequate drinking water, hazardous locations, insecurity and vulnerability, overcrowded and dilapidated habitation, and the nonexistence of waste disposal arrangements creates serious health risks. This study accounts for understanding the living impacts on dwellers by applying mixed research methods and techniques. The primary data was collected from the slums of district Gujrat, Punjab, Pakistan. Collected data was statistically analyzed and also presented through thematic discussion. The results of the study highlighted that most of the slum residents live in pathetic living conditions and suffer from various health issues, especially women and children.*

Key Words: Slums and Squatter Settlements, Health Conditions, Slum Dwellers, Living Conditions

Introduction

One of the most visible outcomes of the rapid urbanization seen in developing countries has been the development of slum and squatter settlements. Many of these settlements are growing almost as rapidly as the urban population growth rates, although there are slum and squatter areas that have been in existence for decades (Ahmed et al., 2020). Slums and squatter settlements continually grow for a variety of reasons, such as socio-economic, environmental, and living conditions, among many others. Lacking the means of basic facilities, people from these settlements experience the most deplorable living and health conditions. The absence of basic infrastructure, such as unsafe sanitary and hygienic environment, inadequate drinking water, hazardous locations, insecurity and vulnerability, overcrowded and dilapidated habitation, and nonexistence of waste disposal arrangements creates serious health risks (Jeihooni et al., 2018). Consequently, huge concentrations of slums in which dwellers live in poor, inadequate, and life-threatening circumstances impose unbearable socio-economic burdens on governments and city administrations that damage institutional capacities to provide even basic services (Fayehun et al., 2022).

Currently, there is a lack of understanding and seriousness to understand the underlying forces driving the proliferation of slums in underdeveloped countries like Pakistan. In this perspective, the United Nations (UN) highlighted that the situation and problems of squatters and slums are generally little understood. The absence of empirical studies indicates linkages between the existence, growth, and prevalence of slum settlements with possible driving reasons at the community, society, or national level. Commonly, the implication of the foregoing is that researchers' and policymakers' attention has pointed disproportionately to urban migration. The rapid development of urban areas is considered the primary factor determining the proliferation of slum settlements in developing nations (Ezeh et al., 2017; Killemssetty et al., 2022). Continued growth in urban population, shrinking socio-economic, education, and

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health resources in remote areas, a large-scale shift in demographics, and increasing poverty, among others, are the locus or concentration of movement towards urban settlements (Hasan et al., [2022](#)).

The continuous and unchecked growth of urbanization during recent decades has become the major reason and plays a vital role in slum settlements, even in less developed urban areas in Pakistan. This creates drastic impacts not only on the lives of slum dwellers but also on the lives of other people. Burdens on socio-economic, political, institutional, law and order situations are badly impacted and create uncertainty. Viral and infectious diseases affect millions of people every year and have long-lasting physical and physiological impacts on the lives of people. Pakistan is among the top countries in South Asia with high incidents of child mortality and morbidity rates. Unfortunately, two countries in the world are still facing the issue of polio, and Pakistan is one of these (Ferdous et al., [2020](#)).

Traditionally, Pakistan's economy is large based on the agricultural sector, and the largest proportion of the population lives in rural and faraway areas (Rout et al., [2021](#)). But in recent decades, with the transformation of transportation and communication technologies, the existing conditions have entirely changed, and now people get involved in multidimensional business. With the process of trend chaining, people start migrating within and outside the country for better living and standards of living (Onwujekwe et al., 2019). With the rapid growth of population and movement of people from the agricultural to the industrial sector, the basic agricultural yield became scarce for them to fulfill their needs (Hasan et al., [2022](#)).

Living Conditions of Slum Dwellers

The emergence of slums and squatters' settlements is basically the frailer of administrative organization, policies, and monitoring system of any country (Karimy et al., [2021](#)). Inadequate facilities such as proper space, safe drinking water, sanitation, hygiene, transportation, and health, among others, have a direct association with the living and livelihood of slum dwellers. The people from these informal settlements are mostly attached to paid work placements, have poor affordability, and have the least productivity with respect to individual, family, and community health conditions and practices (Weston et al., [2020](#)). The living conditions in slum settlements normally fall behind the basic human needs such as adequate food, education, safety, and reasonable shelter, among others. People from all age groups suffer due to this living environment, but the most affected portions are women and children (Opatola et al., [2021](#)).

Normally, the slum dwellers are illegal residents there and avoid claiming their basic rights from the governments and authorities. As a result of this non-cooperation, negative elements of society take advantage and fill the gap with poor, unhygienic, and unsafe practices such as street food, quacks, penetration of criminal elements, drugs, theft, robbery, law and order situations, among many others (Renzaho et al., [2022](#)).

Health Status of Slum Dwellers

The socioeconomic and demographic background of every individual has significant impacts on psychological as well as physical health conditions. Living areas and poor living conditions have direct impacts on individual health and well-being. Existing literature (Wouters et al., [2021](#)) have a comprehensive debate that the living condition in slum areas are very poor and inadequate throughout the world, and the situation in developing countries like Pakistan is more alarming. In finding solutions to the problem of slum formation in the context of rapid urbanization, the emphasis is on process rather than program, particularly in peri-urban areas that effectively constitute a no-man's land situated between the urban and the rural (Pinchoff et al., [2019](#)). Studies demonstrate the need for policy shifts to ensure the relevance of housing goals, particularly for those migrating into cities that are least able to afford accommodation other than slums and squatter housing (Choi et al., [2021](#)).

One of the most important aspects of the emergence and growth of slums is the rapid urbanization. Slums and squatter settlements have become the crucial constituent factors that avoid growth strategies in developing countries like Pakistan. To materialize the dream of socio-economic and health development, it is imperative to eradicate or improve the problems of slum dwellers in the country.



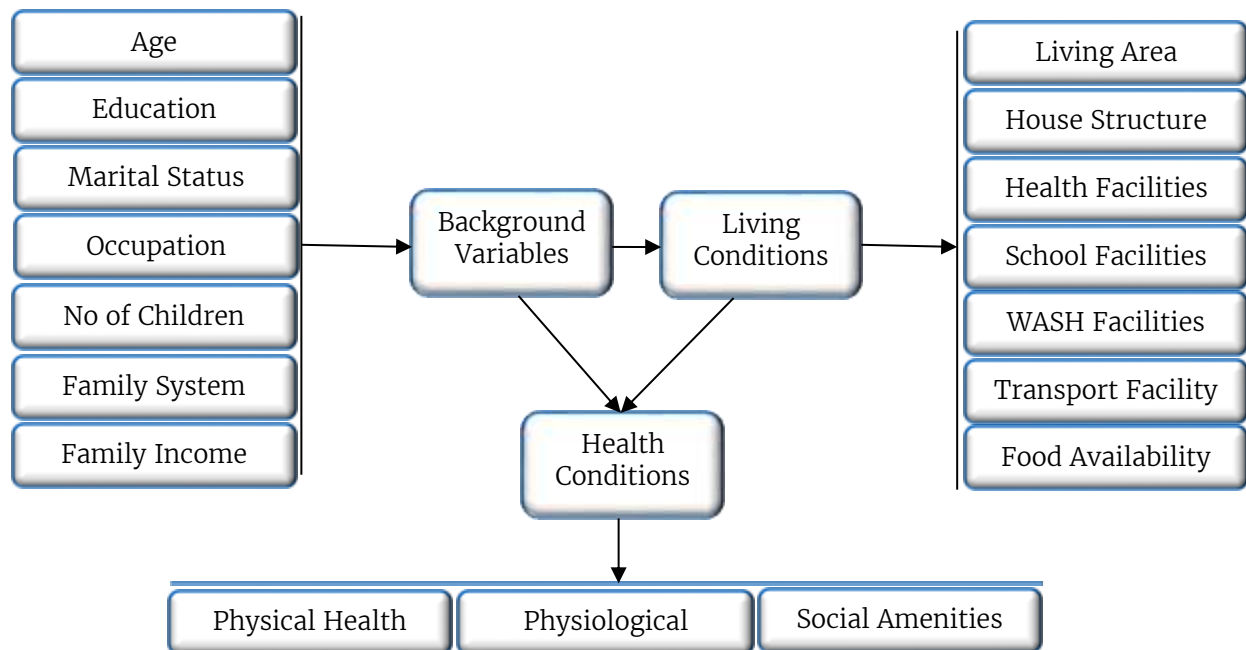
Keeping in mind the extent and nature of the issue, this imperial study was conducted to understand the impacts of the living conditions of slum dwellers on their health.

Objectives of the Study

- To evaluate the living conditions in the slums of Gujrat.
- To examine the health status of slum dwellers of Gujrat.
- To find out the impacts of living conditions on the health status of slum dwellers of district Gujrat.

Figure 1

Conceptual Framework of the study



Hypothesis

- Improved living conditions lead to a higher level of health status for urban slum dwellers.

Materials and Methods

This study was conducted with the primal concern regarding the impacts of living on the health of slum dwellers. Mixed methods and techniques were applied to conduct this study. The target population was the families living in slum areas of district Gujrat. The targeted population was the families of slum dwellers in the adjacent areas of Gujrat city. These areas include the Shadiwal Road, Jatuwaka, near the Railway track, and the Quddous Purr industrial area, opposite the airport. The element of the current study comprised the heads of families living permanently in the slums area of Gujrat city.

The head of the household was the respondent of the current study. A haphazard sampling technique is applied to select the sample from the target population. Two types of questionnaires were designed: one designed for the collection of quantitative data and comprised of structured questions, and the other one designed for qualitative insight into the considered phenomenon. The area under consideration for this study consists of a total of 7 slum settlements. Therefore, the universe consisted of 7 slum settlements of district Gujrat to gather the primary information regarding the living conditions and health status.

Results and Discussions

The major findings of the present study aimed to investigate the relationship between living conditions and the health status among the slum dwellers of Gujrat. The data was presented through frequency distribution tables and described the main findings of the present study.

Table 1

Distribution of Demographic Characteristics

Variable	Categories	Frequency	Percentage
Gender	Male	13	61.90
	Female	8	38.10
Age	35-45	2	9.5
	45-55	11	52.34
	55-65	7	33.33
	65 and above	1	4.7
Education	Primary	17	80.95
	Middle	5	23.80
	Matriculation & above	1	4.7
Profession	Household work	6	28.05
	Work on daily wages	13	61.91
	Self-arranged (Rakisha shop)	2	9.05
Family type	Joint family	18	85.71
	Nuclear family	3	14.28
Total Family Members	5-10	4	19.04
	10-15	9	42.85
	15-20	6	28.05
	20 & above	2	9.05
Total Monthly Income of the Family (in thousands)	5-10	7	33.33
	10-15	4	19.04
	15-20	5	23.80
	20.25 25 & Above	4 1	19.04 4.76

Table 1 shows the demographic characteristics of the respondents. There are 21 respondents in the present study. The majority (61.90%) of the heads of households were males and, 38.10% were females and, 52.34 % of the respondents were above the age of 45, and 33.33 % were between the ages of 55-65. 80.95% of respondents were illiterate and worked at daily wages or at their homes. 85.71% of respondents lived in a joint family system with 10 to 20 members of their family. A small portion of respondents have a 20 thousand or more monthly family income.

Table 2

Facilities available at the home of slum dwellers

Facilities	Yes / No
Electricity	Yes
Drinking Water	No
Sewerage system	No
Sanitation problem	No
School facility	No
Sui Gas	No
Basic health / Hospital	No
Transport	No
Streets	No

Table 2 shows the facilities available in the community of the respondents. There was only a light facility, which is due to their own efforts, while there were not any other basic facilities such as drinking water, sewerage, schools, hospitals, etc., by the government or any private agency.

**Table 3***Living conditions/facilities of the respondents*

Facilities	Frequency	Percentages
Toilet	No	Nil
washroom	17	80.95
Kitchen	16	76.19
Store	No	Nil
Lawn	No	Nil
T.V / Radio	11	52.38
Fridge	No	Nil

Table 3 tells us about the toilet facilities used in these slums. The majority of these households have traditional dry toilets, but there is not even a single household that has a proper toilet facility. Only a small proportion of them have a washroom (80.95%), And 76.19% out of the total selected respondents have the facility of a kitchen in the house. And (52.38%) out of the total have T.V/Radio at their houses.

Table 4*Overall, diseases faced by respondents currently*

Diseases	Frequency	Percentage
Lungs disease	7	33.33
Overall stomach problems	19	90.47
Skin disease	13	61.90
Heart disease	3	14.28
Hepatitis	15	71.42
yellow fever	4	19.04

As stated earlier, most of the slum dwellers are facing some disease or the other. Table 4 shows us about the kind of diseases they are facing. Stomach problem is the most common disease, as 90.47 % of the respondents reported that some of their families were facing yellow fever. The other diseases are lung diseases (33.33%), skin diseases (61.90%), heart diseases (14.28%), and hepatitis (71.42%). From overall diseases faced by respondents currently

Table 5*Respondents are overall seeking health facilities.*

	Frequency	Percentages
Treatment at home	21	100
Govt. Hospital	7	33.33
Homeopathic	10	47.56
Spiritual healer	20	95.23

Table 5 shows the health facilities of the respondents. This gives mixed responses. The majority of the respondents (100%) do not seek any healthcare facilities and adopt traditional methods at home. 47.56% of them visit homeopathic 95.23 % of them go to spiritual healers, and a small proportion (33.33%) visit Government hospitals. This indicates that the majority cannot afford to seek any healthcare facility and those who can also prefer to visit spiritual healers where these facilities are relatively affordable.

Table 6*Affordability of health facilities*

	Frequency	Percentages
Yes	5	23.81
No	16	76.19
Total	21	100

Table 6 tells us about the affordability of slum dwellers regarding health facilities. 76.19 % of the respondents said that they cannot afford the health facilities, so they prefer either treatment at home or going to a spiritual or traditional healer. As stated earlier, most of the respondents prefer treatment at home. Only 23.81% of respondents said they try to bear the expenditures on health.

Table 7

How often do slum dwellers save themselves from diseases

Respondents Views	Frequency
Hospital and health facilities	18%
Drinking water and sanitation	16%
Job Opportunity	10%
Better infrastructure	13%
Food quality	14%

When the question was asked about the preventive measure and how the respondents save themselves from disease, there was a mixed response from them. Table 7 presented that most of the respondents said that better hospitals and health facilities could save them, and 16 out of a total of 21 respondents talked about the water and sanitation facilities. Some talked about better job opportunities, while others focused on infrastructure and food quality.

Thematic Analysis

The qualitative analysis of this study is presented in the form of thematic analysis. Various positional aspects according to the nature and objectives of the study were converted into the theme, and a comprehensive discussion was presented for a coherent understanding of the issue. The participants' ideas and their points of view regarding living conditions and their relationship with health conditions and livelihood were noted as well as observed by the researchers. The description of collected interviews was made according to different themes, such as opinions regarding living in slum areas, availability, functionality, accessibility of basic human needs, health conditions, and community characteristics, among many others.

Demographic Characteristics of Respondents

The respondents of the current study were the residents of a slum area of Gujrat located near the airport Ground District of Gujrat. The ages of the respondents were ranging from 48 to 52 years. All respondents were married and had children ranging from 8 to 14. Their occupation normally consisted of daily wage earnings, and monthly income was approximately 10,000 to 14,000 PKR. They were living there from roughly 5 to 7 years back.

Living conditions of slum dwellers

Health is the core indicator of survival, and it heavily relies on the physical living condition of the individual which he/ she is selected for. Good health depends on a healthy physical environment.

Nature of House of Slum Dwellers

The land the respondents occupied for the house was on rent, and the rent was 1,000 per month. The house material used for the construction is mud, wood, bamboo, and thatch. The respondents told the researchers that they definitely tried their level best to provide a good, healthy environment, but income can't meet all expenditures. Respondent replied, "ye jo gar abi hy apny hathu sy bnaya hy m einton wala ghr bnany ki taqt ni rkhta aur shyd kbi bna bi na sku" (Urdu Version). The existing house is made by myself. I can't afford the construction of bricks made at home now, and I think I will never be able to provide such a house for my family (English Version). Respondent said that "hum khde esko thek krty hain agr kahin sy khrab ho jay" (Urdu Version). If our house is damaged anywhere, we (the family) reconstruct it on our own (English Version).

The respondent was living in a community of many mud houses. The whole area was like mud, made of small houses. According to the respondent, we are thankful to God for this placement, which has a house. He said that there are so many people in this world who have no physical place for their residence. He said



that “*bemari tu khuda ki trf sy ati hy achy, bury ghr sy ni m khuda ki trf sy mli hr cheez py shkr ada krta hun*” (Urdu Version). Furnished homes can’t save getting the disease. It all comes from God. I am ever thankful to Allah who gave me this life and all required things” (English version).

Facilities Available at Home of Slum Dwellers

Slums are normally unregulated, unrecognized places of living where people get land in any legal or illegal way with no proper facilities prevailed by the Government or any other private body. This is considered the responsibility of slum dwellers to arrange or occupy certain facilities for their survival. Some core facilities, e.g., Electricity, clean drinking water, and Sewage systems, are very necessary, but slum dwellers are unable to occupy all these.

Respondent said that there is not any source of drinking water in the slums. They bring water for drinking purposes from 2km away from their houses. He has his personal hand pump, but the water is not fit for drinking purposes. They use it for other purposes. “*meri adhi omer ty pani dohndia he lang gai e par fer vi bemaria ty koi farq ni penda*” (Punjabi Version). Half of my age is spent carrying water for my family, but the diseases are still the same condition (English Version).

The respondents observed that the sanitation condition of their slums is very poor. The respondent said that “*jiss time gher da kora sultan lai koi munasib jaga nit ty fer asi gher to qareeb rori ty he sutna vy na jari wadh k ak wada sara dhare bnai pai e*” (Punjabi Version). When there is no proper system of household waste disposal, we throw our waste on the heaps of garbage, and this makes the whole area look like a garbage heap (English Version). These heaps are seen throughout the locality at various places, affecting not only health but also the aesthetic beauty of the locality.

Respondents said that the main problem they were facing was drinking water and sanitation. There was no water supply from the Government in that area. They drink water from a hand pump, which is not clean. He said that the color of the water is pale and it is contaminated. There is a tube well, but that does not contain clean water as well. He said that our children and females got stomach problems due to the poor drinking water. “*hamara bivi bacha log ka nass kharab ho gaya is pani se dard hota unko*” (Urdu Version). Our children and wives got stomach aches due to this water (English Version).

One of the respondents claimed that the sanitation condition of the area was very poor. There is no disposal system for the garbage. This makes the area filthy. The respondent told us that they do not have toilets, which makes the area filthier. General cleanliness is not good at all. He said “*latreen ka koi intezam nai hum log kheton mein jate*” (Urdu version). We don’t have toilet facilities and go to the crops for toilet (English Version).

One of the respondents (female) said that there is not any source of drinking water in the slums. They bring their water for drinking purposes 2km away from their houses. She has her personal hand pump, but the water is not fit for drinking purposes. They use it for other purposes. “*Gha wch motor ni ha isliya pani v ganda hi ada ha na hi water supply di shulat ha sanu*” (Punjabi Version). “We don’t have an electric water pump, so we have to use impure water. We don’t even have a facility of water supply”(English Version).

She showed us that the sanitation condition of their slums is very poor. The respondent said that “*sady alqay wch gandgi di waja ay ha ka kora sutan di koi jgha hi ni na hi koi safia da dehan rakhda*” (Punjabi Version). “We don’t have a proper place for household waste disposal, and no one bothers about cleanness. (English version) So heaps of wastage are seen throughout the locality at various places, affecting not only health but also the aesthetic beauty of the locality.

The respondent complained about the water and sanitation problem and said, “*na pine joga saf pani hunda ve na e koora sutan di jagah, gormnt wallum koi sahulat nai sanu*” (Punjabi Version). We neither have clean drinking water nor is there any proper waste disposal system. There is no government facility provided (English Version).

Aid from Government or Private Bodies in slums

Government and some private organizations facilitate the residents of that state in the way of their health or provision of any other required facility which they need. Many NGOs help needy people. Many more

NGOs working for underprivileged people for their welfare start different short and long-term projects. Education is also available by private bodies in remote areas where proper schooling may not exist. Slum communities also have the right to avail and enjoy these facilities, but the issue is whether they are considered or not for receiving aid.

The respondent told us that there are not any kind of Government or private facilities available in their community. One of the respondents claimed that I have been here in this area for the last seven years, but I never did any activity designed by any Aid company. Most of the respondents had the same reply toward it. Respondent said, “ye sb sahltn hmary ly bni e ni hn hm ny kbi socha bi ni hy”(Urdu version). All such facilities are not made for us (slum residents), and we never think about these facilities.

Many NGOs and doctors independently organized free camps for underprivileged people in society, but unfortunately, slum dwellers never take into account any facility. Respondent said that we have very little interaction with neighboring areas, so we never go there to attain such a facility if organized there.

Respondent told about the toilet facilities used in his house. He has the traditional dry toilet, which is used by women and children, and the male of the family has to go to bush/ field and outdoor toilets. Most of the time, the respondent and his family members used public transport as their means of transportation to travel from their locality to the city for various purposes, and sometimes they used their rickshaw for that purpose.

Living Style of Families

Slum residents have their own living styles according to their resources, through which they basically have to meet the basic needs of the whole family. Within slums, there is variation in living style because it depends on their income and family structure. Many slum residents have the bulkiest family size, and resources are not as much, so most of the slum dwellers face different tough conditions in this regard.

The respondents said that he does not have sufficient resources and are unable to afford an adequate amount of food intake for themselves and their family:” *pait bhern lai mill javy ty pher vi bara shukar e malik da*” (Punjabi Version). Thankful to Allah Pak, who fulfilled our basic food needs (English Version). One respondent said that we can only fulfill the most prioritized needs of the family. It is impossible for us to avail of any recreational facility even if healthy food can’t be provided to the whole family.

The respondent said that they do not earn enough to buy an adequate amount of food intake for themselves and for their family. He said, “kabhi pait bhar kar kha lete hain kabhi bhooke reh lete hain” (Urdu Version). Sometimes, we eat sufficiently but often sleep with empty stomachs (English Version).

The respondent told us that he and his family members do not have sufficient money to buy clothes. Their general appearance was poor, and the children were naked. He said “*roti k liye paisa nai to kapra kidhr se lein*” (Urdu Version). How to buy clothes. We don't even have an adequate amount of food (English Version).

The respondent told me that she did not have sufficient resources and was unable to afford an adequate amount of food intake for herself and her family “*Sara din wch sirf aik time di roti kah sakny ha Allah da adhy wch v shukr hi ada kr rhy ha*” (Punjabi Version). We just eat food once a day, and for that, we are thankful to Allah (English Version).

Educational Level of Slum Inhabitant Children

Respondent told us that his children do not go to school because he cannot afford the expenditure of school, and the Government school is far away from their community. The children started work at the early stages of life to support their families. When the respondents asked about their leisure time activity, he smiled and said, “*eh vadia loka dia gala ny asi gareeb no ki pata sady wasty ty oh din he khushi da Honda vay jado kai pershani na bny*” (Punjabi version). These things are just for rich people, we the poor do not know about this (leisure time) the day in which we do not face any problem is full of happiness for them. (English version)



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The respondent said that their children do not go to school as they are not able to afford the fee, uniforms, books, and other expenditures of school. Moreover, they don't allow their girls to go to school. Male kids start working at an early age.

Respondent told us that her children did not go to school because she could not afford the expenditure of school and the Government school is far away from their community. “*school di waedi ur katba da pasy koi ni ha sady koalas wasy bachya nu school ni bhajday*” (Punjabi version) we don't have money to buy a school uniform and books so we are unable to send our children to school even.” (English Version).

Health Status of Slum Dwellers

Health is a basic need and human right of any individual. It should be prevailed by any individual irrespective of color, creed, sex, and even residential location. It's the responsibility of the state to avail basic health needs. Slum dwellers face a number of issues regarding health due to their filthy physical environment and insufficient food, and they are unable to deal with their disease.

Current State of Health

The current health status of the family is not satisfactory. Some of the family members are facing disease currently. ” *sari koshih they bavjood gher which koi na koi her valy bemar he rehnda vy*” (Punjabi Version). In spite of taking all necessary preventive measures, someone is ill all the time in the family (English Version). The respondent tells us about the kind of diseases they are facing. Yellow fever is the most common disease in the respondent family; the other diseases are lung diseases, which are faced by the elder son of the respondents, his youngest son suffering from skin diseases, and the respondent himself facing heart problems and hepatitis ‘C.’

The health status of the family is pathetic. They are facing many health problems and illnesses. Children were weak and ill. Diarrhea and vomiting are common in them. The elderly were having stomach aches, diabetes, and hepatitis. The respondent said, “*bacha log ulti karta rehta hai pechas bhi laga rehta hai*” (Urdu Version). Kids have diarrhea and vomiting (English Version).

The respondent does not seek any healthcare facilities and mostly adopts traditional methods at home or goes to spiritual healers. In severe condition, she visits government hospitals “*adhii kmai ta dwia ta karch ho jadi ha koi na koi bacha bemale hi rhda ha government hospital wch shulta ani changnia ni*” (Punjabi Version). Half of our earnings are spent on the treatment of children's illnesses, but facilities of government hospitals are not (English Version). The respondent is not satisfied with the health facilities in the area. She reported that health facilities in these slum settlements are not easy to access. Because health services are scarcely available within the locality, and people have to travel far off to access these facilities. She also claimed that she cannot afford the health facilities, so they prefer either treatment at home or going to a spiritual or traditional healer.

The health status of the family was not satisfactory. They were facing many health problems and illnesses like vomiting, diarrhea (common in children), food poisoning, hepatitis, viral infections, and skin diseases. The respondent said “*bimariyan te laggiyan hi rehndiyan ne bacheyan nu v waddeyan nu v*” (Punjabi Version). Diseases are frequent in both children and the elderly (English Version).

Approach Toward Health Regarding Facilities

The respondent does not seek any healthcare facilities and mostly adopts traditional methods at home or goes to spiritual healers. In severe condition, he visits government hospitals “*sady garebe wasty koi saholat*

nahi jy asi thy gher which he tona totka karn di koshsh kr dy jy ya peer sahib kolo dam karwa landy jy. Kadi srkari hasptal vi jandy a " (Punjabi Version). There is not any facility for us. We, poor people, try at home or vested to spiritual leaders for dum. Some of us visited Government hospitals for treatment (English Version).

The respondent is not satisfied with the health facilities in the area. He reported that health facilities in these slum settlements are not easy to access. Because health services are scarcely available within the locality, and people have to travel far off to access these facilities. He also claimed that he cannot afford the health facilities, so they prefer either treatment at home or going to a spiritual or traditional healer.

The respondent said "*marha itna paisa nahin hota k doctor k pas jayen, jab kabi ziyada masla ho to mehmnda hasptal jata udhar ka fees thora hai*" (UrduVersion). Buddy, we do not have enough money to go to a doctor, but if we have more problems, then go to the civil hospital because the fee is affordable."

Conclusions

The present study was conducted with the aim of investigating the relationship between living conditions and the health status of urban slum dwellers. The target population of the study consisted of the slum residents of the adjacent slum areas of Gujrat City. The researcher selected a sample of 21 households in the slum dwellings of Gujrat. The researcher investigated the relationship between the two variables, living conditions, and health status, with the help of an Interview Schedule constructed by the researcher himself for the collection of data for the present study. The favorable and conducive living conditions of the slums will raise the level of health status of the people living in these slum areas. It has been found that, in general, the living conditions in the slum areas of Gujrat are quite bad and have adverse effects on the physical health of the residents of these slums and also affect their overall health condition.

When the health of the individuals in the slums is affected by their poor and worse living conditions, they will be unable to work. Results of the present study have shown that most of the slum residents earn their livelihood on a daily wage basis and strive for the fulfillment of the basic necessities of life for themselves and their families. When they are in ill health and unable to work, the survival of their families will be at great risk. On the other hand, it has been found that slum dwellers make substantial contributions to the urban informal sector of the economy that ultimately contributes to the economic growth of the country, as the urban informal sector has been an integral part of the growth and development of the urban and national economies.

Reports have shown that there has been an alarming and rapid increase in the urban population of developing countries in recent years. And the rate of slum formation is also increasing simultaneously. Developing countries already lack sufficient resources to provide basic necessities of life to their citizens and have also been unable to manage and control this rapidly increasing urban population in an effective way. So when the migrants from rural areas enter the cities, the urban areas of developing countries are unable to house this large influx of migrants. These migrants form temporary settlements in the adjacent areas of cities, and in this way, the slums continue to form and exist.

Recommendations

There is an immediate need to take into consideration the factors that are responsible for the formation of slums and also to take into consideration what sort of steps can be taken to improve the state of the existing slums. If this issue is not addressed properly, the slums will continue to form and will continue to persist with their filthy and pitiable living conditions, resulting in ill health consequences for the urban slum dwellers.

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