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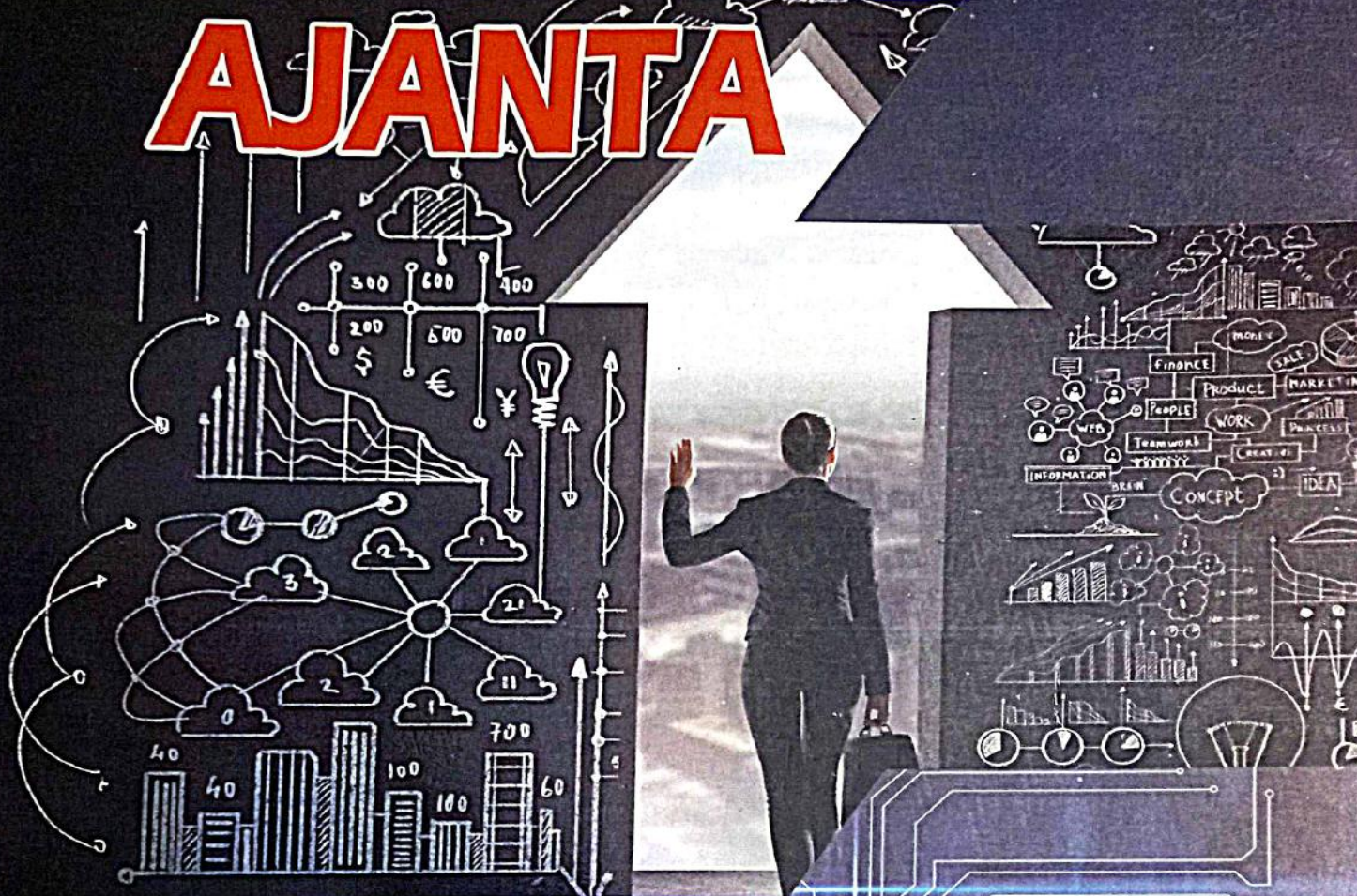


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## 18. Extent of Deprivation and Associ Slum Conditions and Health of Subhash Nagar Slum in Ward No 19 of Siliguri Municipal Corporation, Darjiling District, West Bengal

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### Abstract

Urban poverty, ill health, and living in slums are intrinsically interwoven. Poverty is multidimensional and there is no agreement on a universal definition. UN-HABITAT has introduced an operational definition of slums that is restricted to legal aspects and excludes the more difficult social dimensions. The World Health Organization definition is more comprehensive and uses a health and social determinants approach that is strongly based on the social conditions in which people live and work. Health and improving the lives of people living in slums is at the top of international development agenda. Proactive strategies to contain new urban populations and slum upgrading are the two key approaches. Regarding the latter participatory upgrading that most often involves the provision of basic infrastructure is currently the most acceptable intervention in developing countries. In urbanization of poverty participatory slum upgrading is a necessary but not sufficient condition to reduce poverty and improve the lives of slum dwellers. Empowering interventions that target capacity development and skill transfer of both individuals and community groups—as well as meaningful negotiations with institutions, such as municipal governments, which can affect slum dwellers' lives—appear to be the most promising strategies to improve the slum dwellers' asset bases and health. Non-governmental organizations, training institutions, and international development partners are best placed to facilitate horizontal relationships between individuals, community groups, and vertical relationships with more powerful institutions that affect the slum dwellers' lives. The main challenge appears to be lack of commitment from the key stakeholders to upgrade interventions citywide.

**Keywords:** Urbanization, stakeholders, Training institution

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which they take place. They argue that "many households wo  
their home-based enterprises and many enterprises would r  
dwelling."

In the study on urban livelihoods in two informal settlements in Subhas Nagar slum  
seen that several households were engaged in such activities as fruit selling, carp  
workshops, preparation of food for sale, metal welding, and maize milling, without  
protective gear. Most of these activities are likely to cause occupational health hazards, su  
dust, high temperatures, impairment of vision, and impairment of hearing. The use of le  
paint on houses or in contaminated water is associated with lead poisoning. Ingesting lea  
irreversibly damage intellectual growth and cause increased behavior problems. Asbestos  
radon are also associated with various kinds of cancer.

### Secure Tenure

Unlike the first four defining characteristics of slums, which are quantitative, se  
tenure does not render itself easily to measurements. In view of this, UN-HABITAT del  
secure tenure as the right of all individuals and groups to effective protection from the  
against forced eviction. To measure secure tenure, two indicators are proposed: proo  
documentation (e.g., utility bills, voter registration forms, municipal tax receipts) and perce  
security. In 2003, the World Bank estimated that between 30% and 50% of urban residents in  
developing world had no legal documentation to show that they have tenure security.

People who own houses enjoy better health than people who are in rent. Insecure  
tenure, on the other hand, is associated with injuries, respiratory problems, infectious disea  
and mental health problems.

### Conclusion

The main challenge appears to be lack of commitment from all the key stakehol  
individual households living in the slums, their community associations, local and cer  
government institutions, training institutions, NGOs, and national and international develop  
partners to scale interventions up to citywide levels.

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