

## CHAPTER: 18

# ***PARTICIPATORY MAPPING RESEARCH IN URBAN SLUM OF DELHI***

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## **INTRODUCTION**

Over the past century, global demographics have undergone rapid changes. The industrial revolution, marked by the establishment of large industrial settlements, spurred significant urbanization in India. According to the 2011 Census and the Committee on Slum Statistics/Census (2010) report, the combined slum population in Delhi is around 3.2 million. The NSS Report indicates 1,058 notified slums and 2,075 non-notified slums in Delhi [1]. Similar to other slums, the population in Delhi's slum clusters lacks access to essential civic amenities like sanitation, streetlights, healthcare centers, educational facilities, roads, open spaces/parks, and markets. These deficiencies in slum areas contribute to deteriorating living conditions as the population expands. The absence of these services has direct and indirect implications for the quality of life, especially for women and children who spend a significant amount of time in unhygienic environments. Limited awareness and knowledge about healthy behaviors and practices contribute to the communities' restricted access and acceptance of Maternal Newborn Child Health and Nutrition services. Consequently, there is a high incidence of maternal and infant mortality in urban areas, fostering a detrimental cycle of malnutrition and communicable diseases.

Various methods can be employed to assess health, nutrition, water, and sanitation issues prevalent in slums [2]. One effective approach is participatory mapping, an interactive method that leverages local knowledge to create visual and non-visual data for exploring social problems, opportunities, and solutions. Participants collaborate to visually represent their community, utilizing available tools and materials. A key strength of participatory mapping as a research method is its ability to simultaneously explore different features of a particular place, including the interplay between physical and social geography, changes over time, residents' personal and collective experiences, and their attitudes and perspectives on their environment.

## **RESEARCH OBJECTIVES**

1. To recognize general health issues impacting men, women, and children.
2. To recognize obstacles in obtaining healthcare services.
3. To identify concerns pertaining to water and sanitation.

## **RESEARCH METHODOLOGY**

The research relied on a qualitative analysis of data obtained from 30 slums using Participatory Learning and Action (PLA) tools and techniques such as Perception Mapping, Transect Walk, Resource Mapping, and Social Mapping. The chosen slums were those facing heightened vulnerability, with significant and relevant concerns related to health, water, and sanitation. A Participatory Rural Appraisal (PRA) toolkit was developed, providing comprehensive instructions on conducting PRA, along with guiding questionnaires for Perception Mapping, Transect Walk, Resource Mapping, and Social Mapping.

## **RESULTS & DISCUSSION**

Upon examination, it was determined that the primary health issues affecting men, women, and children were Tuberculosis, Leukorrhoea, and Diarrhoea, respectively. The residents of slums encountered more challenges related to water and sanitation. Although Anganwadi centers provided services for mothers and children, certain barriers hindered access to healthcare services from hospitals. Issues like staff misconduct, medication unavailability, and the distance to health facilities were significant reasons for not utilizing healthcare services.

In several slums, there was no water supply from the Jal Board, forcing people to rely mostly on tankers and borewells, compromising water quality. In areas with public standpoints, irregular supply and contaminated water were prevalent issues. Sanitation facilities were extremely inadequate, with slum populations relying on public toilets. Some slums lacked toilets altogether, and in cases where they were present, most were non-functional. The condition of operational toilets

was deplorable, with few in number, filthy, broken, and unusable. The lack of cleanliness and water availability in Community Toilet Complexes led slum residents to resort to open defecation.

## **CONCLUSION**

The participatory mapping proved valuable in pinpointing prevalent concerns concerning Health, Water, and Sanitation in the urban slums of Delhi. Moreover, a map created through this process served as a foundation for making decisions regarding sustainable project interventions. For instance, it helped in determining which issues were most crucial and demanded the utmost attention. However, the information compiled in this manner necessitated additional research and supplementary data for making well-informed decisions about where to initiate implementation strategies and tools.

## **REFERENCES**

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