

## CHAPTER I

### INTRODUCTION

"Resources multiply when they are seized and used; they die when neglected."

Tilak, 1984. P. 144.

The rapid growth of urbanization in India has greatly complicated urban conditions which were already difficult, in terms of family living. The speed of urbanization is much accelerated during the past four decades or so, specially in large cities (Municipal Corporation of Delhi, 1961). The so-called urban crisis is largely a growth sickness; it represents the necessary adaptations of the human settlement systems to a new pattern of interrelations that go hand in hand with the forces generated by the process of modernization. The growth of urban centres in less developed countries is the result of a double process: natural growth of urban population plus rural-urban migration (Report of the Meeting at United Nations, 1977). The special importance of a world-wide awareness is that ideas spread. Urbanization has become a pervading, characteristic of man's environment on earth (Kingsley, 1969).

The problem of this demographic upsurge in the countries of the Third World is gigantic. From its level of twenty-eight per cent, as of 1975, to forty-four per cent by 2000 AD, signifies a growth from 838 million to 2.1 billion. During 1960-70, slum and shanty dwellers represented almost thirty to sixty per cent of urban population. On an average, fifty per cent of the urban population live at the level of extreme poverty. Assuming that by the year 2000, one-half of the urban population will fall under low income, over one-billion would be counted as urban poor. The urban poor is, therefore, one new factor in demographic upsurge of most of the developing countries. The most striking feature of this phenomenon in developing countries is thus urbanization, indicating a very critical time ahead for most of the population living below the poverty line, not only in rural areas, but also in the cities. Bereft with the benefit of urban services, amenities and economic opportunities that urban areas offer, they will be struggling for survival and the problem of providing basic services might be plaguing all countries in the world. Conservative estimates place one out of every three urban dwellers as poor. Children born in poor communities particularly in slums and squatters, face a situation of persistent deprivation: poor and overcrowded housing open sewers, undisposed and scattered garbage, few opportunities for schooling and health. Children and women in poor communities are most susceptible to the poor living and environmental conditions. Malnutrition - an invisible hand - touches and steals away the energy of about one-quarter of children in developing countries. The urban poor are economically deprived, their access to basic services is inadequate or altogether absent,

their incomes in informal sectors are meagre to meet their basic needs. The influx of rural population to urban areas, has created many a poverty pocket in most of the towns and cities in the country, and their status of physical quality of life index is very poor. Most of the governments of developing countries, are focussing their attention to reduce or redirect flows of migration rather than stopping them altogether (Wishwakarma, 1986).

The aggregation of large numbers of human beings within a restricted area, as is represented by the modern city, makes possible, and at the same time makes imperative, the communal effort to satisfy certain essential needs of all the inhabitants. The manner in which these needs are met has become institutionalized. The facilities which have been created to meet these needs make up the physical structure of the city as a social mechanism (Park, 1968).

The three most vulnerable segments of the urban population are children, women and the poor. Both the actual number and the proportion of poor people in cities is growing. Unfortunately, the basic needs of poor urban families are not being adequately met by the conventional service delivery institutions, despite the share of resources which go to urban areas. This is due to the fact that the poor have less access to services whether they live in rural areas, small towns or in metropolitan areas.

The main basic needs among others, like water, nutrition, economic activities, sanitation, shelter etc., are:

- (1) health care - preventive as well as curative.
- (2) education - pre-primary, primary, as well as, out of school for children and women.

(3) recreation - especially for children (Cousins, 1983).

The cities make available to both urban and rural people, services and facilities that require substantial population thresholds. In nearly every country, urban centres are catalysts for social change, the focal points of innovation and the places through which new ideas, methods and technologies are disseminated (Rondinelli, 1986).

Despite the appalling conditions found in most Third World cities, more people have access to water, drainage, electricity and health services, than they do in rural areas (Gilbert, 1984).

Urban settlements may be grouped into two categories from the view point of spatial organization. The first category comprises of those settlements that primarily serve other settlements, and the second category includes others which are served. The places falling in the first category are called service-centres (or community facilities). Service-centres exist to provide services to their surrounding areas. They vary in type, quantity and quality of functions and hence differ in their functional status. They interact among themselves in the fashion of a nested hierarchy (Chandna, 1986).

The cost of providing municipal services, increases with the spread of the city over a large area. It also results in heavy dependence on transport for movement within the city. This is also true of smaller company towns (Lahiri, 1986).

The low rates of literacy among slum dwellers and especially among pavement dwellers, rival the rates found in rural India and

stand in sharp contrast to the rates found in non-slum areas of the cities (Singh, 1980). The high rate of illiteracy and lack of education, as a social factor, is the root cause of ignorance, indifference and superstition, leading to conservatism towards utilization of community services. Education exposes families to modern ideas, creates awareness, and convinces them of the necessity of utilization of facilities, hence, there exists a close relation between utilization and education (Jorapur, 1989). A study of 400 married labourers of Orissa, in 1985, showed that awareness towards Family Planning programmes was almost ninety-nine per cent, (Srinivasan and Kanitkar, 1985). Another study, conducted in a metropolitan city in India, revealed that households belonging to low and very low classes, utilized health and family welfare services, available in government institutions, much less often, than did their counterparts belonging to high and middle classes, did, (Yesudian, 1981), as the latter had some education.

The families that settle near one another in an urban setting may not be bound together by close kinship, or any other inherited group relationship, but this does not prevent them from being confronted with common problems arising from residence in the same locality, or from becoming dependent on services, common to all who live there (Department of Economic and Social Affairs, 1961).

Such families or a group of people who live in a geographical area and have interest in each other for the purpose of making a living, are called communities. They are also referred to as a locus for social systems of particular kind, composed of interacting social institutions which meet the basic human

needs, through the function of which, people have developed a sense of belongingness and a potential ability to act together as an entity (Dahama, 1968). According to Poplin (1979), communities are units of social and territorial organization that, depending on their size, may also be called hamlets, villages, towns, cities or metropolitan areas.

Rene-Koenig defines a community as "a global society of a kind that has a local unity". Mc Iver defines community as "any circle of people who belong together, so that they share not only this or that particular interest, but a whole set of interests, wide enough and complete enough to include their lives". (Chittaranjan, 1964). Gangrade (1971), defines a community as "a group of people living in a contiguous area, who have some shared values, attitudes, customs, interests and institutions".

Boskoff (1970) defines the community as a relatively self-contained constellation of variably independent social groups within a definite manageable geographic area, which through their interrelated functioning, provide minimal satisfaction of the basic and acquired needs of their members. It is an obvious point that communities differ enormously in the potential resources at their command (Eds. Dore and Mars, 1981). The phrase 'Community development' holds many meanings. Sometimes it is used to connote the creation of physical facilities. But the term 'Community' implies an association of people of social intercourse. When this interchange is focussed on the commonly held aspirations of the people, it is the dynamic process, community development. So the term comes to mean the progress of a group of people towards the realization of common goals and dreams (McAllister, 1963).

Joint efforts to solve common problems democratically and scientifically, on a community basis are the essential elements of community development (Holdcraft, 1978). Dey (1962) opines that community development is a development of the community, by the community, for the community and with the community. As a process of social change, community development emphasizes the integrated development of community life (Ed. Chekki, 1979).

The basic needs of the urban poor and their order of priority vary among communities, but a general pattern in new slums and squatter settlements has of late surfaced in the cities. Thus in most cities whether the residents hold some form of legal tenancy to the land or not, the demand for public water supply, electricity, health services and basic education has high priority, after food and employment opportunities. Other social needs include adult education, development of skills, day-care centres, better public transportation and police protection. Finally, and only after these needs have been specified, the most highly developed of the low income urban settlements begin to be concerned with environmental pollution, refuse collection, the lack of parks and other recreational and postal facilities (Ribeiro, 1983).

Family living emphasizes the use of resources to achieve established goals. Resources are means which are available and recognized for their potential in meeting demands. Means have 'want-satisfying' power and are instrumental in reaching desired ends. Resources, thus are available means for reaching goals and meeting demands (Gross et.al., 1980). Each family, at some time or the other, sets certain desired goals which it strives to attain through the optimum utilization of every available

resource. Some resources are utilized to the maximum extent, others partially, and, still others are not tapped at all, due to the families being unaware of their existence.

Under the community development efforts, the government has provided several facilities, such as hospitals, health centres, schools, libraries, parks, playgrounds etc., for use by families, to assist in promoting the reaching of their health, education and recreation goals. These facilities exist in the family's near and large environments, as crucial resources which stand outstandingly identifiable. They have the backing of huge amounts and kinds of resources for their existence, by the government, and families need to make optimum utilization of these free resources.

A community facility is any 'free' or 'low-priced' service, available for the community or public, to use as a resource. The community facilities available to families include, hospitals, health centres, family planning counselling centres, immunization programmes, schools, libraries, adult literacy programmes, museums, parks, playgrounds, zoos, picnic spots etc., and several others like mobile health services, organized recreational programmes etc.

There exist, several factors which tend to influence the utilization of resources, and, thereby, govern their optimum or under utilization. For instance, a home maker's employment may constrain or restrict time spent on home making tasks. Similarly, physical and social factors may influence optimum utilization of community facilities, as resources, for family living. A physical factor such as, distance between people and service delivery units, is identified as a factor influencing the utilization of health



and family welfare services, that is, when the distance between people and service deliver units is short, utilization of services is better. (Ram and Datta, 1976; Reddy, 1980; Mouli and Guruswamy, 1982).

Some factors are within the normal control of the family, while, others exist in the environment which surrounds the family, and thereby direct the behaviour of families in decisions taken regarding utilization of resources. Environment is the aggregate of conditions that influence the life of an individual family or community (Steidl, 1978).

Broadly defined, the environment includes anything external to the family that can affect it. Life is maintained by drawing upon the resources of the environment, and the central task of the family organization is to decide how resources will be used by family members. Through continuing dynamic choice and management processes, the family acts upon the near environment, and the near environment acts on the family.

The human-built and natural environments that interact with family members in a large measure influence the kinds of decisions families make. What families do and have, is subject to environmental facilitators or constraints which may be physical or social in nature. The family is generally viewed as a semi-open system. Inputs from the environment enter into the family and help shape its decision outcomes. In turn, families help shape environments by the decisions they make. Management in the family thus, is viewed as continuous processes of family-environment transactions that are determined by the family

organization (Paolucci etc.al., 1977).

Several factors in the environment, physical and social, influence the family's utilization of resources. They either facilitate or constrain the use of resources by families, more so their optimum use. The optimum utilization of one such resource aggregate, viz. community facilities, may either be facilitated or constrained by the environmental factors, which therefore play a crucial rôle in resource utilization.

Achieving optimum health, education and recreation for all family members, with the lowest financial input, are perhaps, the broad goals of every family. Towards achievement of these goals, families need to recognize community facilities, as crucial resources, which emerge as being highly potential. Optimum utilization of government services, would thus enable families to reach desired health, education and recreation goals. Hence, the optimum utilization of any community facility or service, needs to be emphasized by families, if the resource is to be called a 'resource' at all. Several authors opine that a resource is termed a 'resource' only when 'use' for it is found. This leads to the fact that families must recognize the vast scope of goal achievement that community facilities provide, optimum use of which, would result in maximum satisfaction among family members.

#### Rationale For The Study

Community facilities, for which the family does not pay directly, always, but to which it has free access such as parks,

schools, libraries, hospitals, playgrounds, and many other services such as police portection, markets, postal services, fire protection, are all provided by the social group. They are hence, free or low-priced services, available for use by families, to meet a variety of goals. These facilities cater to the needs of any income group, though, they are a requisite more for the lower socio-economic classes, who rarely have facilities existing in and around their local environments.

As the government is spending exhorbitant quantities and varieties of resources for planning, laying out and maintaining community facilities, under the urban development programmes, it is most desirable that the best utilization of these facilities, be made by families. Moreover, families must also realise that a large amount of their money resource, goes as taxes to the government, part of which is used for the upkeep of various community facilities. Hence, families are indirectly paying for these services. It becomes apparent then, that, if they do not take advantage of this opportunity to utilize services which are 'freely' available, it is their money resource which is being squandered.

Numerous studies on various aspects of human and non-human resources like time, money, energy, material goods, etc. have been conducted, but the utilization of the non-human resource aggregate, community facilities, remains unexplored, except in a few stray cases, where health service use have been studied . There are very scant studies, in the Indian context, which reveal the use, misuse or underutilization of health, education and recreation

facilities, and their corresponding reasons or influencing factors. If at all any studies do exist, they were mainly carried out in the western countries, during the very early times.

It is frequently noticed that community facilities are not given the same significance as other resources, though the resourcefulness of these facilities is outstanding in terms of beneficial returns to families. This makes it all the more necessary to probe the reasons for the same. It seems imperative to study whether community facilities are regarded as a resource at all, by families, and whether they are used optimally as resources. Also, there is need to study the kind and amount of use, families make of these essential resources, and the age groups who frequent the use of community facilities in general. Since no attempt was made to study behaviour (Optimum utilization of community facilities) as a function of physical, social, personal or situational factors, this study seemed appropriate and necessary. It would be unrealistic to neglect this important local phase of urban social life, either as a basis for understanding the present organization or for future planning.

Resource use, goal achievement and satisfaction are inter-linked and interdependent. There seems to be maximum satisfaction through goal achievement, which are both dependent upon optimum utilization of community facilities, which, in turn is influenced by environmental factors. Hence, goals which are

related to the use of community facilities as resources, could be achieved, producing maximum satisfaction, only if these facilities are used to the optimum extent possible.

In order to study the relationship between optimum utilization of community facilities, goal achievement and ultimate satisfaction the family gets, it is essential to study how and to what extent, the family uses these community facilities. There is need to study the extent of utilization of this 'free' resource, and the physical and social factors in the environment which facilitate or constrain its optimum utilization by families, particularly the low income category, who are expected to derive a special benefit through the use of these facilities.

More and more families must become aware of this potential resource, in the form of free resources, and thereby avail of full benefit from them, while working towards the direction of goal achievement.

Most developing countries have elaborate infrastructures, but in many situations, the services provided are not fully utilized. The identification of barriers to the utilization of services and the remedial action thereof, are the proper functions of community facilities Research and such studies may take one into ecological, socio-economic, cultural, behavioural, politico-administrative domains.

Viewing these implications, it was found necessary to explore the socio-physical environmental factors that facilitate or constrain the optimum utilization of selected community facilities for health, education and recreation, of families.

### Scope Of The Study

A study of this dimension, which would reveal the extent and kind of utilization of community facilities, and the factors responsible for the same, would evidently, expose other exploratory necessities. If there exists an underutilization of community facilities, it seems imperative to probe the reasons for this lack. If utilization is not upto a satisfactory degree, as would be available from maintenance records regarding the respective community facilities, then, reasons for the same, need to be identified, as also from the study, so that improvements in the community facilities could be made, to enable more effective use in the future. The large amount of space, money and other essential resources, that are used for the existence of these facilities, would then be justifiably used. Only if families recognize community facilities as potential resources, and use them to their greatest advantage, will the existence of these facilities be considered worthwhile. Otherwise, they may well be brushed aside as mere landmarks, which assist in reaching a destination.

It is envisaged that, this study would serve as an eye-opener, regarding the importance of community facilities as a resource, and the varieties of facilities existing in the locale of the study, in case families are ignorant of the same.

Keeping the above quest in view, the present research was planned and undertaken with the following objectives.

### Statement Of The Problem

The present research is an attempt to explore, some of the major factors that influence the optimum utilization of health, educational and recreational community facilities, by the urban poor families, residing in the city of Hyderabad, Andhra Pradesh.

### Objectives Of The Study

The specific objectives of the study were:

- (1) To explore the varieties of community facilities available for use by families.
- (2) To study the awareness of these existing facilities by families, and extent of their use.
- (3) To identify the goals that families aspire to achieve, by drawing upon the use of specific community facilities, as resources.
- (4) To detect the factors that facilitate and constrain the optimum utilization of community facilities.
- (5) To assess the features desirable in each specific community facility, as perceived by families.

### Assumptions

For purposes of the study, it is assumed that:

- (1) A wide variety of community facilities exist for the families to make free use of.
- (2) Families may or may not make optimum utilization of these facilities.
- (3) There are facilitators and constraints that influence the optimum utilization of community facilities.

- (4) The lower income families need greater use of community facilities, than the higher income families.

### Hypotheses

#### General hypotheses

- (1) Family managerial behaviour (optimum utilization of community facilities) is a function of physical, social, personal or situational factors.
- (2) The inclination or reluctance of families to utilize services, their ability or inability to obtain services, or their awareness of ignorance of availability of facilities and services, might be attributed broadly to social, cultural and economic factors.

#### Specific hypotheses

The following specific null hypotheses were predicted, in order to assess the cause and effect relationship between the stipulated variables under investigation.

Hypotheses 1: The utilization of health services among both the income categories and the overall sample is not influenced by the social factors:

- (a) Type of family
- (b) Size of family: total adults and total children
- (c) Health status of the family
- (d) Monthly family income
- (e) Education of the head of the family
- (f) Occupation of the head of the family



Hypotheses 2: The utilization of health services among both the income categories and the overall sample is not influenced by the physical factors:

- (a) Characteristic features of health facilities
- (b) Situational factors faced by families
- (c) Respondents' opinion regarding health facilities
- (d) Resource availability
- (e) Resource location

Hypotheses 3: Educational services use, among both the income categories and the overall sample, is not affected by the stipulated social factors, excluding health status of the family.

Hypotheses 4: Educational services use, among both the income categories and the overall sample, is not affected by the stipulated physical factors.

Hypotheses 5: Family utilization of recreational facilities and services, among both the income groups and the total sample, is not governed by the stipulated physical factors, including the following:

- (a) Housing
- (b) Neighbourhood

#### Delimitations Of The Study

- (1) The investigation was carried out in the city of Hyderabad, represented by four cross-sectionally located areas.
- (2) It was restricted to the urban poor, comprising low-low and low-middle income families only, as it was assumed that these income categories require the benefit of community facilities more than the middle and higher socio-economic strata of families.

- (3) The study was limited to a sample of 240 households, taking sixty from each area, comprising fifty per cent Low-Low-Income (LLI) and fifty per cent Low-Middle-Income (LMI) families.
- (4) The utilization of three community facilities viz., health, ~~of~~ educational and recreational, with selected services under each, were considered for the study.