
UNIT 1 URBAN HEALTH CARE

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1.1 INTRODUCTION

Health is considered an important component of development. It is one of the primary social needs which every nation has to ensure to its citizen in order to meet its development goal. However, the health status of population varies across the nation-state and also between urban and rural areas. In urban areas also the health conditions of people living in urban slum is considerable lower than those who are living in cities. The health conditions of urban people influences the urban development to a great extent. The World Bank Report (1992) has identified health as an integral components of sustainable development and called for a more efficient equitable, accessible and appropriate health care system for the population that rely on them. The World is becoming urbanised at an unprecedented pace, as a result, the provision of healthcare services is falling short of the growth of urban population resulting in many urban health challenges. This unit gives a holistic picture of urban health and its relation with urban development.

After reading this unit you will be able to:

- Define health and establish relationship between health and development
- Explain various components of health care
- Analyse urban health status and health issues
- Discuss the health care service delivery system in urban areas
- Discuss challenges of urban health care system

1.2 HEALTH: CONCEPT AND RELATIONSHIP WITH DEVELOPMENT

1.2.1 Meaning of Health

You might be familiar with the proverb, 'health is wealth'. Of course, health is a frequently used term. For the common man, its meaning is to have a well-toned, sturdy body. It is usually said that the people of Punjab are healthier than people living in other states. But this does not reflect the true health status of the state,

as there are other health indicators such as maternal mortality, infant mortality and sex ratio, in which the state lags behind to other states. In order to know what health is?, let us now discuss a few definitions of health.

The word “health” is derived from an old English word “heal” which means “whole”, signifies the whole person and his well-being.

According to the World Health Organisation, health is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”.

Dubos opines that health is the expression of the extent to which the individual and the social body maintain in readiness, the resources required to meet the exigencies of the future. Parsons said that health is a state of optimum capacity of an individual for the effective performance of that roles and tasks for which he has been socialised.

1.2.2 Relationship between Health and Development

Many social scientists have noted that there is both direct and indirect relationship between health and development. According to Szirmai, improving the state of health contributes to the realisation of other developmental objectives such as economic development, labour productivity growth, responsiveness to innovation, and future orientations. Gills and others said that the relationship between health and development is a reciprocal one. Economic development tends to improve health status, while better health contributes to economic development. Health has a direct association with labour productivity. Illness and malnutrition lead to loss of strength and energy and productivity capacity which, ultimately, has a negative effect on labour income. Basta et. al., found that in Indonesia, anaemic men were 20 per cent less productive than men who were not anaemic.. Gallup and Sachs found a significant negative relationship between the incidence of malaria and economic growth. According to Chambers, illness leads to reduced production in subsistence agriculture.

From all these arguments it could be deduced that health is closely associated with labour productivity, income and economic growth. Poor health leads to loss of stamina, which further results in less hour of work and less productivity and less income. Less income leads to poor consumption, which further affects health, and this vicious circle continues. In a historical research, Fogel claimed that about one third of economic growth in England in the past 200 years is due to improvements in nutrition and health. It is remarked that investments in healthcare make substantial positive contributions to economic growth and development. The circle of relationship between health and development is given in Figure 1.

The World Health Assembly in its historic Alma Ata Declaration (1978) advocated that the main social target for countries should be to have all citizens of the world attain a level of health that will permit them to lead a socially and economically productive life. The guiding principles of UN ICPD conference (1994) also state that everyone has the right to enjoyment of the highest attainable standard of physical and mental health. States should take appropriate measures to ensure on a basis of equality of men and woman universal access to health care services. The enjoyment of good health needs to be one of the fundamental aims of every nation.

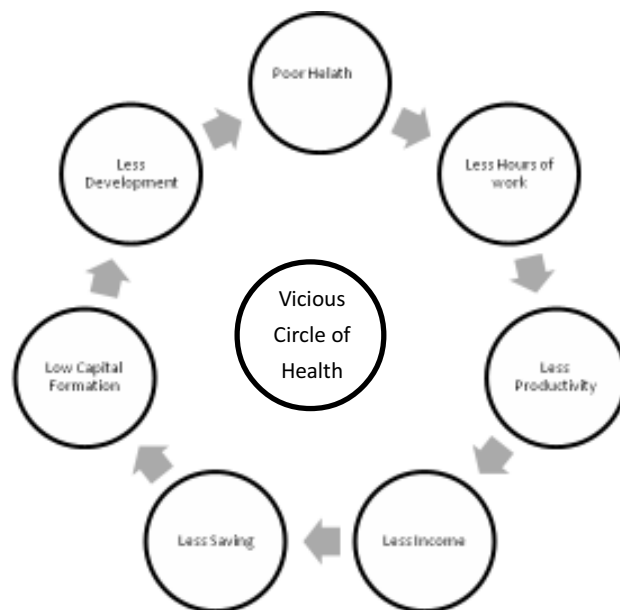


Figure 1: Cycle of Health and Development Relationship

Health is regarded as one of the important components of development. The Millennium Declaration by the United Nations in September 2000 has accepted health in general and health care of women and children in particular as important component of development.

The three Millennium Development goals related to health are:

- i) Reduction in child mortality
- ii) Improvement in maternal health
- iii) Combating HIV/AIDS, malaria and other diseases

1.3 COMPONENTS OF HEALTH CARE

In the earlier section, you studied the meaning of health and its relationship with development. In this section, you will find discussion on various components of health care. The four key component of health care are:

- i) Primary health care
- ii) Occupational health care
- iii) Mental health care
- iv) Health care programmes

The important components of health care are discussed below.

1.3.1 Primary Health Care

In the Alma Ata Declaration, Primary Health Care was accepted as the key approach to ensure health care for achieving the goal of 'Health for All' by 2000. The World Health Organisation advocated that primary health care should at a minimum include:

- education concerning prevailing health problems
- promotion of food and proper nutrition

- basic sanitation and adequate supply of safe water
- maternal and child health care including family planning
- immunisation against major infectious diseases
- prevention and control of locally endemic diseases
- appropriate treatment of common diseases and injuries
- provision of essential drugs.

From these points, it could be identified that some of the key components of primary health care are :

- Maternal and child health care
- Safe drinking water and sanitation
- Controlling diseases
- Health education and communication

The Key features of Primary Health Care

- i) Essential
- ii) Scientifically sound and socially acceptable
- iii) Accessible to individual and community through their full participation
- iv) it is affordable and cost effective
- v) It encompasses preventive, curative, promotive and rehabilitation services
- vi) It is delivered through the existing health structure easily
- vii) It takes care of all common health problems of the community

i) Maternal and child health care

In India, Primary Health Care services are delivered through health sub centres, Primary Health Centre (PHCs), and Community Health Centre (CHCs), district hospitals, and dispensaries situated at the village, Block and District level.

Maternal and child health care means taking care of the health of the mother and children. Maternal and child health care is an essential component of primary health care. WHO (World Health Organisation) has envisaged that maternal health care should ensure that every expectant and nursing mother should maintain good health, learn the art of child care, has a normal delivery, and bears healthy children. As far as child health care is concerned, the WHO has said that every child, wherever he, or she, lives and grows up in a family unit, with love and security, in healthy surroundings, receives adequate nourishment, healthy supervision and efficient medical attention and is taught elements of healthy living.

Key Components of Maternal and Child Health Care

- Care for antenatal woman, i.e., care during pregnancy
- Natal care-care during delivery, i.e., delivery should be conducted in health care institutions
- Post natal care - care of lactating mother after delivery
- Nutritional care of ante natal and post natal mother
- Care of the new born
- Immunisation of children
- Nutritional care of children
- Health education to women and children
- Prevention of maternal mortality, infant and child mortality.

The Maternal and Child Health Care has been renamed as Reproductive and Child Health Care. The important aspects included in the Reproductive Child Health Care programme of which maternal and child health care is a component are

- Checking of abortion related maternal mortality
- Checking HIV/AIDS among the women and new born child, virus transmitted from infected mother to new born child
- Checking sexually transmitted diseases (STDs).

The International Conference on Population and Development held in Cairo, 1994, recommended the implementation of the Reproductive and Child Health (RCH) Programme. The important points highlighted at the conference are given below:

- a) The empowerment of women and improvement of their status are important ends in themselves. Reproductive health including family planning should, therefore, be promoted within this context in which women would be provided with greater choices through expanded access to education, health services, skill development and employment.
- b) Family planning programmes should not be viewed as instruments for achieving demographic goals but as part and parcel of providing reproductive health care to woman and couples.
- c) At no stage in the programme of reproductive health and family planning are women's rights to be violated by incentives or coercion directly or indirectly. There should not be compulsion of any sort regarding the family size and choice of a contraceptive method. Both men and women should be adequately informed and the widest possible choices should be available in the selection of safe contraceptive methods.

ii) Safe Drinking Water and Sanitation

Access to portable drinking water and sanitation is closely related to the health status. Diseases associated with contaminated water supply and/or poor sanitation can be classified as follows.

- **Water washed diseases** - insufficient water use and poor personal hygiene lead to diseases, these can be scabies, skin infections, typhoid and it also includes certain intestinal infections related to poor excreta disposal that is dysentery, these can be controlled by increasing water quality and improved personal hygiene and sanitation.
- **Water related vector-borne diseases** - spread by insects that breed in water or bite near it and unrelated to excreta disposal such as yellow fever, filariasis, malaria, and dengue. Can be controlled by providing reliable water supply and sociological management such as clearing of bush, draining out stagnant water.
- **Excreta disposal diseases** - spread by improper disposal of excreta and open defecation. Associate diseases are hookworm, tapeworm and roundworm.

Another type of environmental sanitation problem which the developing countries are facing, particularly in their rural and urban slum areas, is housing with insufficient space, ventilation, and access to sunlight. This promotes the spread of airborne diseases such as tuberculosis and asthma. In developed countries, improvement in sanitation has reduced the occurrences of diseases. However, in developing countries it has not been given due importance for a long period. Therefore, the proponents of healthcare programmes have urged that development should not only emphasize on reducing mortality and morbidity; special attention has to be given towards nutrition, healthcare and environmental sanitation.

iii) Health Education and Communication

Health education is important for creating awareness and generating demand for health care services by the people for a healthy living. The health education is a process that informs, educates, motivates and helps people to know, adopt and maintain healthy practices for better quality of living. The Alma Ata Declaration (1978) has given a dynamic definition of health education in following words “a process aimed at encouraging people to want to be healthy, to know how to stay healthy, to do what they can individually and collectively do to maintain health and to seek help when needed.” Some important aspects that need to be covered in health education are maternal health care, child health care, family planning, nutrition, environmental sanitation, disease prevention and control, mental health, use of health services and health care delivery system, and community participation. However, the content of health education can vary from area to area and from one target group to another. Health education has been integrated into the school curriculum in many countries. Health awareness among the children and adults would promote healthy future parenthood.

Health education can be imparted to the people through various approaches and methods such as, individual, group, and mass approaches. The individual approach includes personal contact, home visits, personal telephone calls, and e-mails. The group approach includes lecture-demonstration, focus group discussion, panel group discussions, role play, folk dances, and dramas. The mass education approach includes television, radio, newspaper, posters, and wall painting. To be effective, health education strategy needs to apply certain principles. It should be interesting, create participation among the people, it should be from the known to unknown, it should be motivating, and it should create enthusiasm among the people.

1.3.2 Occupational Health

Occupational health aims at the prevention of diseases and maintenance of the highest degree of physical, mental and social wellbeing of workers in all occupations. Workers in all types of occupations- be it in agriculture, or industry, or in the construction sector, and other unorganised sectors are liable to physical, chemical, biological, mechanical, and psychosocial hazards. The workers in the tobacco factories are more likely to be affected by asthma and tuberculosis. The health of the workers needs to be protected, not only to raise their work capacity, but also their well being. Some occupational diseases are cancer, tuberculosis, leukaemia. medical maternity, disability, and sickness benefits should be given to the workers employed in various occupations by the government and by private employers. The government of India in its directive principles of state policy has mentioned that “the state shall, in particular directs its policy towards securing that the health and strength of the workers, man, woman and the tender age of the children are not abused and citizen are not forced by economic necessity to enter vocations unsuited to their strength”.

1.3.3 Mental Health

According to WHO statistics, about 500 million people in the world are believed to suffer from neurotic, stress related, and somatoform (psychological problems which present themselves as physical complaints) ailments. The causes of mental illness may be due to organic conditions, heredity, and social causes. The mental health services include early diagnosis and treatment, rehabilitation, group and individual psychotherapy. Mental health affects the family health. Globalization and modernisation and growing aspirations have heightened the mental health problems. The tension in the workplace and in the family, day by day, enhances the number of people suffering from mental problems. If the situation is not tackled, it will be a major health problem in the years to come.

1.3.4 Health Programmes and Control of Diseases

The government and international agencies in different countries are spending a lot of money on health programmes for the control of diseases. For example, important health programmes launched in India for the control of specific diseases are:

- i) National Malaria Eradication Programme
- ii) National Leprosy Eradication Programme
- iii) National Tuberculosis Programme
- iv) National AIDS Control Programme
- v) National Programme for Control of Blindness
- vi) Universal Immunisation Programme
- vii) Reproductive Child Health Programme.

The National Malaria Eradication Programme was launched in 1958. It was based on indoor residual spraying of DDT (Diclorodiphenyl trichloroethare). It helped to control malaria, although, it could not eradicate it from the country. The National Filarial Control Programme has been underway since 1955. Under this programme, in rural areas, anti-filarial medicines and morbidity management services were provided through primary health care system. The National Leprosy Control Programme has been underway since 1953. The strategy is based on early

detection of cases, short term multi drug therapy, health education, ulcer and deformity care, and rehabilitation activities. The National Tuberculosis Programme has been in operation since 1962 and it aims at reducing the tuberculosis in the community. The programme includes vaccination of children against tuberculosis and care of tuberculosis case through DOTs (Direct Observed Therapy). The National Programmes for Control of Blindness was launched in 1976 for providing eye care facilities and control of corneal blindness, refractive errors among school going children and control and management of cataract cases. The National AIDS Control Programme was launched in 1985. The programme aims at prevention, care and surveillances, and, because of the seriousness of the disease, the Government of India has formulated a National AIDS Prevention and Control Policy in 2002.

The Universal Immunisation Programme (UIP) was launched in 1985 by removing the previous Expanded Programmes on Immunisation (EPI). Its aim was to ensure immunisation facilities to pregnant and lactating mothers and children below five year against vaccine preventable diseases. It is ensured through the existing health care system. The Reproductive Child Health Programme was launched in 1977. The programme was incorporated as a component of Child Survival and Safe Motherhood and includes two additional programmes such as STD (Sexually Transmitted Disease) and RTI (Reproductive Tract Infections).

The National Rural Health Mission (NRHM) is a recent programme, launched in 2005, which aims at delivery of maternal and child health care services and ensures other capacity building and infrastructure development in the health care system through active community participation. These are a few important health programmes, ongoing in India, for improving the health status and quality of living of people.

Considerable advancement has been made in health and medical sciences. But at the same time, developing countries have not been successful in controlling diseases and disease related deaths. Communicable diseases like tuberculosis are responsible for 30 per cent of deaths. More than 20 million people died of AIDS and many more are suffering. Adding to this, non communicable diseases and injuries have surpassed the burden imposed by communicable diseases which accounted for 33.5 million and 5.2 million deaths respectively out of global mortality of 57 million.

Table-2: Incidence of Tuberculosis per 1, 00,000 people in Selected Countries, 2005

Countries	Incidence of Tuberculosis
Bangladesh	225
Botswana	455
China	75
Ethiopia	258
Germany	5
Japan	20
India	181
Sri Lanka	66
UK	14
US	4

Source: World Development Indicators, World Bank, 2011.

Non communicable diseases are emerging as the major cause of mortality and morbidity. The global burden of cardiovascular diseases, diabetes, cancer, and stress and associated medical disorders are on rise. The risk associated with medical disorders is on rise. The risks associated with the non-communicable diseases have raised blood pressure, high cholesterol, obesity or overweight and physical inactiveness.

In this session you have read about the importance of health in development and various components of health care. Now answer the questions given in *Check Your Progress 1*.

Check Your Progress 1

Note: a) Write your answer in about 50 words.

b) Check your answer with possible answers given at the end of the unit

1) Health and Development are inter-related-Explain?

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2) Write a short note on Primary Health Care.

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1.4 URBAN HEALTH CARE: SITUATION AND ISSUES

India is witnessing unprecedented urbanisation. An estimated 30 percent of the country’s population or about 300 million people are living in towns and cities. The urban population growth in India represents the 2-3-4-5 syndrome in the last decade. India’s population grew at an average annual growth rate of two percent; urban India grew at three percent; mega cities at four percent; and the slum population rose by five to six percent. This massive rise in urban population has created host of problems for urban areas. Nearly one-third of urban inhabitants (100 million) are living in slums or slum like conditions characterized by overcrowding, poor hygiene and sanitation and absent of civic services.

In most of the urban areas, availability of health services in general and public health services in particular are very meagre. Even the meagre public health services, which are available, do not percolate to unplanned habitations, forcing people to avail of private health care through out-of-pocket expenditure. The rising vehicle density in large urban agglomerations has also led to an increased

number of serious accidents requiring treatment in well-equipped trauma centres. The urban pollution has also enhanced the vulnerability of urban population to many kind of diseases. The National Health Policy, 2000 has highlighted the need for providing un-served urban population a minimum standard of broad-based health care facilities.

The health of the urban poor is considerably worse than the urban middle and high income groups and in some cases even worse than the rural population. In the National Family Health Survey (NFHS)-3, the under-five mortality rate was 73 for every 1000 live births among the urban poor, compared to the average of 48 among all city dwellers in India. A result analysis of the third National Family Health Survey showed that:

- i) one in 10 children born in the slums did not live to see their fifth birthday;
- ii) only 40 percent of the slum children received all the recommended vaccinations;
- iii) of the 2.25 million births each year among the urban poor, more than half were at home;
- iv) 54 percent of the children under five years were stunted;
- v) 47 per cent were underweight; and
- vi) Malnutrition among the urban poor children was worse than in the rural areas and 42 percent of the slum children received all the recommended vaccinations. Over half (56 percent) of the child births occurred at home in slums, putting the life of both the mother and new born to serious risk.

There are thousands of easily preventable maternal, child, and adult deaths, and in each year, millions of days of productivity lost. Poor sanitary conditions in slums contribute to the high burden of disease in slum areas. Two-thirds of the urban poor households do not have access to toilets and nearly 40 percent do not have piped water supply at home. High concentration of suspended particulates in the urban areas adversely affect human health, provoking a wide range of respiratory diseases and exacerbating heart disease and other conditions. The urban population suffers a significantly higher burden of non-communicable disease risk factors. As per NFHS-3, 24 percent of the urban women are overweight/obese as compared to only seven percent of the women in rural areas.

Some of the findings callout from the various studies conducted on urban health conditions are follows:

- 1) According to NFHS-3 (2005-06) nearly 1, 00,000 babies in Indian slums die every year before their fifth birthday.
- 2) The estimated prevalence of coronary heart disease is around 3-4% in rural areas and 8-10% in urban areas among adults older than 20 years (Srinath Reddy and other, 2005).
- 3) Prevalence of diabetes in adults estimated to be 3.8 percent in rural areas and 11.8 percent in urban areas (ICMR).
- 4) Prevalence of hypertension has been reported to range between 20-40% in urban adults and 12.17% among rural areas (Lancet, 2005).
- 5) 66.6 lakh cases of asthma found in urban areas in India in 2011 and expected to rise to 73.2 lakh cases in 2016.

- 7) Dental caries and eye problem are more prevalent in urban areas.
- 8) High rates of traffic accidents in urban areas.
- 9) High incidence of mental health cases in urban areas as compared to rural areas.
- 10) Drugs, tobacco and alcohol abuse is more prevalent in urban areas.
- 11) HIV/ AIDS cases are also found in good number in urban areas.
- 12) Although immunization of mother and children are higher in urban areas, yet it has to go a long way to be universalized. It is particularly low in urban slum areas. A review of studies on the situation of reproductive child health in urban areas noted that there were consistent differences in Antenatal Care (ANC) coverage between slum and non-slum areas.
- 13) As far as environmental condition is concerned, 29 percent of non-notified and 16 percent of notified slums do not have access to tap water. 51 percent of non-notified slums do not have latrine. 44 percent of non-notified slums do not have drainage facilities (Chandrasekhar, 2005).

Given these health and public health conditions in urban areas, the quality of lives of the urban poor cannot be improved unless the conditions of health determinants like water, sanitation, nutrition, hygiene are improved.

Some of the key public health issues envisaged in the Draft National Urban Health Mission document are:

- i) Poor households not knowing where to go to meet health needs.
- ii) Weak and dysfunctional public system of outreach.
- iii) Contaminated water and poor sanitation.
- iv) Poor environmental health and poor housing.
- v) Unregistered practitioners first point of contact-use of irrational and unethical medical practice.
- vi) Community organisations helplessness in health matters.
- vii) Weak public health planning capacity in urban local bodies.
- viii) Large private sector but poor cannot access them.
- ix) Problem of targeting the poor on the basis of BPL cards.
- x) No risk pooling or community insurance system.
- xi) Over congested secondary and tertiary facilities and under utilized primary care facilities.
- xii) Problem of drug abuse and alcoholism.
- xiii) Many slums not having primary health care facilities.
- xiv) No norms for urban health facilities.
- xv) Health problem of unauthorized settlement.

Table1: Urban Households and Slums having Access to Infrastructure

S.No	Type	Urban India*	Non-notified slums	Notified slums
1.	Water Source			
	a) Tap	68.7	71	84.0
	b) Tube well	5.1	22	10
	c) Well	7.7	2.0	2.0
	d) Others	18.5	5.0	4.0
2.	No Electricity	12.4	16.0	1.0
3.	No Latrine	26.3	51.0	17.0
4.	No Drainage	22	44.0	15.0

* Includes slums source

Source: Census of India 2001 & NSSO 2003

1.5 URBAN HEALTH DELIVERY SYSTEM

Health services in urban areas are being provided by several organizations i.e. by government, private and NGOs.

1.5.1 Public Sector Provisioning for Health Care in Urban Areas

Recognising the seriousness of urban health problems, the government of India has accorded a high priority to “Urban Health” in the Tenth Five Year Plan; National Population Policy 2000; National Health Policy, 2002 and the second phase of Reproductive Child Health (RCH) programme. Some of the health care delivery points for urban areas formulated by the government of India are narrated below:

- 1) **Urban Family Welfare Centres-** In the First Five Year Plan, government of India has established 126 urban clinics to strengthen the delivery of family welfare services in urban areas. Later on in 1976, these clinics were classified into three types, based on the population given in Table-2. As on 2000, there were 1083 centres functioning in various states and UTs to cater to the family welfare needs of urban population and it is on rise.

Table 2: Types of Urban Family Welfare Centres (UFWC)

Category	Member	Population covered (in 1000)	Staffing pattern
Type-1	326	10-25	ANM-1 / FP field worker male-1
Type-2	125	25-50	FP Ext. Edu/ LHV-1 I addition to the first one
Type-3	632	Above 50	MO preferably female-1 ANM and Store keeper cum Clerk-1
Total	1083		

Source: MOHFW, GOI, Annual Report of Special Schemes, 2000.

- 2) **Urban Health Posts:** On the recommendations of the Krishnan Committee, under the Revamping Scheme in 1983, the government of India established four types of Urban Health Posts (UHP) in 10 states and union territories with a pre-condition of locating them in slums or in the vicinity of slums. The main functions of the UHPs are to provide outreach, primary health care and family welfare and MCH services to vulnerable population. The types and staffing pattern of UHP is given in Table-3.

Table 3: Types of Urban Health Posts (UHPs)

Category	Number	Population (in 1,000)	Staffing pattern
Type-A	65	<5000	ANM (1)
Type-B	76	5000-10,000	ANM(1) , Multi Worker male (1)
Type-C	165	10,000-20,000	ANM(2) , Multi Worker male (2)
Type-D	565	25,000-50,000	Lady MO (1), PHN (2), ANM (3-4) multi Worker Male (3-4), class-IV women (1)
Total	871		

Source: MOHFW, GOI, Annual Report on Special Schemes, 2000

- 3) **Provision under India Population Project (IPP- V & VIII):** The IPP project covered seven million slum dweller in four mega cities and 94 smaller towns in four states. Under the project, supported by World Bank, 479 urban health posts, 85 maternity house and 244 sub-centres were created.
- 4) **Provision under Reproduction Child Health (RCH) Project:** Under the World Bank assisted RCH project which were implemented in seven cities aimed at optimizing the use of available resources, strengthen infrastructure and implementing innovative approaches to promote the health status of urban population.

These are a few important health care delivery institutions and projects and programmes launched by the government of India from time to time for the up gradation of health status of urban population.

1.5.2 Role of Private Sector in Urban Health Delivery Services

The public sector urban health delivery system, especially for the poor, has so far been sporadic, far from adequate, and limited in its reach. Besides, it also suffers from quality syndrome. This has given rise to rapid proliferation of what is called private sector institution in urban areas and informal health practitioner in urban slum. Those institutions run by private and corporate sector with the advent of globalization, charge exorbitant consultancy fee, which is seen out of the reach of urban slum and poor population. Bhole Committee and later on Junglawala Committees were critical of private sector participation in health care. In their view, this would disrupt the social equality. Studies on health care provisioning show that the private sector account for over 70 percent for all primary medical care and over 40 percent for hospital care. The three types of private health care generally available in urban areas are:

- i) Trust and Corporate Hospitals

- ii) Nursing Homes; and
- iii) General Practitioners and Clinics



The urban area people utilizing private health care facilities particularly Corporate Hospitals and Nursing Homes are usually belong to affluent class running their business, salaried and wage earners. On the contrast, the slum dwellers and poor urbanites receive medical care from the private practitioners who are either untrained in any system of medicine or trained in one system and practice in another or those who are less than qualified are popularly called as ‘quacks’. The finding of a study conducted by the Centre for Community Medicine, All India Institute of Medical Sciences, on the role of private practitioners in urban slums, highlights the grim picture. With recent outbreak of dengue, Chikungunya and H₁N₁ influence conveys about the deplorable status of urban health in general and those who are residing in slums in particular.

Role of NGOs in Urban Health Delivery

The Sixth Five Year Plan as well as the National Health Policy (1983) has recognized the role of private voluntary organizations (PVOs) and non-governmental organizations (NGOs) in health care of urban area population. Many NGOs have adopted innovative practices to reach out to the unreached and to serve the denied in urban slum and rural areas. Many state governments and also the Central Government as well as bilateral and multi-lateral agencies have sanctioned health projects to NGOs who can improve the health status of population in flexible and innovative ways. Voluntary Health Association of India (VHAI) one of the leading NGOs in health sector, is playing an important role in improving the health conditions of people. It is one out of many examples, where NGOs are playing important role in health care delivery system. Several state governments such as Tamil Nadu, Orissa and Andhra Pradesh have engaged NGOs in the delivery of primary health care services at the grassroots. These NGOs are playing important role in health care delivery system. One of the such examples is given in Box-1.

Box 1

Andhra Pradesh had initiated the Urban Health Care Project to provide basic primary health care and family welfare services to urban poor living in slums in 2002. As of now, the project has established 192 Urban Health Centres (UHCs) in 74 municipalities of the state through contracting-out process to the NGOs. These UHCs cover population of about 3 million. The scheme ensures people’s participation in management of the UHCs and placing the power for identifying the health priority in the hand of the community. This project was started with the World Bank support and the state has effectively managed the transition from a donor-funded project to government programme and at the same time achieving demonstrable impact on health status among its target population.

In this session you have read about the urban health issues and urban health care delivery system and now answer the questions given in *Check Your Progress-2*

Check Your Progress 2

Note: a) Write your answer in about 50 words.

b) Check your answer with possible answers given at the end of the unit

1) Write a short note on Urban Health Post.

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2) Discuss the role of NGOs in Urban Health Care.

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**1.6 NATIONAL URBAN HEALTH MISSION-
 FRAMEWORK FOR IMPLEMENTATION**

In order to address the health concerns of the urban poor, the government of India has proposed to launch National Urban Health Mission (NUHM) in the pattern of National Rural Health Mission (NRHM) in the country. The main focus of NUHM as envisaged in the draft document will be on alleviating the distress and duress of the urban poor in seeking quality health services. The NUHM will have high focus on:

- Urban poor population living in listed and unlisted slums.
- Vulnerable population such as homeless, rag-pickers, street children, rickshaw puller, construction and brick and lime kiln workers, sex workers and other temporary migrants.
- Thrust on public health such as. sanitation, clean drinking water, vector control, etc.
- Strengthen public health capacity of urban local bodies.

The NUHM aims to address the health concerns of the urban poor. Facilitation for equitable access to available health facilities through rationalising and strengthening the existing capacity of health delivery aims to improve the health status of the urban poor.

Some of the strategies of NUHM delineated in the draft document are follows:

- i) The participatory health care planning process will be adopted with the involvement of non-governmental organizations.

- ii) Will carry out intensive capacity building of community organizations on public health issues.
- iii) The initiatives under the NURM will seek to strengthen the public health thrust in urban local bodies, besides providing cost of health care for the urban poor.
- iv) Decentralized health action plan will be pursued with the active involvement of Notified Area Committees, Town *Panchayats* and Municipalities.
- v) Develop a “Communitised” model (neither public nor private) of health care where community organizations have the resources to buy services that they need.
- vi) It will establish synergies with other programmes with similar objectives like JNNURM, SJSRY, and ICDS to optimize the outcomes.
- vii) Strengthen public-private partnership in urban health care delivery.

Enhance participation of the community planning and management of the health care service delivery by ensuring a community link volunteer called USHAC (Urban Social Health Activist) and establishment of *Rogi Kalyan Samitis* (RKS) with the active participation of urban local bodies.

The NURM also proposes certain structural changes in the institutional delivery of health care services to the poor in urban areas. The implementation of NUHM will be helpful to improve the health status of urban population.

1.7 PROBLEMS OF URBAN HEALTH CARE SYSTEM

The performance of a health care system varies from country to country, and even within the country, from region to region. This performance influences the health indicators. Some of the problems associated with the performances of health sector are described below.

1) Insufficient Allocation of Resources

The percentage of money spend on health care to GDP in developing countries is low compared to developed countries. Besides, there is also a gross imbalance in spending in different activities, such as expenditure on service delivery, salary of the staff, construction of health institutions, etc. A major share of health care expenditure goes to the salary component, followed by infrastructure building, and a meagre amount of money is spend on the provision of services and capacity-building of health care delivery personnel. Thus, low provision and erratic distribution of health care expenditure is a major problem of a health care system in many developing countries. Here also it can be noted that a gigantic share of allocation of resources for health goes to rural sector compared to urban sector.

2) Inequity

Inequity is another important feature of health care system in many countries, which are facing problems of inefficiency and ineffectiveness of their health care system. Reaching out to the unreached must be the motto of public health care services. However, the people living in the rural areas and belonging to economically weaker sections of society are largely devoid of

quality health care facilities. The 'haves' in urban areas enjoys the better health care facilities by paying for quality health care service, while the 'have not' residing in the settlements are mostly availing health care services from the low grade private practitioners. The inequality in access to quality health care services is a feature of urban health care system.

3) Inefficiency

Inefficiency in spending money and inefficient health care delivery by personnel are largely observed in a country which has poor health status. Ineffective allocation of resources leads to inefficiency in delivery of services by the health centre. Sometimes improper selection of health manpower affects the efficiency of the system.

4) Inadequate Community Participation

The state led health care services are a one-sided government driven programme, where community is treated as beneficiaries. There is lack of feeling of ownership and participation among the community. Community participation is a process by which individuals and families assume responsibility for health and family welfare for themselves and for the community in which they live. In this way, they become the participants as well as beneficiaries of health care system. The Community Based Organisation's (CBO) role is key to successful implementation of health care services in settlements and colonies. They will not only motivate people to use and contribute to health care services, but will also help the health care service providers for effective delivery of services. They would act as go-between the people and the health services providers. Therefore, Simone has remarked "community participation is not just about getting together with a common goal and the desire to make it happen...they are sharing time, space and common path, but no community participation takes place unless they connect with each other in the experience they share. The sense of belonging and feeling related to a larger whole does not happen when each person remains within a separate self-reality even though the physical circumstance is shared. To be able to participate and communicate to each other people need to connect". A relationship of community participation with the local organization is given in Figure 2.3.

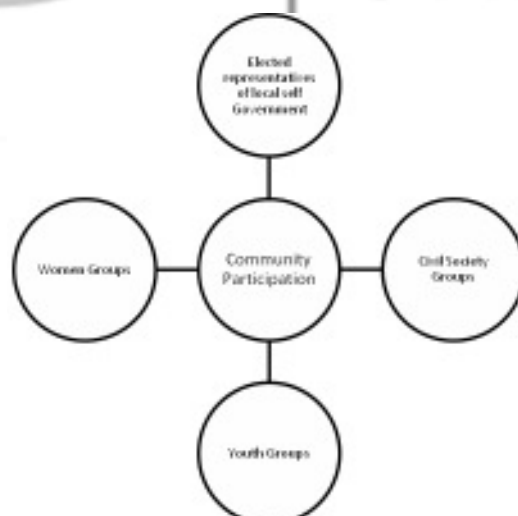


Figure-2: Community Participation

5) Poor Information Education and Communication (IEC) System

IEC systems are inadequate in urban slum areas. IEC systems are important for target groups having low literacy rate. The aim of an IEC system is to inform and educate the people regarding various health and family welfare issues through different communication techniques, and to motivate them to adopt various practices for their health and well being and of their families. Commonly used IEC methods are lecture discussion, radio talk and advertisement, film show, posters, charts, wall paintings, television show, etc and face-to-face communications, such as focus group discussions (FGDs), individual counselling , etc. IEC methods are the most effective and appropriate means to promote health care delivery. However, it is very weak in many places and, as a result, the use of health care services has been affected.

6) Lack of Inter-sectoral Coordination

Inter-sectoral coordination means the health sector has to coordinate with other related sectors such as public health, woman and child welfare, rural development, and local self government and education for the effective implementation of its various programmes. The coordination with public health department which largely deals with the provision and maintenance of sanitation and drinking water, is essential for controlling diseases associated with water and sanitation. Health and the public health department and its personnel have to be strategically linked for the effective delivery of services of both the departments for their mutual benefit and for the wellbeing of the people. Health development linkages with the woman and child health department and education department would improve the health status of women, children, and adolescents. An inter sectoral coordination chart is given in Figure 3.



Figure 3 : Inter-sectoral Coordination Chart

The weak inter-sectoral coordination is one of the factors for poor performance of health care delivery system.

7) Poor Health Security and Health Insurance Facility

In developing countries, there is poor provision for health security, particularly for those who work in the urban unorganized sector. The impoverished families are even unable to pay paltry insurance premium. The cost of medical services and drugs are increasing day by day, therefore, the economically

weaker families in rural and urban slum areas are dependant on low cost and poorly qualified private practitioners. Even the critical pregnancy cases are being handled by traditional birth attendants, some of the practices even leading to maternal mortality. Health security is essential in the workplace and for the common man for the enhancement of the health status of the population.

8) Capacity Building of Urban Local Bodies (ULBs)

After the 74th Constitutional Amendment, the local self governments are supposed to play proactive role in the implementation of the health care development programmes directed towards urban poor. It is realised that maximum utilisation of the available resources could be endured by vesting the ULBs the responsibility of governance and decision making power. The municipal bodies can better manage and finance urban health care if they are given properly training about health and health care system. Therefore, effective empowerment of ULBs through delegation of functions, functionaries and funds and capacity building will enable them to involve actively in the improvement of health care of poorer sector of urban areas.

9) Corporate Partnership

The corporate sectors under the umbrella of corporate social responsibility (CSR) are contributing towards the social development including development of health. Contribution of urban India and to that extent urban poor to the economy is immense. Therefore, protecting the health of urban poor is curial to faster urban development. In recent years, it is found that many corporate sectors are funding NGOs for implementing health projects in backward areas. The synergy between corporate sector, the government and NGOs is the need of the hour for effective and efficient implementation of urban health projects and programmes.

In this session you have read about the urban health mission and urban health problems and now answer the questions given in *Check Your Progress-3*.

Check Your Progress-3

- Note:** a) Write your answer in about 50 words.
 b) Check your answer with possible answers given at the end of the unit

1) Write a short note on Urban Health Mission.

.....

2) Discuss role of community participation in Urban Health Care.

.....

1.8 LET US SUM UP

The unplanned urbanisation in developing countries has propped up sundry of problems. The provision of various social infrastructure such as education and health institutions although existing, most of them are belong to private and corporate sector. The health care institutions belonging to private and corporate sector are charging exorbitant prices for their services, which is beyond the reach of urban poor. The lack of quality health care services and attitude of health services providers in public health sector and other factors like poor community participation and IEC are influencing public sector health care services. This unit discussed in details all these aspects.

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1.10 CHECK YOUR PROGRESS: POSSIBLE ANSWERS

Check Your Progress 1

- 1) Health and Development are inter-related-Explain.

Economic development tends to improve health status, while better health contributes to economic development. Health has a direct association with labour productivity. Illness and malnutrition lead to loss of strength and energy and productivity capacity which, ultimately, has a negative effect on labour income.

- 2) Write a short note on Primary Health Care.

In the Alma Ata Declaration, Primary Health Care was accepted as the key approach to ensure health care for achieving the goal of 'Health for All'

by 2000. The World Health Organization advocated that primary health care should at a minimum include:

- i) education concerning prevailing health problems;
- ii) promotion of food and proper nutrition;
- iii) basic sanitation and adequate supply of safe water;
- iv) maternal and child health care including family planning;
- v) immunization against major infectious diseases;
- v) prevention and control of locally endemic diseases;
- vi) appropriate treatment of common diseases and injuries; and
- vii) provision of essential drugs.

Check Your Progress 2

- 1) Write a short note on Urban Health Post.

On the recommendations of the Krishnan Committee, under the Revamping Scheme in 1983, the government of India established four types of Urban Health Posts (UHP) in 10 states and union territories with a pre-condition of locating them in slums or in the vicinity of slums. The main functions of the UHPs are to provide outreach, primary health care and family welfare and MCH services to vulnerable population.

- 2) Discuss the role of NGOs in Urban Health Care.

Many NGOs have adopted innovative practices to reach out to the unreached and to serve those denied in urban slum and rural areas. Many state governments and also the central government as well as bilateral and multi-lateral agencies have sanctioned health projects to NGOs who can improve the health status of population in flexible and innovative ways. Voluntary Health Association of India (VHAI) one of the leading NGOs in health sector, is playing an important role in improving the health conditions of people. It is one out of many examples where NGOs are playing important role in health care delivery system. Several state government such as Tamil Nadu, Orissa and Andhra Pradesh have engaged NGOs in the delivery of primary health care services at the grassroots.

Check Your Progress 3

- 1) Write a short note on Urban Health Mission.

In order to address the health concerns of the urban poor, the government of India has proposed to launch National Urban Health Mission (NUHM) in the pattern of National Rural Health Mission (NRHM) in the country. The main focus of NUHM as envisaged in the draft document will be on alleviating the distress and duress of the urban poor in seeking quality health services. The NUHM will have high focus on:

- i) Urban poor population living in listed and unlisted slums;
- ii) Vulnerable population such as homeless, rag-pickers, street children, rickshaw puller, construction and brick and lime kiln workers, sex workers and other temporary migrants;

- iii) Thrust on public health i.e. sanitation, clean drinking water, vector control. etc; and
 - iv) Strengthen public health capacity of urban local bodies.
- 2) Discuss role of community participation in urban health care.

Community participation is a process by which individuals and families assume responsibility for health and family welfare for themselves and for the community in which they live. In this way, they become the participants as well as beneficiaries of health care system. The Community Based Organisation's (CBO) role is vital to successful implementation of health care services in settlements and colonies. They will not only motivate people to use and contribute to health care services, they will also help the health care service providers for effective delivery of services. They would act as go-between the people and the health services providers.



UNIT 2 URBAN EDUCATION

Structure

- 2.1 Introduction
- 2.2 Education: An Overview
- 2.3 Education: Global and Regional Status
- 2.4 Education in Urban Context: Issues and Challenges
- 2.5 Measures to Promote Urban Education
- 2.6 Challenges of Education in Urban Slums
- 2.7 Let Us Sum Up
- 2.8 References and Selected Readings
- 2.9 Check Your Progress: Possible Answers

2.1 INTRODUCTION

Urban areas and its development often viewed as relatively better part of any society and little scope for problems, hence, less importance is given for study. Similarly, education in urban areas has been given least preferential subject because it is a general understanding that education status of urban area people is higher compared to their counterpart belonging to rural areas. This is because of two fold understanding: first, urban areas are often compared with rural areas and its existing facilities (Suma Chitnis 1969). Secondly, urban society viewed as homogeneous or similar category in terms of facilities available to them. So far as comparison, it is somewhat correct as most of the rural areas devoid of basic essential amenities and explicit regional imbalances. This understanding of urban society should not be limited to comparing with rural areas but also within the urban society. Here, perhaps we are unable to see the inner view of urban society and differentiation among its various sections and particularly the most vulnerable urban area i.e. slums and its inhabitants that constitute a sizeable area and population of any urban space. Educational opportunity in general and tertiary education in particular is also big problem in urban areas particularly people belonging to the impoverished sections.

After studying this unit you should be able to:

- Explain the pattern of global urban development and regional imbalances in terms of education.
- Describe the urban education system, its major challenges and measures taken by different stakeholders.
- Discuss the Indian urban education system, its problems and important initiatives

2.2 EDUCATION: AN OVERVIEW

Education is a process that modifies human behaviour and inculcates skills. In other word, we can say that education change from man as biological entity into 'human being'. The term education is originated from a Latin word called *educare* refers 'to lead' or 'to develop'. John Dewey writes that education is not preparation for life, but it is life itself. In his book 'Democracy and Education' he considered

education as necessity of life to bridge the gulf between the innate nature of immature child and the social standard. As the term has a wide connotation therefore it is very difficult to give a precise definition of education.

According to Dewey, democracy means equality of opportunity for everyone and it must be based on democratic principles for emancipation of mind as well as development of society as a whole. Education is the soul of a society, as it passes from one generation to another, without this human being reduced to cultureless biological entity. For Dewey, school is also an institution where child learns by his own experiences and each experience is unique. Following this, Paul Freire, Marxist educationist, sees education system with a new relationship between teacher, student, and society. He considers that the traditional pedagogy is the process of oppression where learner viewed as empty vessel not a co-creator of knowledge. Education unfolds social reality and equips with freedom. He also analysed this relationship when he writes, 'freedom is acquired by conquest, not by gift. It must be pursued constantly and responsibly. He further describes that freedom is not an ideal located outside of man; nor is it an idea which becomes myth rather it is indispensable condition for the quest for human completion' (Pedagogy of the Oppressed, 1970). According to him, educational institutions are part of the society and carry all the features of society including power dynamics and sharing of development fruits. In his writings he demonstrates differential access to education to different social groups due to their status like 'Interaction of School Culture and Black Popular Culture'. Steven T. Bossert's study reveals that 'education in the urban society is mass education and as such involves an organisational structure that becomes more bureaucratized and standardised in its procedures and programs – that attempts to serve everyone but serves none and many badly'. The Millennium Development Goals (MDGs) education is an important strategy to reduce of world's disparity and achieve sustainable development. It focusses to improve the lives of the poor and increase the pace of development in a sustainable manner. Many of its goal, target and indicator has direct link with urban education and particularly education for urban poor.

2.3 EDUCATION: GLOBAL AND REGIONAL STATUS

Before this, we saw the concept of education and its relation to different stake holders of society. Here, we will discuss about the present status of education and its future prospects in order to facilitate development and particularly regional development. The Global Literacy Challenge (2008) considers that both 'developed' and 'developing' regions – the pace of economic and social change is such that learning continues throughout life. Hence, UNESCO visualised 'education is one of the means of development'. Literacy leads to empowerment, and the right to education includes the right to literacy – an essential requirement for lifelong learning and a vital means of human development and of achieving the Millennium Development Goals (UNESCO, 2008). Keeping this in view, World Development indicates that 775.4 million adults are still illiterate till 2010 and out of that 64.1 percent are female folk. The situation becomes grave in case of primary and secondary completion rate (see table below). According to Arbo (2005), the literature on higher education institutions and their role in regional development seems to be centred around four basic themes, namely: i) the notion of centrality of a university; ii) its meaning and purpose; iii) its mission and operation; and iv) its innovation agenda and new modes of governance.

Table-1: Global Literacy Rates, Adults and Youth, 2010

Sl. No.	Literacy	Percentage or Nos. (Among Adult)	Percentage or Nos. (Among Youth)
1	Total literacy rate	84.1%	89.6%
2	Male literacy rate	88.6%	92.2%
3	female literacy rate	79.7%	87.1%
4	Total illiterate population	775.4 million	122.2 million
5	female illiterate population, share	64.1%	60.7%

Source: UNESCO Institute for Statistics, September 2012

The number of students in tertiary education worldwide has continued to increase rapidly, from 90 million in 1998 to 121 million in 2002, an average of more than 7% per year. Growth rates for tertiary education in developing countries are, on average, more than twice those observed in developed countries. China's growth of 24% annually, accounts for one-third of the global increase. Access to tertiary education is expanding in the vast majority of countries for which data are available. Two-thirds of all countries have increased their GERs by more than two percentage points between 1998 and 2002. The highest absolute increases were observed in developed countries, but rises of more than ten percentage points were observed in Argentina, Bahrain, Cuba, Mongolia, the Palestinian Autonomous Territories and the United Arab Emirates (EFA Global Monitoring Report 2006, Chapter-2: EFA Progress: Where Do We Stand).

Table No.2: Educational Attainment of the Population Aged 25 Years and Older (in percent)

Sl. No.	Region	Primary (ISCED 1)	Lower secondary (ISCED 2)	Upper secondary (ISCED 3)	Post-secondary non-tertiary (ISCED 4)	Tertiary (ISCED 5-6)
1	Arab States	19.83	17.80	18.32	5.78	14.45
2	Central and Eastern Europe	11.13	18.91	41.47	9.51	20.04
3	Central Asia	5.55	10.65	45.17	16.71	19.64
4	East Asia & Pacific	21.62	20.55	25.32	5.57	19.89
5	Latin America & Car	25.27	16.28	21.72	11.87	13.13
6	North America & Western Europe	16.82	19.45	33.35	6.76	27.62
7	South & West Asia	21.07	18.12	12.02	7.30	9.01
8	Sub Sahara Africa	14.61	11.14	9.24	6.57	2.34
	World	16.99	16.61	25.83	8.76	15.77

Note: Average percentage adapted from country wise data which include some error of countries data not given in the table.

Source: UNESCO Institute of Statistics, latest extracted on 10 April 2013.

Therefore, progress is not enough to meet ‘education for all’ goal of halving illiteracy rates. Sub-Saharan Africa, the Arab States region and South and West Asia demonstrate the largest literacy needs. In addressing the challenge that globally almost one adult in five is without literacy skills, new conceptions of literacy and the literate environment set literacy acquisition in the context of lifelong learning, linking it with other basic competencies.

Table-3: Literacy Status of the Different Regions

Sl. No.	Continent	Population (in thousands) 2011	Urban Population (in per cent) 2011	Literacy rate	
				Male	Female
1	World	69,74,036	52.1	88.6	79.7
2	Asia	42,07,448	45.0	88.1	76.6
3	Africa	10,45,923	39.6	72.7	55.5
4	Europe	7,39,299	72.9	99.4	99.0
5	North America	3,47,563	82.2	96.1	95.3
6	South America	3,96,681	83.1	92.8	91.9
7	Oceania	37,175	70.7	...	...

Source: World Urbanization Prospects: The 2011 Revision (File 1: Population of Urban and Rural Areas and Percentage Urban, 2011), United Nations, Department of Economic and Social Affairs, Population Division

General literacy provides a rough sketch of education status not micro details like the concept of literacy, social-cultural variations, rural-urban difference. Secondly, developed countries have better literacy and proportionate infrastructure of education like availability of school in each locality, teacher- student ratio, classrooms etc. While underdeveloped and developing countries now also putting their thrust on school education and investing a sizeable proportion of public expenditure on education and primary education to strengthen initial education foundation. Highest public expenditure on primary education is 47 per cent in Sub Sahara Africa which is lagging in literacy and over all education; whereas Central Asia’s corresponding expenditure is only 21 per cent (World Development Indicator, 2010).

2.3.1 Education in Asian Context

Asia has highest population density and proportionately less development as compared to other regions of the world. The status of overall education is also lower than developed countries and world average, particularly secondary and tertiary literacy rate is still low due to high drop out. Besides, educational achievement among different social groups including women, slum dwellers, ethnic and religious minorities and others in Asia is also low.

Table 4: Adult literacy rate (15 years and older) (%), total, 1990-2015

Region	Country	1990	2000	2010	2015 Projection	2015 Target
Arab States	Djibouti	...	...	...	...	...
	Egypt	44.4	55.6	72	73.8	77.8
	Iraq	...	74.1	78.2	79.5	87.0
	Mauritania	...	51.2	58.0	61.0	75.6
	Morocco	41.6	52.3	56.1	62.0	76.2
	Sudan	...	61.3	71.1	...	80.7
	Yemen	37.1	54.7	63.9	70.2	77.4
Asia and Pacific	Afghanistan	...	...	...	...	...
	Bangladesh	35.3	47.5	56.8	61.4	73.7
	Cambodia	...	73.6	73.9	78.2	86.8
	China	77.8	90.9	94.3	95.5	95.5
	India	48.2	61.0	62.8	71.4	80.5
	Indonesia	81.5	90.4	92.6	94.8	95.2
	Iran	65.5	77.0	85.0	90.6	88.5
	Nepal	33.0	48.6	60.3	66.1	74.3
	Pakistan	...	42.7	54.9	59.9	71.3
	Papua New Guinea	...	57.3	60.6	62.7	78.7
Timor-Leste	...	37.6	58.3	66.8	68.8	
Latin America and Caribbean	Brazil	...	88.6	90.3	92.4	94.3
	Haiti	...	58.7	48.7	61.0	79.4
	Mexico	87.6	91.0	93.1	93.5	95.5
Sub Sahara Africa	Benin	27.2	34.7	42.4	46.7	67.3
	Burkina Faso	13.6	21.8	28.7	36.0	60.9
	Central African Republic	33.6	50.6	56.0	59.0	75.3
	Chad	10.9	28.4	34.5	39.1	64.2
	DR Congo	...	67.2	66.8	66.0	83.6
	Eritrea	...	52.5	67.8	73.3	76.3

Urban Infrastructure-II

	Ethiopia	27.0	35.9	39.0	48.6	68.0
	Gambia	...	36.8	50.0	55.7	68.4
	Guinea	...	29.7	41.0	48.7	64.9
	Guinea-Bissau	...	41.4	54.2	59.6	70.7
	Madagascar	...	70.7	64.5	64.7	85.3
	Mali	...	24.0	31.1	38.0	62.0
	Mozambique	...	48.2	56.1	61.5	74.1
	Niger	...	9.4	28.7	36.1	54.7
	Nigeria	55.4	54.8	61.3	64.7	77.4
	Rwanda	57.9	64.9	71.1	72.8	82.4
	Senegal	26.9	39.3	49.7	56.5	69.6
	Sierra Leone	...	34.8	42.1	48.2	67.4
	South Sudan	...	...	...	...	...
	Togo	...	53.2	57.1	67.6	76.6

Source: UNESCO Institute for Statistics, May 2012. Adapted from ADULT AND YOUTH LITERACY, 1990-2015, Analysis of data for 41 selected countries.

In Asia, China and India are two major countries share a sizeable urban population and experiencing fast pace of urbanisation. Mike Davis writes that the combined urban population of China, India, and Brazil already roughly equals that of Europe and North America. During 1992-2000, the annual urbanisation rate in India and China observed 3.1 and 3.8 percent respectively; this includes highest contribution of natural growth. Recently, Chinese annual urbanisation is decreased to 2.5 percent, and urban population is more than its rural population i.e. more than 52 percent of total population. China is far ahead of India in overall literacy measures (Jean Dreze 1995). In 1990-91, the adult literacy rate of India had 52.2 percent, while corresponding literacy of China was 77.8 percent. Despite the methodological differences between two countries, the literate population of 7 years plus (in China) is always more than literate population of 15 year plus (in India). Both countries, China and India shares highest slum dwellers population i.e. 193.8 and 158.4 million respectively (UN- Habitat: 2003)

In above sections, you studied the concept of education, its role in development and particularly with reference to urban development worldwide as well as the significant role of urban education. Now answer the question given in *Check Your Progress-1*.

Check Your Progress 1

Note: a) Write your answer in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) How does education is one of the means of development?

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- 2) Does the underdeveloped countries have higher urban illiteracy while urban population proportion is higher in developed countries?
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2.4 EDUCATION IN URBAN CONTEXT: ISSUES AND CHALLENGES

Urban region are characterised by high population density, relatively better civic facilities and people with more impersonal relations. These features not only indicate the nature of urban society, its institutions and people which influences the urban education. High population density in urban area indicates the need of large number of schools, better civic facilities. The quantitative and qualitative aspects of the schools are important for the overall educational development. The empirical studies show that urban village and urban slums are having insufficient infrastructure and manpower. Secondly, teacher-student ratio, active PTA, and effective teaching learning are playing a critical role in qualitative school education. Thirdly and most important is about social capital or relationship among people are very impersonal that indicates a weak social bond and having less information beyond self or we can say no information about their surroundings.

In today's, urban society and education is very complex in terms of size, heterogeneity, absence of effective measures and most importantly growing unorganised sector. There are multiple providers of education from primary to the tertiary levels; their existence widely varies in its structure and sizes, charges from no fee to very high fees. Some of the issues and challenges of urban education are follows:

i) Socialisation and Culture Assimilation

Education is one form of socialization. Socialisation is a broad term which encompasses formal and informal training through various agencies like-family, peer group and community. The socialisation process of rural population those who have migrated to urban areas and are mostly staying in slums and unorganized colonies are very slow. This has resulted in gap between the education level of people residing in slums and normal areas of urban India.

A recent study shows that many of the migrant labourers those who are residing in and around of the Chandigarh city are facing difficulties in getting

admission for their children in schools. Even if they are admitted, the children do not get equal treatment from the teacher as that meted out to the other children (Pattanaik, 2012). Thus cultural assimilation is a big problem in urban areas which has largely kept the children belonging to the migrant community especially labourers in the in-migrating states away in getting admitted and also pursuing education in the urban educational system. Recent study of NUEPA (Nalini Juneja, 2005) about school education reveals a new fact that enrolment growth in cities has been blocked and high dropout cases observed which indicates danger of poverty and crime particularly juvenile crime.

ii) Dualism in Education System

As we are aware that Indian education system provides two different set of education provisioning agencies, one in government institutions which is totally/partially managed and financed by government and the other is private agencies which is managed by a group of people that may include non-profit sector, religious organisations and private initiatives. Latter one may or may not be supported by the government. Both public and private agencies are involved in delivering education with certain variations. One of the most important variation between above mentioned two systems is former education is meant for all with minimal fee, while the latter is for those who can pay and purchase it. Former is having large network, while private education system is small organised effort focussed on quality education in certain areas, like developed areas and urban centres where people have higher purchasing power. Therefore, dualism in education system creating a divide or two classes among masses which is against of constitutional preamble. The distribution of private schools is not evenly found in all the regions as its absence or shortage explicitly observed in rural/ less developed areas.

The difference between government and private school system is wide in terms its structure, accessibility, expenditure, rural-urban divide and most importantly the fee structure. The structure of private schooling in India is very diverse and its number is increasing with growing urbanisation and privatisation which indicates its hold and its future growth. Now, the private education system not limited to early school education rather extended to higher education in India and its numbers are increasing in India.

iii) Gender Gap in Education

The trace of gender discrimination in education is very age old phenomenon observed across the globe and even today we could not bridged it. Education is one basic human right through that we can achieve the goal of gender equality. The fourth World Conference on Women (Beijing, 1995) has recognized that literacy of women is an important key to improving health, nutrition and education in the family and to empowering women to participate in decision-making process in society. Investing in formal and non-formal education and training for girls and women, with its exceptionally high social and economic return, has proved to be one of the best means of achieving sustainable development and economic growth that is both sustained and sustainable. Therefore, education in general and women education in particular is not only a human right but also a means to realize other human rights like health, socio-economic empowerments, gender equality and sustainable development.

Roughly, there are two-thirds of the youth and adults without literacy skills are female. UN statistic reveals that very poor status of female illiterates all over the world. It reflects worldwide, the overall percentage of illiterate women has remained virtually unchanged in the last 20 years i.e. 63 per cent of the illiterate female population in 1985–1994 as compared to 64 per cent in 2000–2006. In some countries, this proportion is even 80 per cent. Recent literacy rate and gender gap status of different regions of the world is given in Table-3. Not only in rural areas but also in urban areas also the gender disparities in the level of education exist.

2.5 MEASURES TO PROMOTE URBAN EDUCATION

Some of the important measures initiated by the government of India for the promotion of urban education are follows:

- i) **Role of Programme and Policies:-** The government of India has launched a number for the promotion of literacy and education both in rural and urban areas. One of the important and of recent origin is the *Sarva Shiksha Abhiyan* one of the crucial flagship programme of government of India. Besides, various state governments have also launched many innovative educational development projects and programmes in urban areas. Delhi government has launched the following innovative interventions under *sarva shiksha abhiyan* like, *Chalta Firta Schools*, *Khulja Sim Sim Project*, – (Computer based learning station), centres for out of school children and adult learners, implementation of Building as Learning Aid (BaLA) in all Government Schools, setting up of multimedia classroom/lab in all government schools, development and implementation of YUVA-School Lifeskills Programme, development of multimedia animated classroom content, implementation of online modules for Online School Management, constituting and empowering Vidyalaya Kalyan Samithis with the participation of community and students, online collection of DISE data for educational planning, school audit report containing all school related data in respect of all government schools/zones/district. Similarly other urban cities/ town can develop their own need based programme and policies within Sarva Siksha Abhiyan as well as collaborate with private partners like Pratham, Eklavya etc. Public – private partnership will better promote education in urban areas.
- ii) **Role JNNURM in Education Infrastructure:** Jawaharlal Nehru Urban Renewal Mission is the most popular measures to develop urban cities/ towns of India. Its basic focus is physical infrastructure development but some of its component linked with urban education system and particularly slum development. It allocates certain amount under sub heading ‘education and communication’ to almost 63 cities/ towns in India. Building of urban infrastructure including the schools in urban areas is the thrust of JNNURM.
- iii) **Role of NGOs/ VOs:** In India, we can see a deep rooted history of voluntary organisations/ NGOs working for education and other sectors of society. Shanti Jagannathan’s study reveals that non-governmental organisations working in primary education in India are professional resource centres and innovators in these centres are able to reach children who are educationally disadvantaged. It also provides six successful such isolated attempts from different parts of India- Pratham Mumbai Education Samiti, M. Venkatarajya

Foundation, Bodhi Sikha Samiti, Rishi Valley Rural Education, Eklavya, Center for Education Management and Development.

iv) **Role of urban local bodies:** Local bodies play significant role in strengthening education institutions particularly school education both in urban and rural areas. In India, decentralisation process 73rd and 74th constitutional amendment (1992) further empower local bodies in 29 areas including education. In urban settings, municipal corporations/ municipal council/ nagar palika are important urban local bodies engaged in providing and management of school education in urban areas. MCD schools of Delhi provides the educational facilities at different levels of education i.e. pre-primary, primary, middle, secondary, senior secondary and university level. There are three subdivision (South, North and East MCD) and 12 zonal divisions have been created for effective functioning. The Municipal Corporation of Delhi is among the largest municipal bodies in the world, providing civic services to more than 14 million citizens in the capital city. It has also the unique distinction of providing civic services to rural and urban villages, resettlement colonies, regularized unauthorized colonies, JJ Squatter Settlements, slum 'Bastis, private 'katras', etc. MCD runs about 1750 Primary Schools (Std I-V) enrolling about 900,000 children. This is almost 50 percent of the total children in primary school age group. Similarly, in other urban areas, local bodies playing significant role in providing education and other civic services in their own jurisdictions. Its role is more important for proving education to deprive and weaker sections of urban society.

v) **Role of international agencies:** One of the important measures observed with regard to the invaluable contribution of many international agencies like World Bank, IMF, Asian Development Bank, Islamic Development Bank, USAID, UNESCO, UNICEF etc. in the area of education. These organisations provide various inputs of research, technology, teaching aid, and other resources to different stake holders of education system. Besides these, many such organisations also provide economic aids to continue various educational programmes particularly in underdeveloped and developing countries. The World Bank is the largest external funder of education, with a focus on universal primary education. The World Bank's contribution towards education sub-sector supporting various operations and programmes of education across the world and its proportional expenditure shows highest focus on primary education with almost half of its allocation (2010).

2.6 CHALLENGES OF EDUCATION IN URBAN SLUMS

In this section, we will see the global urbanisation trends, increasing slums settlements as well as glaring inequality in urban society. Slums are often observed as places devoid of the basic services, dense, dingy and small houses, unhealthy environment, overcrowding population, inhabited by people having lower socio-economic status and a breeding ground of crime and deviance. The Census of India defined slum as "residential areas where dwellings are unfit for human habitation" because they are dilapidated, cramped, poorly ventilated, unclean, or "any combination of these factors which are detrimental to the safety and health". Across the globe such settlements exists invariably fast urbanising regions having larger slum settlements while other places it is less. As we read in slum definition,

the people living in these locations have lower socio-economic status and are most deprived sections of society. Inclusion of these excluded groups in mainstream society is very pertinent for over all development.

The contemporary trend of urbanisation is very complex and challenging, complex because diverse urbanisation rate varies from 10 percent in Burundi to 100 percent in Singapore (2007). It is also challenging due to rapid rural-urban migration, lacking regional and urban planning, glaring inequality and expanding slums. The global population increasing but urban population growth is four times faster than that. It is estimated that 5 billion people will live in cities out of 8.1 billion of total population by 2030. About 2 billion of them will live in slums, primarily in Africa and Asia, lacking access to clean drinking water and working toilets, surrounded by desperation and crime. Mike Davis describes in his book- Planet of Slums (2011) that nearly 80 percent of Nigeria's urban populations (41.6 million) live in slums, where as the comparable numbers in India are 56 percent (158.4 million). He further explains that the proportion of slums dwellers in developed and developing countries that only 6 percent of the city population of the developed countries, while it constitute a staggering 78.2 percent of urbanites in the least-developed countries. In 2001, there were 923 million people living in slums which are almost one third of total city dwellers. The UN statistics says that 31.6 percent of total urban population in which highest proportion of slums are located in developing regions i.e. 43 per cent. It shows rapid urbanisation in developing region directly correlated with rapid growth of urban slums and its population (see table below). In urban India, there was a 45 percent increase in the number of people living in the urban slums from 1981 to 2001. The fast growing urbanisation in developing regions is because of rapid migration and imbalance regional development. It has been observed that the lack of regional and urban planning unable to check migration, as a result, it is increasing both urban poverty and slum dwellers in urban areas. Within developing regions, a few regions are badly affected by urban poverty are Sub-Saharan Africa, South Central Asia having more than half urban population are slum population, while Eastern Asia, Western Asia and North Africa are also rapidly moving towards higher concentration of slum dwellers i.e. 36.4, 33.1 and 28.2 percent respectively.

Table 6: Urban Population Living in Slums

Region	Slum Population (thousands)		Slum Population (in percent)	
	2000	2010	2000	2010
Northern Africa	14,729	11,836	20.3	13.3
Sub Saharan Africa	144683	199540	65.0	61.7
Latin America & Caribbean	115192	110763	29.2	23.5
Eastern Asia	192265	189621	37.4	28.2
Southern Asia	194009	190784	45.8	35.0
South East Asia	81942	88912	39.6	31.0
West Asia	23481	35713	20.6	24.6
Oceania	462	556	24.1	24.1
World	766000	828000	39.3	32.7

Source: World Urban Report 2010-2011 UN

Education for these marginalized groups is a biggest challenge to redress. Neither the private educational institutions are accessible to them nor government have sufficient infrastructure to provide education to all of them. At different levels, from primary to higher education, this challenge is prevalent. Lack of primary education in India is particularly serious due to insufficient government commitment, low levels of budget allocation, the general public's weak monitoring of education and indifference to education in general, and primary education in particular and restricted use of fiscal transfer from the central governments, especially in the Hindi speaking northern states (Yuko Tsujita 2009). Historically, it has been observed that education is not available for all rather limited to affluent sections of society. Even after a few decades of independence, country has not successfully implemented quality education for all despite many legislation and social reform in present democratic environment. This is very much reflected in growing urban poverty in India. (in following table).

Table 7 : Incidence of Slums and status of Literacy in Million Plus Municipal Corporation

Sl. No.	Municipal Corporations	Percent Slum	Municipal Slum Literacy			Non- Slum Corporation		
			Male	Female	Person	Male	Female	Person
1	Greater Mumbai	48.9	78.6	64.5	72.5	85.2	78.0	81.9
2	Delhi	18.9	63.3	49.4	57.2	79.6	70.7	75.5
3	Kolkata	32.6	71.4	61.7	67.1	79.5	74.3	77.1
4	Bangalore	8.0	65.1	54.0	59.7	81.0	73.7	77.5
5	Chennai	25.6	77.3	66.9	72.2	85.3	77.6	81.5
6	Ahmadabad	12.5	63.9	46.0	55.7	79.7	69.9	75.0
7	Hyderabad	17.4	69.5	58.4	64.1	79.2	68.8	74.2
8	Pune	20.9	72.8	57.3	65.4	82.3	75.0	78.8
9	Kanpur	14.6	66.1	53.2	60.2	74.9	66.6	71.1
10	Surat	16.7	65.5	45.5	57.4	78.3	68.9	74.2
11	Jaipur	15.1	60.1	38.7	50.0	75.6	61.5	69.0
12	Nagpur	35.4	80.1	68.9	74.7	83.8	77.0	80.5
13	Indore	16.3	75.7	60.8	68.6	70.4	61.7	66.3
14	Bhopal	8.8	62.7	45.5	54.5	74.5	64.3	69.7
15	Ludhiana	22.6	71.8	65.5	69.1	72.9	67.9	70.7
16	Patna	0.3	50.5	39.9	45.5	75.4	63.4	69.9
17	Vadodra	8.2	72.4	55.6	64.5	82.2	75.1	78.8
18	Thane	33.3	78.8	63.8	72.1	83.2	75.8	79.7
19	Agra	9.7	61.9	45.3	54.3	67.7	54.6	61.6
20	Kalyan-Dombivli	2.9	67.4	48.9	59.0	83.5	75.6	79.8
21	Varanasi	12.6	66.4	51.6	59.4	67.2	54.2	61.1
22	Nasik	13.2	68.0	49.6	59.1	80.6	72.5	76.9
23	Meerut	43.9	58.9	44.2	52.1	64.8	55.8	60.6
24	Faridabad	46.6	71.0	51.8	62.5	76.9	66.8	72.3
25	Haora	11.7	72.6	60.3	67.2	81.0	73.1	77.4
26	PimpriChinchwad	12.9	66.5	46.3	57.0	81.3	71.0	76.6

Source: Computed from Census of India 2001

Urban society is a landscape of those new fad and fashions whose followers are quite unknown of basic reality, while other extreme, live in abject poverty. Heterogeneity is one of the important feature of city life, along with urban inequality and poverty. The growing slum population and their deprivation not only creating urban poverty but multitude of other problems like pressure on civic service, poor housing, health as well as deviance in society. Poor education facilities for these urban poor, further erode their socio-economic status in society. The literacy rate indicates their overall poor education conditions. There is high dropout rate at school and other level of education.

In this session you read about various aspects of urban education, its major issues and challenges, measures taken and most importantly the educational opportunities of urban poor i.e. slum dwellers. Now attempt the following question to *Check Your Progress 2*.

Check Your Progress 2

Note: a) Write your answer in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) What are the major challenges of urban education.

.....

2) Evaluate existing measures of urban education to reduce the gender gap of literacy.

.....

2.7 LET US SUM UP

Urban education seems very bright when we compare with large rural areas but the condition is not so good when analyse within urban settings. Within urban areas a large chunk of rural people have migrated to urban areas for better livelihood. Most serious concern is the increasing trends of these marginal groups' population with growing urbanisation. Their marginalisation is very much reflected in terms of basic amenities such as education, health services, drinking water etc. Here, our thrust is to see their education status and education opportunities available to them. In last section, we saw the problems of education among these deprive groups i.e. poor access and performance, the low literacy particularly female literacy, high dropout, lack of parent-teacher association etc. Urban education further creates classes in society due to existence of dual

education system, deepens urban poverty and most important of them a breeding ground of deviance or crime.

2.8 REFERENCES AND SELECTED READINGS

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2.9 CHECK YOUR PROGRESS: POSSIBLE ANSWERS

Check Your Progress 1

- 1) How education is one of the means of development?

Answer. The education is one significant indicator of development. The level of literacy determines not only shows the status of education but also many other human development indicators like health education, women empowerment, the nature of employment etc. The Global Literacy Challenge (2008) consider that both ‘developed’ and ‘developing’ regions – the pace of economic and social change is such that learning continues throughout life and their differences in education.

- 2) Does the underdeveloped countries have higher urban illiteracy while urban population proportion is higher in developed countries?

Answer. It is true that urban illiteracy is higher in underdeveloped or developing region while the urban population proportion is higher in developed countries. In underdeveloped countries are dominance of rural society and less development than urban areas as well as lower literacy. This results to higher

rural-urban migration without adequate urban planning that creates various urban problems related to housing, education, health and other facilities.

Check Your Progress 2

1) What are the major challenges of urban education.

Answer. There are three major challenges of urban education i.e. a gap between culture and education system, dual education and gender discrimination. The creasing class character in education since early childhood and mismatch with culture creates alienation. The empirical studies show that urban village and urban slums are having insufficient infrastructure and manpower. Teacher-student ratio, active PTA, effective teaching learning are playing a critical role in qualitative school education.

2) Evaluate existing measures of urban education to reduce the gender gap of literacy.

Answer. Gender gap in education accessibility and related concerns are well known across the globe in different proportion. At different levels corrective measures have initiated, it has given one agenda for Millennium Development Goals. In India, *Sarva Siksha Abhiyan* emphasis has given to female literacy and separate fund has allocated for various programmes like KGV, Girls school, special infrastructure of girls.



UNIT 3 URBAN LAW AND ORDER

Structure

- 3.1 Introduction
- 3.2 Urban Spaces and Law and Order Problems-An Overview
- 3.3 Challenges of Urban Law and Order
- 3.4 Urban Revitalisation Measures to Improve Law and Order
- 3.5 Urban Governance and Maintenance of Law and Order for Safety and Security
- 3.6 Let Us Sum UP
- 3.7 References and Selected Readings
- 3.8 Check Your Progress-Possible Answers

3.1 INTRODUCTION

Urban space is not just what is produced by planning, architecture and landscaping, it is also a social product, the end result of a series of negotiations between the State and its people. The post-1857 moment of British entry into town-planning in colonial India was to exercise social control, whereby civic planning was a reuse to re-establish order – through public architecture, sanitary regimes, and regulation of communication networks. Calcutta shows how they existed on-going conflicts between the residents of the city and the municipality over the disposal of privy waste. The urban visions of technocrats and planners have been historically thwarted in South Asia by those very people against whom these ideas were aimed.

After reading unit, we will able to:

- Discuss urban spaces and law order problems
- Analyse urban disorder and safety and security problem
- Describe urban revitalization to improve law and order
- Discuss urban governance and maintenance of law and order for safety and security

3.2 URBAN SPACES AND LAW AND ORDER PROBLEMS-AN OVERVIEW

Urban spaces are nodes of high population density. Diverse populations may live in close proximity to each other, at times contributing to inter-group and cross-class tensions. Housing and areas of commercial activity are often located near each other in vertical spaces with limited outside access. High population density places substantial demands on transportation corridors but also opens up the possibility of developing mass transit systems to quickly and efficiently move populations between different parts of the urban area.

Secondly, cities are sites of substantial commerce and economic competition that contributes to greater economic and social opportunities as well as to crime and inter-group tensions. High density in population creates a market for the masses such as sporting events and cultural presentations, which are difficult to

fit in within the non-urban areas. Since there is a high demand for common space in those places, urban areas often sets aside designated public areas, such as markets or parks for leisure activities and economic transactions.

Thirdly, urban environments contribute to different types of policing challenges. The high level of disparity present in urban milieu creates competition and could contribute to collective violence. Opportunities for different forms of crime dilute the class differences. Intensive commerce and trade can also contribute to crime and enhancing the problems in urban areas. The presence of banks and other sites for securing cash and valuables can lead to large and small-scale robberies.

Fourthly, cities are major centres of national political life and protests can turn into riots during difficult times. Urban areas can be contrasted to suburban and rural areas, which have considerably less density of population and generally a lower concentration of economic activity.

Fourthly, there are many other challenges facing the governments and police forces in big cities. The Government functionaries and police forces in these cities are less familiar with and have less access to the majority of the population and the urban areas as compared to the police forces in the developed nations. The resulting provision of informal services substantially transforms the system of governance from that which is expected in cities.

Fifthly, the megacities pose specific challenges for governance and policing. At one level, the local administrations often have limited knowledge about the extent of a particular urban structure. In some cases, there are no comprehensive street maps and it becomes cumbersome to actually draw such maps or for the city to acquire a thorough knowledge of the urban terrain. Many of the megacities comprise a series of municipalities and suburban areas that have grown into one large urban zone. This can create substantial difficulties in creating solutions for the whole region since the area will comprise several local governments, perhaps with divergent political directions and different needs and resource levels. Despite such differences, the areas may share related security challenges but be unable to work together to solve them.

Finally, these cities may face unconstrained growth and expansion, which would overstretch their ability to cope with geographic, structural and geological challenges. The result can be an accumulation of excessive waste or such a high demand for housing or transport. In such situation, planners and police may appear to face insurmountable obstacles in delivering security and other basic services.

Building links between police and other government institutions is critical to developing new and innovative strategies of crime control. Such links are needed to incorporate security concerns into wider governance efforts. They also enable police and government officials to build effective relationships with the population in order to better guarantee security and ensure both order and respect for the rights of citizens.

The list below includes some of the main challenges of law and order in cities:

- Order maintained by informal local structures
- Conflict over resources

- Illegal provision of basic urban services
- Informalisation of city spaces and services
- High levels of absolute deprivation
- High levels of tension between wealthy and poor
- Police are targets of terrorism and political violence

3.3 CHALLENGES OF URBAN LAW AND ORDER

One of the basic challenges facing authorities maintaining law and order does not possess a thorough knowledge of the urban terrain. Rapid and irregular urban expansion has created entire regions within cities that might not be mapped and that follow complex and often disordered street patterns. Rapid construction projects can close off previously passable streets, and create unstable buildings that may collapse and change the layout of the area. Natural and man-made disasters, such as floods and mudslides, can destroy entire neighbourhoods and reorganise urban space. In addition, infrastructure may be of poor quality.

The narrowness of streets and closeness of buildings may also make it hard for police to tactically appraise areas and may limit the ability of strategic decision makers to apply policies effectively. Operating in such areas is especially difficult since there are usually no accurate addresses or ways for police to access them without substantial local cooperation. Usually, the criminals operating in them will be more familiar with the areas and will have stronger personal relationships with individuals in the area than will the police seeking to control criminal activity. In addition, if the government is not effective in maintaining high-quality infrastructure, it will also generally not have an accurate picture of criminal activities in a specific area. The density of urban space and the variety of criminal activities that might occur in a specific area make tracking crime difficult. In situations where governments have trouble keeping up with the structure of neighbourhoods, they will have greater problems knowing where and at what rate crimes occur. All of this makes developing effective crime control strategies difficult, especially in the neighbourhoods most in need of better crime control.

Planned communities also create challenges for police. Police increasingly face substantial challenges in managing urban space within gated communities. The privatisation of space and the difficulty police face in gaining access to private space can make law enforcement particularly challenging. Without direct access to certain parts of the city, police may depend on the assistance of private security forces. Private security guards and firms may abuse the law and crime suspects in the areas for which they have responsibility.

The various challenges include:

- Few accurate maps available; irregular and inconsistent streets; poor quality of infrastructure
- Reluctance to work with police and vice versa; lack of mutual trust essential for building better public safety strategies
- Lack of data on crime in many regions
- Existence of gated communities and private protection services, which limit access by law-enforcement entities

- Irregular transportation services (informal collective transportation services)
- Poverty and economic and social exclusion of large portions of the population
- Rich and poor resorting to self-management of neighbourhoods in a governing system that is ill-functioning

In these sessions you have read about the urban disorder and challenges of law and order and now you will be able the answer the questions given in *Check Your Progress 1*

Check Your Progress 1

Note: a) Write your answer in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) What are the main challenges of law and order in urban india?

.....

2) How planned communities create challenges for policing?

.....

3.4 URBAN REVITALISATION MEASURES TO IMPROVE LAW AND ORDER

At the heart of a secure urban space is good design that minimises the risks facing individuals and increases the flow of citizens through the city. However, ensuring that ongoing collective observation will help to control crime and thus reduce law and order expenditures. The ideas underlying this new approach to urbanism have been extensively applied in contemporary policing in North America, Europe and some parts of Asia. In seeking to restructure communities and cities to create a greater degree of safety; architects, landscape designers and police have developed the concept of “defensive/ defensible space”. This strategy was pioneered by a United States-based city planner who had noticed that in the rising urban violence of the 1960s, neighbourhoods that had managed space in particular ways had significantly lower crime rates than other areas. The approach suggests that individuals maintain basic order and security in spaces towards which they feel ownership. If individuals feel disconnected from a space they will let it fall into disrepair and crime may rise. At a certain point, however, if too many individuals have a voice regarding what will happen with a space no one will invest in taking care of it. This approach argues that people feel they

have a right to and responsibility for a particular place if it is shared by many. Thus, securing a space requires that people living in the area are committed to making it safe.

Building on this underlying concept, security in a particular residential neighbourhood could be achieved by following certain strategies in organising the area.

First, neighbourhoods need to have some form of access control. This is often interpreted to mean creating gated streets even if the gates are not guarded. At another level, it simply means that a street is to be frequented by a relatively limited number of people. A thorough street can attract additional foot traffic that may encourage crime under some circumstances and discourage it under others. Controlling crime often involves, therefore, a collaborative management of space that brings together local residents and other users of that space, with city planners, elected officials and police to develop strategies that effectively manage that space.

Second, promoting a defensive space means promoting forms of natural surveillance. In this approach, police and planners think about how to structure space so as to ensure that individuals can watch the space during their normal routines and thus discourage crime.

Third, reinforcing a space can entail the use of mechanical devices to make crime less likely and the creation of organisational structures such as community oversight boards to organise efforts to control disorder. Space management or defensive space approaches have also supported the planning of parks and buildings to discourage illegal activity through such means as growing hedges in ways that minimise cover for criminals or providing proper street lighting to promote pedestrian security.

The key is to integrate law enforcement and planning practices into an understanding of local uses of particular spaces and to use that understanding to develop case specific police strategies. In collaboration with communities, police should be involved in planning, and planners should contribute to security discussions aimed at developing environmental security programmes that work to resolve the particular challenges.

There is no straightforward recipe to solve the problems. Rather, controlling crime through design involves the effective integration of planning, police and community representatives in developing effective security and space policies to protect basic rights and control crime.

3.4.1 Crime Prevention through Environmental Design

Over time, urban design concepts such as defensive space have evolved into a more comprehensive planning approach to using building and design to control crime, known as crime prevention through environmental design. The approach is broad and contains many variants but follows six basic principles that derive from earlier approaches.

Natural surveillance: Space needs to be built in such a way as to promote passive observation. This includes creating opportunities for individuals frequenting the neighbourhood to watch the goings-on and removing covers that can contribute to criminal activity.

Access management and natural access control: Neighbourhoods and other urban spaces need to be built to control access to them and to limit the possibility of entrance by criminals. At the most basic level, this could mean installing gates, more broadly, however, it could mean shaping city regions so that criminals have difficulty entering those regions or escaping from them after committing a crime.

Territorial reinforcement: This element of the approach suggests that buildings and space need to be made safer by creating a sense of ownership. When individuals feel no responsibility towards a place, as noted above, they are more likely to let it fall into disarray or simply not pay attention to it. At the same time, however, a space separated from the street by high walls can create the risk that individuals will just only take care of themselves and not think of the broader community. Furthermore, high walls and barriers can create additional risks by isolating public thoroughfares and keeping them from view. To prevent this and even foster a sense of ownership of public space, territorial reinforcement seeks to increase ownership of places by strategically using porches, low fences and sparse hedges to demarcate property and at the same time link it to the neighbourhood.

Physical maintenance: Police and other stakeholders seek to maintain the overall structure of the neighbourhood, reducing litter and other sources of disorder in the community. This will encourage area groups to maintain the quality of dwellings and other features that increase the safety of and respect for the area.

Target hardening: In order to increase neighbourhood security, individual residents and business owners need to proactively secure their homes and belongings. This involves a comprehensive effort, for example to ensure that good locks are installed on doors and that windows cannot be opened from the outside.

Minimising disorder and establishing well-used space: Law and order authorities and stakeholders must reduce the level of perceived disorder in the neighbourhood and ensure ongoing use of the space to prevent opportunities for crime.

Today of course, the concept of crime prevention through environmental design goes well beyond the constraints of law enforcement and has been applied to the design, planning and management of public spaces. The strategy enables State officials, police and the managers of spaces to work together to build security into the environment effectively.

In this session you have read about the urban revitalization to improve law and order and now you will be able to answer the questions given in *Check Your Progress 2*

Check Your Progress 2

Note:a) Write your answer in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) What are basic principles of crime prevention through environmental design?

.....

2) How safety of women in city transport be increased?

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.....
.....
.....
.....

3.5 URBAN GOVERNANCE AND MAINTENANCE OF LAW AND ORDER FOR SAFTY AND SECURITY

At the most basic level, city leaders and managers should develop institutions through which security concerns are included in broader city development. Design plans should reflect not only the safe usage concerns included in fire codes, but also how spaces are constructed to more effectively guarantee the safety of users. Such plans can include proper lighting and the positioning of walkways to ensure visibility and easy exit.

Even the best-designed building or park can present risks for citizens if it falls into disuse or poor repair. Law enforcement officers can be the first to make the managers of spaces and other city officials aware of developing problems in different areas of the city. Thus, if a park or market becomes the setting for a high number of assaults, police officials should ensure that such information is available to the managers of those spaces and to local leaders in the communities that use the space. This initial information should not only be used as a basis for planning solutions that might involve an increased deployment of police resources but should also include decisions about whether or not changes need to be made to the space. The establishment of local committees that bring together police, government officials and local leaders in different areas to discuss security issues in those places can facilitate the efforts. The meetings should cover a sufficiently limited urban space to enable individuals at the meeting to have a stake in the outcomes. They should be held regularly, on a schedule that is convenient to the stakeholders.

Some of the strategies to be adopted by the municipal government for the maintenance of law and order and safety and security in urban areas are narrated below:

i) Public-private partnerships in security initiatives

One area of innovation in public policy strategies is the creation of public-private partnerships. These efforts bring together public and private resources to achieve outcomes that would be difficult to accomplish independently. In some cases, the efforts bring together public and private funds where States and Corporations do not independently have the resources to support a construction effort. Alternatively, in some areas such as health, the efforts can involve bringing together public and private entities in efforts to promote service delivery and education.

ii) Security and participatory governance initiatives

One of the most substantial innovations in urban governance over the past 15 years has been the advance of participatory governance strategies. Perhaps the most prominent of the efforts has been the participatory budgeting measures developed in the State of Rio Grande do Sul in Brazil, which was later applied in a variety of other States in that country as well as in a variety of other countries, including Ecuador, Spain, and Venezuela. There are also a variety of other participatory governance strategies that have been developed in other countries, including the *panchayat* system in Mumbai (India), decentralised planning techniques in Kerala, India, the *barangay* system in the Philippines and habitat conversation programmes in the United States.

At heart, such strategies seek to involve the population in local decision-making and governance with the aim of bringing local knowledge into policymaking and of creating a popular stake in policy. This is achieved by offering opportunities, including for the population and locally chosen representatives, not only to speak out about policies but also to actively participate in deciding the direction of those policies. In Brazil's participatory budgeting programmes, local assemblies come together to decide on spending in certain areas. The priorities are passed up to higher-level elected budgeting councils that make further budgeting decisions. Similarly, in Kerala, *gram sabhas* (ward assemblies) meet to discuss local policy priorities that are then incorporated into the development plans of progressively higher-level governance institutions.

Relatively few efforts have been made to apply such strategies to the area of security but there are some clear lines of action that could be adopted to move efforts in that direction. Creating local assemblies sponsored and supported by the government can help to bring communities together to build a local consensus on justice and security issues and help to decrease local crime. Third, there is little reason why a portion of the local security budget cannot be put in the hands of neighbourhood residents. For example, a portion of a budget for crime prevention could be spent according to the wishes of local budgeting committees.

Finally, police and other government officials working on security could give presentations at participatory budgeting meetings, where they could contribute their expertise to helping local groups decide how to spend portions of their local budget to improve security.

iii) Community watch groups

Another strategy for engagement between State officials, police and the wider society is through the formation and support of local security organisations. The relative ineffectiveness of policing in some low- and middle-income cities has led to groups that seek to ensure order within their own neighbourhoods through regular patrols and the arrest of the perpetrators. By creating a local presence that inhibits crime from occurring and builds channels through which communities can develop locally relevant solutions to crime problems, the groups can be extremely effective in helping to enforce the law in situations where there are few police resources. They can also act as an important conduit through which residents can voice their concerns to police and through which police can implement new law enforcement strategies.

Their work can develop local knowledge and, in conjunction with police, they can apply that knowledge to controlling local crime. In addition, the groups can participate in city planning commissions that help with mapping and produce spaces that are, by their nature, safer.

Policing with *panchayat* in Mumbai (Bombay)

Police in Mumbai (Bombay) have pioneered a participatory policing strategy in which the residents of poor neighbourhoods are directly incorporated into policing activities through *panchayats*, groups of 10 local residents, who actively collaborate with police in developing law enforcement strategy in their neighbourhoods. The members of the *panchayats* receive an identity card that indicates they are police “helpers”. The members of the *panchayat* are appointed by local representative organisations and community groups, which provide the police with a room within the neighbourhood to support their efforts. Most *panchayat* members are women and the groups exercise their moral authority in the community to control violence and crime. The *panchayat* volunteers help police with patrol activities and seek to provide informal dispute resolution to neighbourhood residents in efforts to free up police resources for controlling criminal activity. While volunteers do not have policing authority, they are able to use their official position to enforce local norms, to limit domestic abuse and control public drunkenness and other activities that can lead to other crimes. All of this is achieved with a minimum of financial resources from the Government.

iv) Integrated urban policies and the police

The above discussion suggests that controlling disorder in large cities involves bringing the police into wider policy discussions. While the primary role of police will always remain daily law enforcement and investigation efforts, police have a role to play in discussions about the structure of urban spaces. There should be police as well as fire department input into large-scale urban planning and administration.

Police also have a role to play at the local level in considerations regarding modifications to ordinances applied in neighbourhoods, changes to parks and the issuing of business licences. Ongoing consultations with the police at these levels are essential to developing urban practices that adequately protect the populace.

Police should, however, be careful not to overstep the boundaries of their expertise. The role of police is not to tell elected officials how to build urban spaces or to decide if individuals have a right to express themselves. Rather, it is to effectively enforce the law and lend their expertise in the area of crime control to city officials and groups working to make the city safer. Police may need to develop special expertise in community relations to support these efforts as they work to participate in the discussions at the local level.

A component of this planning is having the police work with city administrators to achieve results in the area of security. Police and city leaders need to use information about the city to determine the best policies to implement. Data enable police to know what ideas are working and which are not.

The role of police in local partnerships, however, goes beyond this. Police also work with local authorities on such issues as preventing public nuisances and enforcing by-laws or ordinances. These efforts require good professional relationships between police and local officials as well as a clear notion among police about how the efforts contribute to wider public safety. The “broken windows” approach to policing suggests that the rigorous policing of public nuisances and enforcing ordinances can contribute to maintaining a low crime environment. Police, however, need to be careful in pursuing these types of activities. Police must collaborate with local authorities but they also need to be certain that these efforts are an efficient use of police resources.

Dealing with policing in urban areas involves interacting with local and national political institutions in the context of particular regional dynamics. Police working to develop innovative strategies to secure urban places need to find ways of working with local officials to implement programmes in the existing conditions in the cities in which they work. This is a complicated and collaborative process undertaken with other officials and civil society groups.

In this session you have read about the urban governance and safety and now you will be able to answer the questions given in *Check Your Progress-3*

Check Your Progress 3

Note: a) Write your answer in about 50 words

b) Check your answer with possible answers given at the end of the unit.

1) How security can be enhanced through regional urban governance?

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3.6 LET US SUM UP

Most experts in urban development are of the opinion that youngsters taking to organised and unconventional crime, poor conviction rate, long delays in trials, cyber crime, and modern weapons with criminals pose an unprecedented challenge to law enforcement. “The present decade is the decade of organised crime- extortion, kidnapping for ransom, forcible dispossession of landed property, gang rape, contract killing, theft of automobiles to name a few”. Detection in the complicated urban scenario with huge floating population is a complicated affair and citizens’ inputs are most valuable for the same. David H Bayley an international authority on law enforcement writes “Studies have found that the critical ingredient in solving a crime is whether the public- victims and witnesses provide information to police ...”Special needs of law enforcement agencies in urban India, strategies to respond to urban crime and to anticipate the trends thus require immediate attention.

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3.8 CHECK YOUR PROGRESS: POSSIBLE ANSWERS

Check Your Progress1

1) What are the main challenges of law and order in urban India?

Ans. The list below includes some of the main challenges of law and order in cities:

- Order maintained by informal local structures
- Conflict over resources
- Illegal provision of basic urban services
- Informalization of city spaces and services
- High levels of absolute deprivation
- High levels of tension between wealthy and poor
- Police are targets of terrorism and political violence

2) How planned communities create challenges for policing?

Ans. Planned community also create challenges for police. Police increasingly face substantial challenges in managing urban space within gated communities. The privatization of space and the difficulty police face in gaining access to private space can make law enforcement particularly challenging. Without direct access to certain parts of the city, police may depend on the assistance of private security forces. Private security guards and firms may abuse the law and crime suspects in the areas for which they have responsibility.

Check Your Progress2

1) What are basic principles of crime prevention through environmental design?

Ans.i) Natural surveillance.

ii) Access management and natural access control.

iii) Territorial reinforcement.

iv) Physical maintenance.

v) Target hardening..

vi) Minimising disorder and establishing well-used space.

2) How safety of women in city transports be increased?

Ans. Addressing the concerns of women can involve building safer urban spaces by improving lighting in public spaces and conditions at market places. Police can contribute to these efforts by tracking where crimes against women tend to occur and participating in discussions with city officials and civic actors about what types of accommodations and changes in space may be necessary to minimize such attacks. Governments across the world have adopted different strategies to deal with these problems. One of the most prominent is the establishment of police stations oriented to women's concerns. These have emerged in Brazil, India and the Philippines.

Check Your Progress 3

1) How security can be enhanced through regional urban governance?

Ans. Improvements in transportation and communication make it possible for individuals committing crimes to operate, in some cases, over a wide territory. Responding efficiently to these types of challenges involves building governance networks and coalitions that go beyond the constraints of individual cities. In many countries, police forces operate at the State or national level, facilitating regional anti-crime efforts; even in these circumstances, however, police need to develop relationships with different municipal governments, often led by competing political parties, to support broad urban security initiatives. One effective way to overcome the tension is to build broader regional coalitions of cities and civic actors that can consider the impacts of local police and urban issues on problems in a wider metropolitan region. In the case of heavily urbanised areas, State governments can help in this process.

These efforts can be undertaken through a variety of strategies. On one level, a higher governmental authority can undertake to form a regional government or civil society council to address the issues. Business and civic groups spread across a set of urban agglomerations may constitute a natural actor on the issues.



UNIT 4 URBAN SAFETY AND SECURITY

Structure

- 4.1 Introduction
- 4.2 Safety and Security: Concept and Meaning
- 4.3 Urban Crime: Dimensions and Classifications
- 4.4 Crime in Indian Cities
- 4.5 Measures for Strengthening Urban Safety and security
- 4.6 Let Us Sum Up
- 4.7 References and Selected Readings
- 4.8 Check Your Progress - Possible Answers

4.1 INTRODUCTION

The Global Report on Human Settlements examines some of today's major threats to urban safety and security within the larger frame of rapid urban growth, haphazard socioeconomic development and the search for human security. In the last decade or so, the world witness increasing numbers of threats to urban safety and security. While some of these threats have taken the form of dramatic events, many have been manifestations of the nexus of urban poverty and inequality with the physical, economic, social and institutional conditions of slums. There is a common understanding that there is a co-relationship between cities and crime. Cities are thus perceived to be more insecure and unsafe as opposed to villages and rural areas. This perception is also borne true by statistics. Thus dealing with insecurity and designing interventions for safety become important aspects of knowledge base of an urban development professional.

This unit introduces you to the concept of safety and security, the relationship between cities and crime and how the trajectory of crime is linked to the pattern of urban development. Finally, it also introduces the basic principles of planning for safety in cities.

After reading this unit, you will be able to:

- Describe the concept of safety and security
- Explain the emerging issues of urban development and safety issues
- Analyze planning for safety and security

4.2 SAFETY AND SECURITY: CONCEPT AND MEANING

According to the Oxford English Dictionary, 'Security' is "a secure condition or feeling," and 'secure' means "untroubled by danger or fear; safe against attack; reliable." Both these concepts are thus largely a matter of 'inner' feeling. Security is meant as a broad and much deeper aspect of creation of preventive measures to deal with structures that cause insecurity, while safety refers to measures that counter specific risks. Thus the underlying significance of both safety and security is an insight into what causes a feeling of insecurity in different historical periods of human history and thus the efforts that society takes to create safety.

The urban world represents a space in our history where human creativity, wisdom, enterprise is applied to the creation of a settlement where all of these things are concentrated. Naturally, it poses an immense attraction for those who would like to strike at the base of a city's power. Besides, such external threats, cities also have more propensities for crime because of the sheer opportunities that they present through their presentation of wealth and for deviations to flock together.

Given the fact that we are today entering an urban age amidst globalization and widespread inequities in the world, considerations of safety and security have to be based on an analysis of current patterns of urbanization and what amongst them produce insecurity. This same analysis would then lead to interventions for security and safety.

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4.3 URBAN CRIME: DIMENSIONS AND CLASSIFICATIONS

4.3.1 Dimensions of Urban Crime

Cities have been associated with prosperity and power since time immemorial. As a result, they have also been targets of high threat. Further, they are also agglomerations of people and resources of various kinds. They lend a certain anonymity to people and thus just as cities encourage innovations, cities also facilitate the commission of crime and deviant behavior. Contradictorily, cities also are a site of regulation and maintenance of law and order. It is these contradictions that shape the various trajectories of crime and safety through different periods in history.

Important points to us that the history of crime and punishment has as much to do with the perpetuation of institutions of power and control in society as the knowledge of how to punish and regulate more effectively. This means three things. Firstly, the definition of what constitutes crime and the labeling of criminals is a social act. For example, encroachment is a crime, because there is a law that accepts private property. Bigamy becomes a crime only when society places a value on monogamy. Our evolving understanding of what constitutes crime thus actively shapes trajectories of crime. Secondly, the distribution of power and control in society moulds the labeling of criminals, justicing and punishment. The contours of crime and who are the criminals and which criminals get apprehended and punished thus closely follow the contours of power and control. Lastly, the knowledge of technologies that can aid control and punishment is another aspect of evolving trajectories of safety.

The understanding of crime in current day society has become highly sophisticated. Thus, the various forms of crime that we have today include anniocentesis, white collar crime such as trade malpractices, corruption, crimes

perpetrated through internet and mobile telephony to acts such as murder, harassment to crimes against property and assets.

One of the most critical crime risks which have emerged in urban areas of late is that of terrorism. New York, London, Madrid, Mumbai, Karachi, Islamabad, Hyderabad, have all experienced acts of terror in the recent past. Appadurai (1998) calls this the 'the implosion of global and national conflicts into the urban world'. Cities have emerged as nodes where international and national conflict is both articulated and targeted at. The process of apprehending and controlling crime through various security regimes such as the police, the institution of courts where both the victim and the suspects have equal opportunities of representation, of a law that lays down the framework for justice and the jurisprudence which has to build a convincing rationale for all decision taken are all aspects of the elaborate system of control of crime and maintenance of law and order that characterises modern society. This is in opposition to earlier systems which relied on single individuals such as the king, the elders to take decisions, on customs as the basis of decisions, very rarely gave opportunities for suspects to represent themselves and meted out punishments that were often barbaric and cruel.

Technologies now play a role both in commission of crime as well as in its detection and safety. Historical cities were walled and had watch guards who regulated the people who entered and left the city. Modern States use more sophisticated surveillance systems enabled by technologies like close circuit televisions (CCTVs), satellites and internet to keep a tab on people and their movements. The current forms of crime and violence on one hand and safety on the other are thus a reflection of the social structure of our cities. Statistics indicate that the proportion of crime is higher in urban areas. This seems to suggest that urbanization and crime seem to go hand in hand. However, whether urbanization *per se* is linked to crime is a hotly debated question. Gilbert, for example, argues that there is no evidence to support any direct co-relationship between urbanization and crime. He suggested that: a) there is a more generic increase in the incidence of crime and that b) the world itself is becoming more urban and hence there is a natural increase in crime in urban areas. Thus, there is no specific 'urbaneness' to the increase in crime. On the other hand, Franz (1996) argues that the rise in urban violence which is estimated at 3-5% every year far outstrips the demographic growth of cities and thus the 'urban' causes of this violence need to be understood and acted upon.

In recent times, several cities from Mumbai to Hyderabad, Delhi, New York have become victims of terror. In order to understand why cities become targets of acts of terror, and the impact of such acts on urban dwellers, it is necessary to say something about the nature of cities. The physical environment of the city is important, as is the role of cities in national development, alongside the economies of scale provided by cities in addressing human well-being through public goods and services. All these dimensions are attractive to those seeking maximum impact from their acts of destruction and disruption. At the same time, an attack on a given city need not necessarily be a deliberate attack on the city itself. Cities transcend national boundaries and have come to represent something bigger than the countries in which they are located. It is thus not unreasonable to speak of urban terror as a sort of international language.

City forms also adapt to high crime levels. Franz points out how new urban forms in Latin American cities such as ghettos, closed villages of Manila or

groups of cloistered houses in African cities, are all direct consequences of rising crime. Spontaneous forms of “social cleansing” that violate human rights have also appeared in Latin America. They are the death squads that murder children and beggars, first in Brazil and now also in Colombia, and also kill those alleged to be criminals and corrupt officials in Honduras. Besides such social cleansing, negative citizen responses also include rough justice. Indian cities have witnessed several instances of rough justice when an alleged rapist was stoned to death by women in a Nagpur court, pick -pocketers were lynched by mobs in Bihar and when a college professor was propelled to suicide by protesting students. Such instances of rough justice are indicative of a wider distrust in the police and judicial system and require systemic responses.

The above discussion brings home the point that the dimensions of crimes in the cities are multiple in nature, therefore, the city managers need to confront the challenge of urban crime and violence and plan for prevention of crime and violence and promotion of resilience of cities. The first step for such confrontation involves an insight into forms of crime and violence experienced in cities.

4.3.2 Categories of Urban Crime

It has been experienced that crime is generally on the rise in the world. The Global Report on Human Settlements, 2007 highlights the increased incidence of crime which has grown by about 30% in the period 1980-2000 from a rate of about 2300 crimes per 1,00,000 people to about 3000 crimes per 100,000 people. Nearly 60% urban residents were victims of some or the other crime in the years 2001-06(UNCHS, 2007). The situation in different continents is further highlighted in Table 1.

Table 1: Per cent of Urban People who are Victims of Crime, 1990-95

	Theft and crimes against vehicles	Burglary	Other theft	Assault and other personal crimes	All crimes
West Europe	34	16	27	15	60
North America	43	24	25	20	65
South America	25	20	33	31	68
East Europe	27	18	28	17	56
Asia	12	13	25	11	41
Africa	24	38	42	33	76
Total	29	20	29	19	61

* Includes muggings, aggravated theft, grievous bodily harm and sexual assaults.

Source: UNICRI (United Nations International Crime and Justice Research Institute) (1995), *Criminal Victimization of the Developing World*, Rome, drawing from UNICRI and Ministry of Justice of the Netherlands, International Survey of Victims of Crime (1988-1994), based on a sample of 74,000 persons in 39 countries. *Environment and Urbanization, Vol. 8, No. 1, April 1996*)

Crimes largely seen to be prevalent in urban areas are follows:

- i) Urban crime is dominated by crimes against property, which account for at least half of all offences in cities all over the world.(UNCRI,2000). Theft,

burglary and mugging are the fastest growing crimes and also the ones with the lowest clear-up rate. Consumer items that can be resold or recycled informally are the main targets. The rates for such crimes vary considerably between cities, influenced by the level of protection in urban areas, particular circumstances, policing methods and the state of the market for stolen goods.

- ii) The second category is violent crime. Violent crime is defined as any act that causes a physical or psychological wound or damage. It includes murder, infanticide, assault, rape, sexual abuse, acts of intimidation and terror, the buying and selling of women and children, abandonment and serious neglect, mugging, threats and joy riding. It has increased in the majority of Third World cities and accounts for 25 to 30 per cent of offences worldwide.
- iii) The third and important categories of crime is human trafficking. Trafficking of human beings and flesh trade are other forms of crime that seem to thrive in cities. Antisocial behaviour or hooliganism and domestic violence are also emerging as frequent acts of crime. The table above showed the incidence of crime in Asian cities as the least throughout the world. Asian cities also show the least proportion of assault. However, the absolute levels of crime in Asian cities are on the rise too.

In this section you studied concept of safety and security, and types and dimensions of urban crime. Now, you should be able to answer some questions relating to this section given in *Check Your Progress 1*.

Check Your Progress 1

- Note:** a) Write your answer in about 50 words
 b) Check your answer with possible answers given at the end of the unit.

- 1) What do you understand by safety and security?

- 2) What is urban crime?

4.4 CRIME IN INDIAN CITIES

Indian cities are characterized by low levels of crime as compared to those in other parts of the world. However, there is an increased incidence of crime in Indian cities over the years. IPC crime rate in mega cities is given in Table 2. The

average rate of crime in urban agglomeration centres at 341.9 was much higher than the national crime rate of 187. Kochi reported the highest crime rate (1897.8) among the mega cities in the country followed by Indore (868.2) and Bhopal (823). The crime rate for each city is compared with the corresponding crime rate of the domain State in Table 1. Crime rate (IPC) in cities was generally higher than the corresponding crime rate of Domain State. The crime rate was lower than that of the respective State in case of Dhanbad, Chennai, Kolkata and Madurai. The crime rate at national level increased by 3.4% (from 181.4 in 2009 to 187.6 in 2010), however, the crime rate in cities has increased by 7.3% (from 318.6 in 2009 to 341.9 in 2010). The incidence of urban crimes in India from 2007 to 2011 is given in Table-3.

Table 2: IPC crime rate in Mega Cities Vs Domain State

Sl.No.	City	Rate of Crime (IPC)	
		Mega City	Domain State
1	Agra	363.5	87.5
2	Ahmedabad	474.5	200.1
3	Allahabad	187.9	87.5
4	Amritsar	181.3	134.4
5	Asansol	168.7	143.7
6	Bengaluru	566.0	242.0
7	Bhopal	823.0	295.6
8	Chennai	169.2	274.2
9	Coimbatore	289.1	274.2
10	Delhi	359.6	279.8
11	Dhanbad	94.5	125.7
12	Faridabad	466.4	240.4
13	Hyderabad	317.1	215.7
14	Indore	868.2	297.2
15	Jabalpur	585.5	297.2
16	Jaipur	719.3	242.8
17	Jamshedpur	247.9	124.7
18	Kanpur	250.8	87.5
19	Kochi	1897.8	424.1
20	Kolkata	117.3	143.7
21	Lucknow	455.1	87.5
22	Ludhiana	252.5	134.4
23	Madurai	223.6	274.5
24	Meerut	283.4	87.5
25	Mumbai	207.3	189.2

26	Nagpur	364.0	189.2
27	Nasik	389.2	189.2
28	Patna	528.2	131.1
29	Pune	362.1	189.2
30	Rajkot	401.6	200.1
31	Surat	264.2	200.1
32	Vadodara	358.7	200.1
33	Varanasi	175.7	87.5
34	Vijayawada	577.0	215.7
35	Vishakhapatnam	535.1	215.7

Source: Report of National Crime Records Bureau, 2010

Table 3: Incidence & Rate of IPC crimes (mega cities)

Year	Incidence	Rate
2007	3,36,889	312.3
2008	3,47,153	321.8
2009	3,43,749	318.6
2010	3,68,883	341.9
2007	4,75,369	295.1

Source: Report of National Crime Records Bureau

The most prevalent forms of crime in Indian cities are theft, particularly auto theft, other crimes against property and cheating. Organized crime is prevalent in metros and Mumbai is a capital of organized crime which includes drug trafficking, human traffic, and land mafia. In addition to these, India represents certain distinctive forms of crime such as crimes against women and communal violence. These two distinctive forms reflect the divisions and inequities in Indian culture and societal structures.

Crimes against women in India include sexual harassment, rape and most importantly domestic violence. Some crimes against women have emerged as distinctive urban crimes. These are dowry deaths, female prenatal foeticides and suicides. These crimes reveal how the availability of technology plays out with traditional beliefs and results in criminal acts. Many of these crimes against women go unreported.

Communal Violence is another form of crime that is peculiar to Indian cities. The spatial divisions of city areas on communal lines are fairly common in Indian cities. This makes them extremely vulnerable to incitements, and trouble mongers who seek to incite violence for petty gains. The incidence of such riots further perpetuates the spatial and economic divisions.

Slums have become a common feature of almost all Indian cities. The relationship between slums and the law is highly iniquitous. Law renders the slums illegal by their very existence and the overall policy neglect has further deepened their deprived conditions of living and poverty. Several laws also are biased in practice

against slums which are assumed to be dens of crime rather than places accommodating poor working citizens.

All the above forms of crime are embedded in the structures of urbanization and are thus endemic to our cities. However, there are also other trends which also affect the increase in crime in Indian cities. They are:

- The rising aspirations and frustration among youth
- The emergence of single elderly citizens without social support as a distinct category of urban residents
- The emergence of visible islands of prosperity in particularly the large cities
- Internationalisation of terror and organized crime networks

The above facets reveal to us both the patterns in crime in India as well as the factors that promote security risks. Planning for safety and security needs to create systems and practices to counter some of these risks and build capacities for resilience. Violence against the elderly, children and women are common to all cities.

4.4.1 Crime Against the Elderly, Children and Women

i) Crime against Elderly

The elderly are victims of various types of violence and abuse such as insults and physical aggressions committed by their own family members and caregivers, abuse in transportation or in public and private institutions.

Types of violence against the elderly are:

- i) Physical abuse: it refers to using physical strength to force the elderly to do what he does not want to, hurting him, causing pain, disability or even death.
- ii) Psychological violence: consists in the use of verbal or gestural expressions in order to terrorize the elderly, humiliate them, restrict their freedom or even isolate them from social life.
- iii) Neglect: there is a refusal or failure in the care due for the elderly by those responsible families or institutions. Usually, is expressed together with other abuses that cause injury and physical, emotional and social trauma.
- iv) Abandonment: there is an absence of government authorities, institutional or family to provide assistance to an elderly person that needs protection.

1 in 3 ELDERLY ABUSED in INDIA

A study on abuse of India's elderly, conducted across 20 cities and involving over 5,500 older people, has found that almost 1 in 3 (32%) have faced abuse. More than 50% of those abused was highest in Madhya Pradesh (77.12%). Nearly 30% or 1 in 3 elderly persons reported ABUSE IN Maharashtra .It was 60% in Assam, 52% in UP,43% in Gujarat, 42.86% in Andhra Pradesh and 40.93% in west Bengal.

Source: Times of India, September 29, 2012

ii) Crime Against Children

The Crime against children in Indian cities is on rise. Following are some of the statistics:

- 6% increase was reported in incidence of crime against Children in 2007 over 2006. Cases of Child Rape went up by 6.9% during 2007 (5,045) over 2006 (4,721).
- A total of 6,377 cases of Kidnapping and Abduction of children were reported during the year 2007 as compared to 5,102 cases in the previous year accounting for a significant increase of 25.0%.
- Cases of Selling of Girls for Prostitution declined from 123 in 2006 to 69 in 2007.
- Madhya Pradesh reported 21.0% (4,290 out of 20,410) of total crimes committed against children in the country.
- The highest crime rate (12.1) was reported by Delhi as compared to National average (1.8).
- Punjab (35) and Rajasthan (16) together have accounted for 53.2% (51 out of 96) of cases of foeticide reported in the country.
- The conviction rate at the national level for crimes against children stood at 36.6%

(Source: National Crimes Record Bureau 2007 Report)

iii) Crime Against Women

Violence against women is one of the largest components of crime in Indian cities. Jagori – a women’s organization in Delhi conducted a safety audit of several areas in the city through the eyes of women. The findings of this audit are extremely illuminating:

- While the common perception of Delhi as a city of exclusion was shared by all the groups and across all classes, age groups, professions, etc. poverty clearly emerged as an important axis intensifying this vulnerability. There is an alarming level of ‘normalization’ of violence which threatens public spaces.
- The research indicates that certain groups of women, such as younger women, women from the north eastern states and women from the poorer communities feel more insecure. For the latter especially, the development of Delhi as a ‘world-class city’ has made their lives more insecure.
- While all public spaces were seen as unsafe, women reported the highest number of incidents within buses and other public transportation, and on the streets.
- The research has also brought to the fore a number of factors that play a role in creating safer spaces for women and girls. These include better planning and design of public spaces such as roads, bus stops, parks and public toilets. Some recommendations included proper lighting, better design of pavements, presence of vendors and designated spaces, and well-designed male and female public toilets.

- The second important factor is the way the public spaces are used. The presence of a multitude of users makes a space more amenable to inclusion and safety. Thus parks that had a range of users including older people and the young, children and others were safer.
- A third factor that came up consistently in the FGDs and through the street survey was the lack of public support to women and girls in the city. This lack of any response from the bystanders in the public spaces, combined with the indifferent attitude of the police has been identified as one of the main reasons contributing to the lack of safety for women, allowing the perpetrators to continue to harass them with impunity(Jagori, 2010).

The safety audit thus reveals the range of factors that generate insecurity for women, children and the elderly that just vigilante responses or stepping up security are inadequate. The need is for several systems to improve and work together.

4.5 MEASURES FOR STRENGTHENING URBAN SAFETY AND SECURITY

Some of the popular measures to be taken for the prevention and control of crime in the cities are as follows:

i) Enhancement of Policing

The most common response by the state of crime is to enhance levels of policing. The level of policing in Indian cities as measured by numbers of policemen per inhabitants is really low. While there is a need to enhance city policing systems, there is a need to see these as part of a larger reform of the police system which also involves up gradation of security infrastructure such as transport, communication, weaponry as well as working and living conditions.

ii) Imprisonment of Criminals

The other common response of the state of crime is imprisonment. In the United States and Russia this has reached a level of more than five persons in prison per 1,000 inhabitants. The average for the rest of the world is less than 1.7 per 1,000 inhabitants with a mere 0.36 per 1,000 in Japan (Franz,1996).This policy is not very effective, for it does not reduce the number of offences committed. It also diverts funds that could be invested in preventive social action, and tends to stigmatize certain groups. As Franz points out, in England, for example, a 25 per cent rise in the prison population has produced a one per cent drop in crime.

iii) Coordinated and Citizen Responsive Systems

In a context where cities are poor, security systems are numerically and infrastructurally inadequate; the need is for systems that work in collaboration with citizens in order to work at prevention of crime. The experience of Mohalla Committees in Bhiwandi, Maharashtra is an example of one such system and how it worked even in cases of crises like riots. The citizen policing is a participatory method of controlling crime in the municipal word. Bhiwandi case is given in the Box-I

Box I

In Bhiwandi in Maharashtra, local public bodies defuse potentially troublesome matters - from communal issues to civic problems, through open discussion. Their rate of success considerable.

As violence in the wake of the demolition in Ayodhya rocked the country, the town of Bhiwandi, 65 km from Bombay, was described in official parlance to be “tense, but strictly under control”. Bhiwandi witnessed widespread rioting in 1970 and again in 1984, caused in part by the absence of cohesiveness in a community that began expanding rapidly in the 1960s due to the influx of Muslim labour from Uttar Pradesh, Andhra Pradesh and Bihar to meet the demands of the power-loom industry. Bhiwandi, with 4 lakh power-looms, is the biggest power-loom centre in the country. Bhiwandi maintained the peace this time because of the involvement of public participatory bodies, set up over the last two years.

These bodies were brought into existence jointly by local Hindus and Muslims, with the help of the local administration, to settle peacefully a dispute in 1991 that was threatening to tear apart the Muslim-majority town. In July that year, Bhiwandi was gripped by communal tension because Hindu organisations wanted to use a plot owned by Ismail Farid Khan for ceremonies prior to the immersion of Ganesh idols in the adjoining Kasaili river. Customarily, Farid Khan’s permission was formally sought every year to use his plot, but in 1991 some Hindus, led by local Rashtriya Swayamsevak Sangh (RSS) leader Anna Palaye, decided such permission was unnecessary. However, before the situation could deteriorate, senior police officers with the approval of the official bureaucracy arranged for influential members of both communities to come to the negotiating table. They were able to persuade Khan to donate his plot to Bhiwandi municipality.

But tension built up again when the municipal authorities decided to reciprocate Khan’s largesse by naming the plot after him. Local RSS and Shiv Sena activists, asserting a place being used to hold a Hindu festival should not bear a Muslim name, were adamant the site should be named after Lord Ganesh. The Muslims were equally insistent that Khan’s gesture should be acknowledged. Once again local authorities summoned the town elders, who deliberated and then decided to name plot for a hero of the freedom struggle, Lokmanya Tilak, and the approach road to the plot after Farid Khan.

Assistant commissioner of police Kesav Sahasrabudhe, who played a key role in the community negotiations, said this marked the turning point in the inter-community relationship in Bhiwandi. “For the first time,” he said, “people in Bhiwandi began to take the mohalla committees seriously. Even the cynics began to say that it was possible to solve religious and emotive issues peacefully.”

Today, after just over a year of rapid growth, 70 of the 75 municipal wards of Bhiwandi have set up *mohalla* committees, which form the main channel communication between the two communities. These communities tackle potentially dangerous religious and community issues.

Each committee has upto 30 members drawn from both communities and with varied backgrounds, ranging from loom workers to schoolteachers. There

is no formal structure for the working of these committees. They meet at least once a week and can choose to deliberate any local issue, whether leaking water pipes or a *mohalla* child not getting admission to school.

“We do this because the only way to avoid tension is by ensuring that our citizens do not feel they are left alone to fight their way through their problems,” says Bhiwandi municipal president Ananta Bhoi.

The efficacy of *mohalla* committees can be gauged by Shiv Sena leader Appa Palaye opting to ignore a call last month from senior party leaders in Bombay to hold *maha arti* - the much feared symbol of Shiv Sena militancy - in Bhiwandi. Palaye said he decided against holding *maha arti* because of reports received by local police from various *mohalla* committees that when *maha arti* was held on an earlier occasion, it had deeply hurt Muslim sentiments. Meanwhile, the fate of the slum is suspended in bureaucratic wrangling. In return, the Muslims agreed to ensure that when they said *namaz* by the roadside, they would not hinder traffic.

But the peace initiatives in Bhiwandi were scoffed at by the rest of the country. Muslims in Bhiwandi contended that when they offered to send relief packages to other riot-hit Muslims, they were taunted and told to “wear *burqas* (veils)” like women, if they were unable “to do something at a time when Muslims all over India were being massacred by Hindus”.

Rafiq Ansari, a rich power-loom owner and municipality vice-president, says, “The people elsewhere thought the Bhiwandi Muslims should do something because they are in the majority here.” Most of Bhiwandi’s power-loom owners are Muslims. Ansari also pointed out that the Hindus in Bhiwandi were equally under pressure from the rest of their community for their “refusal to teach the Muslims a lesson”. There were rumours that Hindu leaders had been insulted and sent *chooris* (bangles). Despite the scathing criticism, the fact remains that for the first time in Maharashtra, Hindus and Muslims agreed to respect each other’s sensibilities and the community’s convenience when holding their rituals.

Source: http://bitscape.8k.com/writings/news/violence_bhiwandi.htm

iv) Reorientation of Security Services

Security services like the police are often both the first line of information related to crime. They also have a tremendous role in prevention of crime. Experience shows that a police system that is biased can criminalize marginal groups; they could also act as role models for them and mainstream them. Reorienting the police to such a ‘developmental’ role is therefore a key aspect of planning for safety. One such experiment is that of the police services in Japan.

There are more than 15,000 small neighbourhood police stations or Kobans in Japan, 9,000 of which also serve as residences for police officers in rural areas. Rather than concentrating police forces in a few large stations, Japan has chosen to increase their visibility and accessibility. All graduates of the national police academy must serve for several years in these mini-stations. They devote most of their time to providing services to the community and are required to visit each family, business and firm in their neighbourhood at least twice a year. Special attention is paid to the elderly, to preparing

newsletters for neighbourhood residents, to organizing sports events for young people and to participating in meetings of neighbourhood organizations.

In their relation with young offenders, these neighbourhood police officers also have wide latitude. Thus, it is reported that, in 1990, 31 per cent of the offenders arrested by them were released after signing a letter of apology. This is an attempt to reduce administrative red tape, to maintain the police's reputation for generosity and humanity and to reserve the shame of a trial for more serious offences. This attitude in no way reduces the effectiveness of the police since, in 1989, for example, they were responsible for 73 per cent of all arrests (and 96 per cent of all arrests for homicide) and 76 per cent of thefts were solved (International Centre for the Prevention of Crime (ICPC) (1995), "Urban policies and crime prevention (Montreal)" (paper presented to the Ninth UN Congress for the Prevention of Crime, Cairo).

v) Reducing Vulnerability of Marginal Groups

There is an extremely close relationship between crime and marginal groups, forming a vicious cycle of small offence, labeling, injustice, anger over the same and leading to more serious offences. The more systematized the exclusion in society, the more vicious the above mentioned cycle. In such situations, criminals may be apprehended but the proportion of crime almost remains untouched, bringing new and new recruits from similar circumstances. The potential for breaking the same is only through attempts to reduce exclusion and redress the vulnerabilities of marginal populations. Sports, education, meaningful community and livelihood activities are important strategies for the same and facilitating the availability of such spaces becomes an important aspect of planning for safety. One such initiative is that of Cali municipality in Colombia as discussed in Box-II

Box-II

Cali(Colombia)DESEPAZ programme

El Programa Desarrollo, Seguridad y Paz (DESEPAZ) was established by the Mayor's Office of Cali in 1992 to address the high rates of crime and violence in the city. Grounded in a public health approach, it was based on an epidemiological analysis of violence – primarily homicide rates – to identify specific risk factors for urban violence as well as community involvement in combating crime and violence. DESEPAZ and the Colombian Legal Medicine and Forensic Science Institute identified several key risk factors for homicide in Cali, which revolved around alcohol use, gun ownership and leisure time. They therefore restricted alcohol sales in public areas and initiated a disarmament programme, which appears to have had a beneficial effect on homicide reduction.

A key principle of DESEPAZ is that the prevention of crime and violence requires a commitment from all citizens. Consejos Municipales de Seguridad (Municipal Security Councils) were created in order to educate government officials; the mayor held weekly meetings with community leaders. Open to the public, participants suggest and agree on concrete solutions.

This community-based approach has led to the creation of law enforcement, public education and social development programmes.

Source: <http://www.unhabitat.org/downloads/docs/GRHS.2001.6.pdf>

The development of a non-violent culture is also important. Peace-promoting groups have been formed by young volunteers who act as legal counsellors and educators. They provide human rights education and suggest ways for people to resolve disputes and, if necessary, refer them to conciliation centres. This culture of non-violence is mainly directed at couples, parents, schools and the media.

vi) **Incorporating Safety Principles into Urban design**

It is commonly recognised that for every crime there is a victim and a perpetrator, however, the environment in which the crime occurs is less often thought about. The Jagori study discussed earlier highlighted some aspects of environmental design which facilitated crime in Delhi like the location and design of public toilets. On the other hand, interventions into the design of the environment can help to reduce the incidence of crime. Internationally, this strategic component is known as Crime Prevention through Environmental Design or CPTED and it is being successfully employed in many cities worldwide. CPTED is based on certain principles of architecture, landscaping, visibility and lighting, aesthetics and the marking of spaces that create greater public security both in real terms, and in terms of people feeling safe in a location. A case study of Durban is given in Box-III.

Box-III

CPTED is about making the environment around us conducive to crime prevention and safety. It involves assessing the state of vacant land and unoccupied buildings, poor lighting and infrastructure with a view to improvement.

It may include providing recreational facilities to youth to keep them off the street. There needs to be a sense of community ownership when providing these facilities. It is commonly known that for a crime to occur, there is a victim and a perpetrator, however the environment in which the crime occurs is less thought about.

Crime prevention through environmental design is about making the environment around us conducive to crime prevention and safety.

Interventions into the design of the environment can help reduce the incidence of crime. It involves assessing the state of vacant land and unoccupied buildings, poor lighting and infrastructure with a view to improvement.

It may include providing recreational facilities to youth to keep them off the street. There needs to be a sense of community ownership when providing these facilities

Source:http://www.durban.gov.za/City_Government/safer_cities/Pages/Crime-Prevention-Through-Environmental-Design.aspx

In this section you studied Indian experiences of urban crimes and planning for safety and security. Now, you should be able to answer some questions relating to this section given in *Check Your Progress 2*.

Check Your Progress 2

Note: a) Write your answer in about 50 words

b) Check your answer with possible answers given at the end of the unit.

1) What are the types of abuse against the elderly?

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2) What are the key principles behind the ‘Mohalla Committee ‘experience?’

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4.6 LET US SUM UP

The trajectories of crime, violence and punishment have been changing rapidly. The current patterns of crime and violence are thus shaped by the conditions and contrasts of the current world such as globalization and urbanization. International networks of terror, organized crime and sophisticated surveillance networks are features of the current crime and security environment.

Generally, crime is on the rise in the world and though the relationship between crime and urbanization *per se* may be contested, urban areas witness a lot of crime. There are also crimes which have particularly emerged as urban crimes.

The proportion of crime in Indian cities is on the rise too. Therefore, there is a need to understand the underlying causes of crime and to redress these through planning for safety and security in cities.

The most common responses to crime and violence are up gradation of security systems and imprisonment. These, however, appear to be making little dent in the proportion of crime and are too costly. Citizen responses to crime range from leading highly fenced lives to social cleansing, rough justice and formation of vigilante groups. These responses also prove to be counterproductive.

There is thus a need to supplement security responses with approaches that also redress systemic causes of crime. The main systemic causes of crime in Indian cities are to do with women, slums and communalization. Responses need to analyze these issues and develop integrated, committed responses which range from building interface systems to developing programmes for marginal groups to incorporation of safety principles in urban design. The examples of Mohalla Committee as well as a few other cities offer valuable lessons for the same.

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4.8 CHECK YOUR PROGRESS-POSSIBLE ANSWERS

Check Your Progress 1

1) What do you understand by safety and security?

Ans. According to the Oxford English Dictionary Security is “a secure condition or feeling,” and secure means “untroubled by danger or fear; safe against attack; reliable.”Both these concepts are thus largely a matter of ‘inner’ feeling. Security is meant as a broad and much deeper aspect of creation of preventive measures to deal with structures that cause insecurity while safety refers to measures that counter specific risks

2) What is urban crime?

Ans. Urban crime is dominated by crimes against property, which account for at least half of all offences in cities all over the world.(UNCRI,2000)Theft, burglary and mugging are the fastest growing crimes and also the ones with the lowest clear-up rate. Consumer items that can be resold or recycled informally are the main targets. The rates for such crimes vary considerably between cities, influenced by the level of protection in urban areas, particular circumstances, policing methods and the state of the market for stolen goods.

1) What are the types of abuse against the elderly?

Ans. Physical abuse: it is using physical strength to force the elderly to do what he does not want to, hurting him, causing pain, disability or even death.

- i) Psychological violence: consists in the use of verbal or gestural expressions in order to terrorize the elderly, humiliate them, restrict their freedom or even isolate them from social life.
- ii) Neglect: there is a refusal or failure in the care due for the elderly by those responsible families or institutional. Usually, is expressed together with other abuses that cause injury and physical, emotional and social trauma.
- iii) Abandonment: there is an absence of government authorities, institutional or family to provide assistance to an elderly person that needs protection.

2) What are the key principles behind the 'Mohalla Committee' experience?

Ans. The key principles behind the 'Mohalla Committee' experience are-

- Creation of platforms consisting of key representatives of both communities as well as the law and order functionaries
- Evolving these platforms as those prepared to deal with all sensitive issues and not those which are strictly defined as 'law and order' concerns
- Willingness of members to discuss issues and negotiate to arrive at pragmatic and mutually agreed solutions

