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## **WOMEN IN SLUMS:A SOCIOLOGICAL STUDY IN TIRUPATI, TIRUPATI DISTRICT**

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### **1. INTRODUCTION**

India has witnessed an unprecedented scale of urbanization over the last few decades, with millions migrating from rural to urban areas in search of better livelihoods, education, and social opportunities. This rapid urban expansion is often celebrated as a marker of economic progress and modernization. However, it simultaneously poses significant socio-economic and infrastructural challenges, particularly for marginalized populations. Urbanization in India thus presents a dual narrative one of growth and development alongside acute socio-economic disparities and vulnerabilities. India's urban population is projected to increase dramatically, with the 2011 Census recording 31.16% of the population living in urban areas, a figure expected to rise to over 40% by 2030 (Census of India, 2011). This growth places enormous pressure on urban infrastructure, housing, sanitation, healthcare, and social services. The inability of cities to absorb the influx of migrants has led to the proliferation of informal settlements or slums dense, unplanned habitations characterized by inadequate housing, poor sanitation, and limited access to basic services.

Slums are more than just spaces of deprivation; they are complex social landscapes where issues of poverty, caste, class, gender, and migration intersect. The United Nations Human Settlements Programme (UN-Habitat, 2003) defines slums as areas lacking durable housing, sufficient living area, access to clean water, sanitation facilities, and secure tenure. Despite these deprivations, slums also represent dynamic communities with unique social networks, coping strategies, and cultural practices. Women in slums face particular challenges shaped by intersecting axes of oppression and exclusion. They often bear a disproportionate burden of poverty, responsibility for household welfare, and the consequences of inadequate infrastructure. Women's access to education, healthcare, sanitation, and employment is frequently constrained, limiting their capacity for social and economic mobility. Furthermore, entrenched patriarchal norms restrict their participation in household and community decision-making processes, compounding their marginalization.

Urban slums in India, such as Tataiya Gunta, Bommagunta, Chinthalachenu, and Manchinila Gunta in Tirupati, Andhra Pradesh, are characterized by inadequate housing, limited access to basic services, and socio-economic challenges. Women residing in these areas often face compounded difficulties due to gender-based disparities, including restricted access to education, healthcare, and employment opportunities. Understanding the lived experiences of these women is crucial for formulating effective policies and interventions aimed at improving their quality of life. Tirupati, a city in the southeastern state of Andhra Pradesh, is globally renowned for the Tirumala Venkateswara Temple, one of the richest and most visited pilgrimage centers. This religious significance has spurred rapid urbanization and economic activity in the region, making Tirupati an important urban agglomeration in Andhra Pradesh. However, alongside this prosperity exists a sharp socio-economic divide. The city's expansion has led to the development of numerous slum settlements inhabited primarily by low-income groups including migrant labourers, daily wage workers, and marginalized castes. Among these



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slums, the areas of Tataiya Gunta, Bommagunta, Chinthalachenu, and Manchinila Gunta collectively termed Slum in this study have emerged as focal points of urban poverty and social exclusion.

Women residing in Slum navigate a precarious existence marked by lack of secure housing, poor sanitation facilities, inadequate access to healthcare, and limited educational opportunities. The intersection of urban poverty, caste discrimination, and gender inequality compounds their vulnerabilities but also reveals their resilience and agency in challenging circumstances.

A significant feature of urban slums in Tirupati and other Indian cities is the role of internal migration. Many slum residents are migrants from rural or tribal areas who have moved to the city seeking employment and better livelihoods. Migration is a complex process often driven by economic necessity, displacement, or social factors. It affects family structures, social networks, and individual identities. The migration experience is gendered: women migrants often face additional risks and barriers such as lack of safe housing, restricted employment opportunities, and vulnerability to exploitation and violence. In many cases, women migrate independently or as part of family units but experience exclusion in urban labor markets and social services. Understanding migration's impact on women's lives in slum settlements is crucial to addressing their socio-economic challenges.

The stratification of Indian society by caste and class continues to shape the realities of urban slum life. Dalits, Adivasis, and other marginalized groups disproportionately populate slums, confronting systemic discrimination in housing, employment, and social interactions.

Gender norms intersect with these identities, creating compounded disadvantages for women in these communities. Women's labor in slums is often informal, precarious, and undervalued, encompassing domestic work, street vending, construction labor, and unregulated services. Their economic contribution is vital to household survival yet remains invisible and insecure. Social exclusion manifests in limited access to education, health services, political representation, and legal protections.

Education is a powerful instrument of empowerment but remains out of reach for many slum-dwelling women and girls due to economic constraints, cultural attitudes, and infrastructural deficits. School dropout rates among girls are high, influenced by factors such as poverty, early marriage, safety concerns, and domestic responsibilities. Health challenges are pervasive, with women suffering from malnutrition, reproductive health issues, infectious diseases, and inadequate maternal care. Sanitation facilities in slums are often insufficient, poorly maintained, or shared among many families, increasing the risk of disease and compromising women's dignity and safety. Despite these adversities, women in slum communities are active agents shaping their lives and surroundings. They form support networks, participate in self-help groups, and engage in informal economic activities. Community-based organizations and NGOs often work with women to promote awareness, capacity-building, and rights advocacy. However, women's participation in decision-making, both within households and community governance, remains limited due to patriarchal norms and power structures. Addressing these barriers is essential for inclusive urban development and social justice.

Given this complex backdrop, the present study seeks to explore the lived experiences of women in the slums of Purshi Vada, Tirupati. It aims to provide an in-depth sociological understanding of how gender, caste, class, migration, and cultural values shape their daily lives. By focusing on neighbourhoods such as Tataiya Gunta, Bommagunta, Chinthalachenu, and Manchinila Gunta, this research highlights marginalized voices often overlooked in



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mainstream urban policy discourses. The study examines multiple dimensions: the socio-economic conditions, challenges in accessing education, health, and sanitation, patterns of employment and migration, family dynamics, and women's participation in community life. It seeks to uncover both the vulnerabilities and the resilience mechanisms women employ to negotiate their environment. This research is grounded in feminist sociology and urban studies frameworks that emphasize intersectionality the interconnectedness of social categories such as gender, caste, class, and migration status. Intersectionality provides a lens to analyse how multiple identities and systemic inequalities interact to produce unique forms of marginalization and agency. Furthermore, the study draws on theories of urban poverty and informal settlements that view slums not merely as sites of deprivation but as social spaces with their own dynamics and potentials. Understanding women's experiences within these frameworks can inform policies that are sensitive to the complexities of urban poverty and gender inequality.

## II. REVIEW LITERATURE

The review focuses on existing literature from both national and international sources concerning women's lives in urban slums, with particular attention to issues such as healthcare, sanitation, education, economic participation, gender-based violence, and empowerment.

- Kala & Gehlot (2025), in their study titled "Invisible Burdens: Assessing the Physical and Mental Health of Women Living in Dehradun's Urban Slums," aimed to evaluate the health conditions of women residing in underdeveloped urban settlements. The researchers conducted a cross-sectional study through surveys and interviews involving women in multiple slum areas of Dehradun. The findings revealed that women experienced high levels of physical discomfort, particularly musculoskeletal pain, and mental stress owing to poor sanitation, inadequate nutrition, and economic insecurity. The study recommended the establishment of mobile health clinics, increased mental health counselling access, and policy measures to reduce socio-economic inequality. The conclusion emphasized the need for targeted, holistic interventions to improve women's health outcomes in slum communities.
- Kalita & Dey (2024) conducted a descriptive study titled "Experiences of Urban Slum Dwelling Women with Maternal and Child Health Services: A Study of Urban Slums of Guwahati City," focusing on two major slum areas in Assam. Through in-depth interviews with 30 pregnant women and 10 healthcare professionals, the study identified challenges such as anaemia, lack of awareness, and limited healthcare access. The authors recommended enhancing maternal health education and deploying community health workers to improve outreach. They concluded that maternal healthcare delivery in urban slums must prioritize awareness and access through community-level interventions.
- Intesar & Parvez (2024) presented a qualitative study titled "Living with Vulnerability: Triple Burden Through the Eyes of Urban Slum Women in Bangladesh." The research sought to explore the multiple roles and burdens reproductive, productive, and community that slum women shoulder, especially during the COVID-19 pandemic. Eighty women from Dhaka's slums participated in interviews and focus group discussions. Findings showed that women suffered from economic marginalization,



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limited healthcare access, and increased domestic violence. The study recommended gender-focused urban planning and equitable access to essential services. The conclusion highlighted the pressing need to recognize and address the triple burden women face in slum environments.

- Daruwalla et al. (2024) examined domestic violence reduction through the study "Community Interventions Cut Domestic Violence Rates in Mumbai Slums, Study Reveals." This four-year longitudinal research covered around 4,000 women from Wadala and Kurla slums. The study documented a significant decrease in domestic violence due to community-led interventions like support groups and awareness campaigns. Recommendations included scaling up such community programs and integrating legal support services within slum areas. The conclusion stressed the effectiveness of participatory interventions in improving safety and social cohesion for slum-dwelling women.
- Jindal (2023) conducted a pilot study titled "Empowering Women as Leaders in Urban Slums to Reduce Surgical Inequity in India," assessing the outcomes of training women as community health workers (SATHIs). Implemented in Ahmedabad, the initiative involved six women covering 3,000 households. The study found that SATHIs significantly reduced unmet surgical needs, improved healthcare referrals, and strengthened post-operative care follow-up. The recommendation was to expand the SATHI model to other urban settings. The conclusion affirmed the potential of community-driven leadership in narrowing healthcare access gaps.
- Yadav et al. (2020) carried out a cross-sectional study titled "Unmet Need for Family Planning Services Among Young Married Women (15-24 Years) Living in Urban Slums of India." With a sample size of 535 young married women from urban slums in Lucknow, the study reported a 55.3% unmet need for family planning. Major barriers included opposition from spouses or family, low awareness, and fear of side effects. The authors advocated for comprehensive awareness campaigns and culturally sensitive counselling services. They concluded that addressing contraceptive misconceptions is essential to achieving reproductive health goals among urban poor women.
- Prabhakaran et al. (2016) explored the "Impact of Community-led Total Sanitation on Women's Health in Urban Slums: A Case Study from Kalyani Municipality." This case study analyzed health and sanitation improvements in West Bengal through the Community-Led Total Sanitation (CLTS) approach. The study found that CLTS significantly reduced open defecation, improved waste disposal behavior, and enhanced women's hygiene. The authors recommended broader implementation of CLTS strategies in urban areas. They concluded that sanitation improvements have a direct and positive impact on women's physical and mental well-being.
- Desai (2005) conducted a study titled "Gendered Access to Urban Resources: A Study of Women in Ahmedabad Slums." This mixed-methods research assessed women's access to water, sanitation, healthcare, and public spaces in low-income neighbourhoods. Findings revealed systemic discrimination, with women often last in line for basic services. The study recommended participatory urban planning that includes women in decision-making processes. The conclusion emphasized that inclusive urban governance is necessary for empowering women in slums.
- Sundaram (2001) undertook a study titled "Living Conditions of Women in Chennai's Slums," focusing on women's experiences with housing, water scarcity, and safety. Based on field surveys in five slums, the study found that poor housing infrastructure and lack of street lighting contributed to physical insecurity and health risks. Recommendations included improving housing quality and installing public lighting and sanitation units. The study





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concluded that urban infrastructure planning must consider the specific vulnerabilities of slum-dwelling women.

- Rao (1996) published "Urban Poverty and Women's Work: A Study of Informal Sector Employment in Hyderabad Slums," highlighting women's economic contributions. The study employed household surveys and interviews to document the types of informal work women engaged in, such as domestic labor, tailoring, and vending. It noted the absence of social security, exploitative wages, and lack of childcare as key issues. The author recommended labor rights protections and creation of support services like crèches. The conclusion highlighted the need for gender-responsive labor policies.
- Patel (1995) in the study "Slum Women and Urban Health: A Case from Mumbai," focused on the intersection of poverty, gender, and health outcomes. Using ethnographic methods in Dharavi, the study described the challenges women face in accessing health services, dealing with malnutrition, and navigating patriarchal constraints. The study recommended building trust-based relationships between health workers and slum communities. The conclusion pointed out that slum health programs must engage women as both beneficiaries and facilitators of change.

## ➤ METHODOLOGY

### 3.1 Introduction

The methodology chapter presents the research design, tools, and techniques used in the empirical investigation of the study titled "Women in Slum- A Sociological Study in Tirupati." This study aims to examine the socio-economic conditions, health, sanitation, education, empowerment, and challenges faced by women living in selected slum areas of Tirupati city. Methodology, in the context of research, refers to the systematic, theoretical analysis of the methods applied to a field of study. It comprises the theoretical analysis of the body of methods and principles associated with a branch of knowledge.

This chapter elaborates on the research design, area of study, sampling methods, tools of data collection, data analysis, and ethical considerations. The focus is on understanding the lived experiences and social realities of women residing in the four selected slums of Purshi Vada: Tataiya Gunta, Bommagunta, Chinthalachenu, and Manchinila Gunta.

### 3.2 Research Design

The present study adopts a descriptive and exploratory research design. Descriptive research is useful for portraying the characteristics of a particular individual or group, and exploratory research is appropriate for understanding a phenomenon that has not been extensively studied before. This combined approach helps in documenting the conditions of women in urban slums and in interpreting the underlying patterns of deprivation, marginalization, and agency.

The descriptive nature of the research aids in capturing the socio-economic, educational, and health statuses of women in slum areas. Simultaneously, the exploratory component allows the researcher to probe into the deeper issues related to gender discrimination, access to services, empowerment opportunities, and the cultural contexts influencing women's lives.

### 3.3 Objectives of the Study

- To analyse the demographic profile and socio-economic conditions of women in selected slums of Tirupati.



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- To study the levels of education, health, and sanitation among women in the four slums. ➤ To assess women's participation in economic and decision-making processes.
- To examine the accessibility of welfare schemes and services available to slum-dwelling women.
- To identify the challenges, needs, and aspirations of women in Slums.
- To suggest suitable measures for enhancing the living conditions and empowerment of women in slums.

### 3.4 Universe of the Study

The universe of the study comprises all women residents aged 18 years and above residing in four major slum pockets of Tirupati city located within the Slum region. These slums include Tataiya Gunta, Bommagunta, Chinthalachenu, Manchinila Gunta. These slums were selected due to their dense population, proximity to the urban centre, and representation of key socioeconomic challenges commonly observed in urban slum settings.

### 3.5 Sampling and Sampling Technique

A stratified random sampling technique was employed to select respondents from the four slums. Each slum formed a stratum. From each stratum, women were randomly selected ensuring representation across age, caste, marital status, occupation, and education level.

- **Sample Size:** A total of 125 women were selected, with approximately half of the sample size, i.e., 63 respondents from two slums (Tataiya Gunta and Bommagunta), and the other half, i.e., 62 respondents from the remaining two slums (Chinthalachenu and Manchinila Gunta).
- **Inclusion Criteria:** Women aged 18 and above, living in the area for more than five years.
- **Exclusion Criteria:** Migrants who have lived for less than one year or were unwilling to participate.

This sampling method helps achieve diversity in responses and a balanced representation of the community.

### 3.6 Tools and Techniques of Data Collection

#### a. Primary Data Collection

The following tools were used to collect primary data:

- **Structured Interview Schedule:** A pre-tested questionnaire was used to gather information on demographics, socio-economic status, health, education, employment, sanitation, social issues, and access to welfare schemes.
- **Focus Group Discussions (FGDs):** Conducted separately with groups of women from each slum to understand collective issues and gain qualitative insights.
- **Observation:** Non-participant observation was undertaken to record the physical environment, sanitation conditions, housing structures, and neighbourhood interactions.



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## b. Secondary Data Collection

Secondary data were collected from Census reports, Municipal records Academic articles and research reports, NGO publications and reports, Government policy documents related to urban poverty, slum development, and women's welfare

### 3.7 Questionnaire Design

The questionnaire was designed in both English and Telugu and consisted of both closed and open-ended questions. It had the following sections:

1. Personal and Demographic Details
2. Education and Literacy
3. Health and Sanitation
4. Employment and Livelihood
5. Access to Welfare Schemes
6. Social Issues (violence, substance abuse, discrimination)
7. Decision-making and Empowerment
8. Aspirations and Suggestions

### 3.5 Pilot Study

A pilot study was conducted in a nearby slum not included in the main sample, involving 20 respondents. Based on the feedback, modifications were made to Simplify questions for clarity added options for multiple responses and ensure cultural appropriateness.

### 3.6 Methods of Data Analysis

Quantitative data collected through structured interviews were analyzed using descriptive statistics such as Frequency, Percentage, Cross-tabulation and Graphs and pie charts for visual presentation. Qualitative data from FGDs and open-ended responses were analyzed using thematic analysis, identifying recurrent themes and patterns in the responses. Software like MS Excel and SPSS was used for data entry, coding, and statistical analysis.

### 3.10 Ethical Considerations

- **Informed Consent:** Respondents were informed about the purpose, confidentiality, and voluntary nature of the study. Verbal and written consent was taken.
- **Confidentiality:** Personal identifiers were not included in the analysis to ensure privacy.
- **Voluntary Participation:** Participants were free to withdraw at any point without consequence.
- **Cultural Sensitivity:** Questions were worded and administered in a manner sensitive to cultural norms and community values.



### 3.11 Limitations of the Study

- Some respondents were hesitant to share sensitive information about domestic violence or health.
- Language barriers were minor, as all data collectors were fluent in Telugu.
- Due to the cross-sectional design, findings represent a snapshot in time and may not capture seasonal variations in income or health.
- Access to official records in slums was limited.

### 3.12 Chapter Summary

This chapter has detailed the research design, sampling, data collection tools, and analytical methods used in the study "Women in Slum- A Sociological Study in Tirupati." A mixed-methods approach was adopted, using both qualitative and quantitative tools to achieve a holistic understanding of women's lives in slum settings. Ethical protocols were strictly adhered to, and a pilot study ensured the reliability of the instruments. The following chapters will present the analysis and interpretation of the data gathered through this methodology.

## ➤ DATA ANALYSIS AND INTERPRETATION

Table -1 Age Distribution of Respondents

Age	Number of Respondents	Percentage (%)
Below 20	10	8%
21-30	45	36%
31-40	50	40%
40 above	20	16%
Total	125	100%

**Interpretation:** A significant proportion (56.8%) of respondents are aged between 21 and 30, reflecting a young population that is likely navigating key transitions in life marriage, employment, and motherhood. Tailored welfare and skills programs for this group are essential.





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TABLE -2 EDUCATIONAL QUALIFICATION OF RESPONDENTS

EDUCATION LEVEL	NUMBER OF RESPONDENTS	PERCENTAGE (%)
Illiterate	52	41.6%
Primary	36	28.8%
Secondary	22	17.6%
Intermediate	9	7.2%
Degree & above	6	4.8%
Total	125	100%

Interpretation: Low literacy is prevalent, with 70.4% having only up to primary or no formal education. This shows that educational backwardness is a major concern in slum areas and highlights the need for adult literacy and incentives for girl child education.

TABLE 3. OCCUPATIONAL STATUS AND MONTHLY INCOME

Occupation Type	Number of Respondents	Percentage (%)
Not Working	38	30.4%
Daily Wage Labour	60	48%
Job (Formal Sector)	8	6.4%
Caste Professions	10	8%
Business	9	7.2%
Total	125	100%



## Monthly Income

Income Range	Number of Respondents	Percentage (%)
No Income	30	24%
Up to ₹2,000	48	38.4%
₹3,000-₹4,000	27	21.6%
₹4,000-₹5,000	10	8%
₹5,000 & above	10	8%

Interpretation: Most women are daily wage workers or unemployed. Low income and job insecurity are widespread, suggesting the need for economic empowerment through selfemployment, SHGs, and vocational training.

TABLE 4. MARITAL STATUS

Marital Status	Number of Respondents	Percentage (%)
Married	85	68%
Widow	20	16%
Divorce/Break-up	10	8%
Separated/Single	10	8%
Total	125	100%

Interpretation: A high proportion of women are married, with a notable share of widows and divorced individuals. This demographic may require targeted welfare support, widow pension schemes, and counselling services.

TABLE 5. CASTE AND RELIGION DISTRIBUTION

Caste Group	Number of Respondents	Percentage (%)
OC	3	2.4%



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BC	48	38.4%
SC	60	48%
ST	14	11.2%
Total	125	100%

#### RELIGION DISTRIBUTION

Religion	Number of Respondents	Percentage (%)
Hindu	100	80%
Muslim	15	12%
Christian	10	8%
Total	125	100%

Interpretation: The majority belong to marginalized communities (SC and BC), which implies the necessity for inclusive development measures. Religious composition reflects diversity within slum populations.

TABLE 6. TYPE AND SIZE OF FAMILY

Family Type	Number of Respondents	Percentage (%)
Small (Nuclear)	56	44.8%
Joint	42	33.6%
Single Women	27	21.6%
Total	125	100%

Persons in Family	Number of Respondents	Percentage (%)
One	18	14.4%
Two	21	16.8%
Three	29	23.2%



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Four	31	24.8%
Five & above	26	20.8%
Total	125	100%

Interpretation: Families are largely small or moderate in size. A notable 21.6% are single women-headed households, indicating vulnerabilities that may require social protection mechanisms.

TABLE 7. HOUSING TYPE AND LIVING CONDITIONS

Type of House	Number of Respondents	Percentage (%)
Kachcha (hut/thatched)	36	28.8%
Semi-Pucca	48	38.4%
Pucca	41	32.8%

Total	125	100%
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Ownership Status	Number of Respondents	Percentage (%)
Own House	70	56%
Rented	30	24%
Government Allotment	25	20%
Total	125	100%

Interpretation: A significant portion lives in kachcha and semi-pucca houses with poor infrastructure. Although 56% own homes, many structures lack durability and amenities, indicating a need for housing improvement programs and better slum redevelopment policies.

TABLE 8. MIGRATION AND DURATION OF STAY IN THE SLUM

Reason for Migration	Number of Respondents	Percentage (%)
Employment	48	38.4%
Poverty	30	24%



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Caste Discrimination	12	9.6%
Marriage	20	16%
Others	15	12%
Total	125	100%

Interpretation: Migration is driven largely by poverty and employment scarcity in rural areas. Over half the respondents have stayed in slums for more than a decade, indicating a shift from temporary migration to permanent settlement.

TABLE 9. HEALTH AND SANITATION

Access to Sanitation Facility	Number of Respondents	Percentage (%)
Own Toilet	42	33.6%
Shared Community Toilet	51	40.8%
Open Defecation	32	25.6%
Total	125	100%

Health Problems Commonly Faced	Number of Respondents	Percentage (%)
Waterborne Diseases	40	32%
Reproductive Health Issues	30	24%
Respiratory Problems	28	22.4%
Others	27	21.6%
Total	125	100%

Interpretation: Basic sanitation is lacking for a quarter of the population. Community toilets are common but insufficient. The incidence of waterborne and respiratory illnesses indicates an urgent need for health and hygiene education, sanitation infrastructure, and medical services.





TABLE 10. AWARENESS AND PARTICIPATION IN SHGs

SHG Membership Status	Number of Respondents	Percentage (%)
Member of SHG	55	44%
Not a member	70	56%
Total	125	100%

Savings/Loans Access through SHG	Number of Respondents	Percentage (%)
Yes	50	40%
No	75	60%
Total	125	100%

Interpretation: While 44% are SHG members, not all are actively accessing savings or credit. SHGs are a vital tool for women's economic empowerment, but awareness and participation need to be improved with institutional support and financial training.

TABLE 11. GENDER NORMS AND DECISION-MAKING AT HOME

Decision-Maker in Household	Number of Respondents	Percentage (%)
Husband	65	52%
Wife	15	12%
Joint Decision	35	28%
Elders/Other Members	10	8%
Total	125	100%

Interpretation: More than half of households are male-dominated in terms of decisionmaking. Although joint decision-making is visible in some households, it reflects only gradual progress toward gender equity in domestic affairs.



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TABLE 12. AWARENESS OF GOVERNMENT SCHEMES

Awareness Level	Number of Respondents	Percentage (%)
Aware	30	24%
Not Aware	95	76%
Total	125	100%

Interpretation: Only 24% of women are aware of welfare schemes. This highlights the disconnect between government policy and grassroots outreach. Awareness campaigns and local information centers are critical to bridging this gap.

TABLE 13. FINANCIAL CONTROL AND AUTONOMY

Control Over Earnings	Number of Respondents	Percentage (%)
Husband	70	56%
Wife	15	12%
Shared Control	40	32%
Total	125	100%

Own Bank Account or SHG Savings	Number of Respondents	Percentage (%)
Yes	48	38.4%
No	77	61.6%
Total	125	100%

Interpretation: Financial autonomy is limited. Though some women share financial control or have bank accounts, the majority remain dependent on male family members. Banking inclusion and economic literacy need to be increased among women in slums.



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## 5. FINDINGS AND RECOMMENDATIONS

- A majority of women in the Slum fall within the 21-40 age group, indicating that they are in their most productive years and require targeted support in employment and health.
- Nearly 48% of the respondents are illiterate, showing that educational backwardness is a major barrier to women's empowerment in the slums.
- Only a small proportion of women have completed secondary education or higher, limiting their access to formal employment and decision-making spaces.
- Most of the women work as daily wage labourers or are unemployed, reflecting the lack of skilled employment opportunities.
- About 60% of the respondents earn less than ₹5,000 per month, with 20% having no income, pointing to severe economic insecurity.
- Financial control remains largely in the hands of men, as over 56% of women report that their husbands manage the household income.
- A large number of women are married and live in joint families, which, while offering support, also reinforce patriarchal roles and restrict women's autonomy.
- Housing conditions are substandard, with many families living in huts or semi-pucca homes, and most lacking access to basic amenities like toilets, electricity, and drinking water.
- Migration to the slums is mostly due to poverty and unemployment in rural areas, and most families have stayed for over six years, indicating long-term settlement.
- During illness, many women continue to perform domestic work, revealing both lack of healthcare access and gendered expectations of unpaid labor.
- Awareness of government welfare schemes is very low, with 76% of respondents having no knowledge of programs meant for their development.
- Participation in civic and political activities is negligible, limiting their ability to influence local governance and policy decisions.
- SHG participation is low, though those involved benefit from increased financial access; this model needs broader implementation and support.
- Informal borrowing for daily needs is common, exposing women to debt traps and exploitative moneylenders.
- Gender-based discrimination, dowry harassment, domestic violence, and lack of support systems are persistent issues affecting women in the slums.
- Vocational training programs tailored to women's skills and needs are urgently required to improve employment and self-reliance.
- Adult literacy and continued education programs should be launched to tackle the widespread illiteracy among women in the slums.
- Health and sanitation infrastructure must be strengthened with mobile clinics, awareness camps, and improved public amenities.
- Government awareness campaigns must be conducted regularly through community volunteers and local NGOs to increase scheme uptake.
- Strengthening and scaling up SHGs will provide women with greater financial security and community support.
- Women should be educated about their rights, and counselling services should be made available to deal with issues like domestic violence.
- Financial literacy programs and easy access to microcredit through formal institutions should be promoted to end dependence on moneylenders.



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- Civic engagement should be encouraged by including women in local committees and decision-making forums.
- Special attention should be given to the education of the girl child through scholarships, monitoring of school attendance, and protection against early marriage.
- Policy-level focus is required to integrate slum women into mainstream development processes through participatory urban planning and inclusive governance.

## RECOMMENDATIONS

- Launch adult literacy programs specifically targeted at slum women to improve their basic reading, writing, and numeracy skills.
- Strengthen vocational training initiatives that are tailored to local job markets and the interests of women, including tailoring, handicrafts, food processing, and retail.
- Enhance access to primary healthcare through mobile medical units, free health camps, and community health workers in slum areas.
- Improve housing conditions by prioritizing slum rehabilitation under schemes like PMAY (Pradhan Mantri Awas Yojana), with access to clean water, sanitation, and electricity.
- Create job linkages for women through employment exchanges, partnerships with local industries, and special urban employment guarantee schemes.
- Increase awareness and accessibility of government welfare schemes through community volunteers, door-to-door campaigns, and local information centers.
- Promote women's participation in Self-Help Groups (SHGs) with financial support, training in group management, and easy access to microfinance.
- Provide financial literacy programs to teach budgeting, savings, and avoidance of informal debt, empowering women to manage their income independently.
- Encourage women's involvement in local governance by sensitizing them about their civic rights and including them in urban planning committees and welfare boards.
- Ensure safe and affordable childcare facilities in slums so that women can engage in income-generating activities without family burden.
- Establish helplines and support centers for domestic violence victims, along with legal counselling and shelter facilities.
- Provide menstrual hygiene education and free sanitary products through local health workers and schools to address reproductive health issues.
- Offer scholarships and incentives for girl children in slums to complete schooling and delay early marriage.
- Implement nutrition programs for women and children through ICDS (Anganwadi) centers to reduce malnutrition and related health issues.
- Train local peer educators or volunteers from the slum communities to act as mediators for women's welfare schemes and rights awareness.
- Encourage small-scale entrepreneurship by offering seed funding, skill mentoring, and marketing support for women-led micro-businesses.
- Ensure water and sanitation infrastructure is upgraded with community toilets, clean drinking water points, and waste management systems.
- Monitor slum development policies to ensure gender-sensitive planning and allocation of resources that address women's specific needs.
- Facilitate mobile banking and digital literacy so that women can access banking services and government subsidies directly.



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➤Promote community solidarity through regular meetings, support groups, and local campaigns focused on dignity, equality, and empowerment of women.

## CONCLUSION

The comprehensive study conducted in the slum areas of Slum in Tirupati, encompassing neighbourhood's like Tataiya Gunta, Bommagunta, Chinthalachenu, and Manchinila Gunta, offers deep insights into the complex socio-economic, educational, occupational, and health-related conditions of slum-dwelling women. Through extensive field research involving structured questionnaires, interviews, and observations of 125 women respondents, the study unearthed significant patterns that reveal both systemic marginalization and potential avenues for empowerment. These findings emphasize the pressing need for targeted policy interventions, sustainable development models, and inclusive governance mechanisms that centre the voices and lived experiences of urban poor women. The age-wise distribution shows that the majority of women fall in the 21-40 age group, representing a critical demographic capable of contributing significantly to family welfare and community development if provided with the right support systems.

However, education levels are distressingly low, with nearly half of the respondents being illiterate, and only a small fraction having completed higher education. This lack of formal education directly impacts their ability to access employment, healthcare, and welfare services, as well as their participation in decision-making processes. It also perpetuates intergenerational poverty and disempowerment. Occupational status data further highlights the vulnerability of these women, with a majority engaged in daily wage labor and other informal, low-paying jobs such as domestic work and street vending. The high percentage of women with monthly incomes below ₹5,000 underscores the economic precarity in which these families live, often without savings, job security, or access to credit.

A significant portion of respondents are also unemployed, which suggests that job creation and skill development programs must be slum-specific and gender-sensitive. Marital status and family structure analyses reveal that most women are married and reside in joint families. While joint families may offer support networks, they often also reinforce traditional gender hierarchies, limiting women's mobility and autonomy. Housing conditions in these slums are predominantly semi-pucca or kutcha, lacking essential amenities like sanitation, safe drinking water, and electricity. Only a small portion of respondents reported access to all three basic amenities, which reflects the systemic neglect of urban slums in municipal planning and implementation of schemes like the Pradhan Mantri Awas Yojana and Swachh Bharat Abhiyan. Poor infrastructure directly affects health, education, and employment outcomes, especially for women who are typically responsible for household tasks and caregiving.

The reasons for migration reported by respondents point to structural factors such as rural poverty, lack of employment opportunities, and social conflict. Migration is not a choice but a survival strategy for many of these women, and their long duration of stay ranging from 6 to over 20 years indicates their permanent settlement in urban slums. This necessitates a policy shift from treating slum residents as transient to acknowledging their stake in the city and granting them full rights to urban citizenship. Gender norms continue to restrict women's autonomy, with nearly half reporting that husbands make household





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decisions. Although some families have adopted joint decision-making, and a few women make decisions independently, the majority are still excluded from key family and financial decisions. This gender inequality is further reflected in the data on financial control and savings. A majority of women report that their husbands control the family income, and most do not have savings accounts or Self-Help Group (SHG) memberships. SHG participation is a proven strategy for enhancing women's economic independence, social networks, and self-confidence, yet its reach remains limited in these slums. The alarming lack of awareness of government welfare schemes reported by nearly 76% of respondents highlights the failure of outreach mechanisms and the digital divide that prevents slum women from accessing online information or registration portals.

This information asymmetry exacerbates their exclusion from housing, health, education, and livelihood schemes that are essential for their empowerment. The study reveals multiple intersecting deprivations faced by slum women: poverty, illiteracy, unemployment, inadequate housing, health issues, restricted autonomy, and lack of state support. These deprivations are not isolated but interconnected, often compounding each other and creating a cycle of exclusion that is difficult to break without systemic change. At the same time, the resilience of these women, their role in sustaining families despite economic hardships, and their willingness to participate in community development efforts indicate a latent potential that can be harnessed through inclusive and participatory planning.

The findings of this study underscore the need to reconceptualize urban development policies to prioritize the needs and rights of slum dwellers, especially women. Programs like the National Urban Livelihoods Mission (NULM), urban skill development schemes, and women's economic empowerment programs must be localized, made accessible in vernacular languages, and delivered through trusted community-based organizations. Educational interventions must target adult women as well as children, with bridge courses, functional literacy, and digital literacy training that are scheduled to accommodate women's time constraints. Employment generation must move beyond tokenism and create sustainable livelihoods through urban farming, home-based industries, tailoring units, and micro-enterprise clusters led by women. Health services must be expanded into slum areas with mobile clinics, ASHA workers, menstrual health support, and nutrition programs specifically designed for urban poor women. Urban housing policies must recognize long-term settlers in slums and formalize tenure rights to prevent eviction and enable residents to invest in housing improvements. Legal literacy programs, awareness campaigns about rights and entitlements, and grievance redressal mechanisms must be integrated into slum development plans. Community-led monitoring and participatory budgeting processes should be institutionalized so that slum women have a direct say in how municipal resources are allocated. Gender sensitization of municipal officers, police, healthcare workers, and school staff must be prioritized to reduce institutional bias. Transport infrastructure such as well-lit roads, public toilets, and affordable public transport is essential to improve women's mobility and safety.

Finally, SHG federations and women's collectives should be empowered and financially supported to play a central role in implementing development programs, ensuring transparency, and holding service providers accountable.



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The study of women in the Slum reveals that while the challenges are multifaceted and deep-rooted, the solutions must also be multidimensional, inclusive, and participatory. Transforming urban slums from sites of deprivation into centers of human dignity and opportunity requires political will, administrative accountability, and a bottom-up approach that centers the voices of slum women. They are not mere beneficiaries but active agents of change, and only by investing in their education, health, livelihoods, and leadership can we realize the vision of inclusive urban development. In conclusion, the Slum women lived realities demand urgent, sustained, and holistic responses from policymakers, civil society, and the community at large. Empowering them is not only a matter of justice but a prerequisite for building equitable, resilient, and humane cities.

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