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Education, Health, and Poverty Intersections in Urban Slums: Evidence from Jaisalmer, India

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ABSTRACT:

This study explores the socio-economic conditions, educational access, health status, and policy awareness of slum dwellers in Jaisalmer, Rajasthan, focusing on Transport Nagar (Gandhi Nagar) and Jetwai Road (Kishan Ghat). Using a descriptive research design, data were collected from 50 purposively selected households (421 individuals) through structured questionnaires and interviews conducted between February and March 2025. The analysis, based on frequency and percentage methods, reveals that most families face severe financial hardship, poor sanitation, inadequate water supply, and limited healthcare access. School attendance among children is low, primarily due to poverty, family pressure, and the need to contribute to household income. While most residents depend on government hospitals for health services, awareness and access to public welfare schemes remain alarmingly low. None of the respondents reported receiving direct financial support from government or NGO programs, highlighting critical gaps in policy implementation and outreach. Although housing stability is relatively secure, the lack of essential civic amenities, financial inclusion, and effective community engagement perpetuates poverty and social exclusion. The study emphasizes the urgent need for targeted policy interventions focusing on education, employment generation, sanitation, and awareness campaigns to uplift slum communities and ensure equitable urban development.

Keywords: Education, Health, Public welfare schemes, Slum dwellers

Introduction:

Across India's rapidly growing cities, slum dwellers form the backbone of the urban economy while living in some of its most challenging conditions. Living in informal settlements, they are often excluded from urban planning and government welfare, making their lives a continuous battle against poverty, illness, and social neglect. These challenges extend beyond physical hardships, being deeply embedded in structural inequality and economic deprivation. According to section 3 of the slum areas (Improvement and Clearance) Act, 1956 slums are defined as areas where buildings are unsuitable for living due to reasons such as structural damage, overcrowding, poor planning and design, narrow or poorly arranged streets, lack of ventilation, lighting, sanitation, or a combination of these factors, all of which pose risks to residents' health, safety, and well-being. As per the census of India as a densely populated area with at least 300 people or around 60-70 households, characterized by poorly constructed and overcrowded dwellings, often lacking basic sanitation, clean water and other essential infrastructure. Around one billion individuals reside in urban slums, which are often densely packed, environmentally degraded, and unsafe, with limited access to essential services like safe drinking water and proper sanitation (UNFPA, 2007).

In the desert city of Jaisalmer, Rajasthan, a city known for its historical heritage, slum dwellers represent a hidden population grappling with harsh living conditions intensified by arid climate, low income levels, and lack of basic service. Many families in its slum areas live without access to clean water, proper sanitation, quality education, or healthcare facilities. This study focuses on understanding the socio-economic realities, health concerns, educational barriers, policy gaps, and lack of awareness about government aid among slum dwellers in Jaisalmer. By shedding light on the overlooked lives of Jaisalmer's slum dwellers, this study aims to bring their needs and experiences to the forefront. It aims to guide inclusive development efforts that ensure no one is left behind in the journey toward urban progress.

Objective of the Study:

1. To find out whether children living in slum areas attend school, and to identify the socio-economic or family-related factors that prevent them from doing so.
2. To understand the basic living conditions in the slums of Jaisalmer, including housing quality, access to clean water, sanitation facilities, and healthcare services.

3. To examine the level of awareness among slum dwellers about government welfare schemes and whether they are able to access such services through sources like social media or local outreach.
4. To explore how poor living conditions in slums contribute to chronic health problems and impact the long-term well-being of residents.
5. To highlight the importance of education, employment opportunities, and financial support in improving the socio-economic status of slum families.
6. To assess the income levels of slum households and examine whether families are able to save money or are trapped in a cycle of daily survival.
7. To study how the socio-economic background and home environment of slum families influence children's physical health and educational development.
8. To suggest practical measures for improving the standard of living in slum areas through education, public awareness, and better use of social media and government schemes.

Methodology:

This study adopted a descriptive research design to examine the living conditions, socio-economic status, and awareness levels of slum dwellers in Jaisalmer, Rajasthan, India. The research was conducted in two major slum areas of the city- Transport Nagar (Gandhinagar) and Jetwai Road (Kishan Ghat), which are home to approximately 421 individuals. A total of 50 households were selected using purposive random sampling. This method was chosen to ensure that participants were selected based on specific characteristics relevant to the study, such as residence in slum areas, variation in family size, and access to basic services. Within these criteria, households were randomly chosen to allow a balanced and focused understanding of the issues. Data were collected through a structured questionnaire, designed to cover key topics including housing conditions, access to clean water, sanitation, healthcare, education, income, and awareness of government welfare schemes. The questionnaire included both closed and open-ended questions to capture both measurable data and personal experiences. Face-to-face interviews were conducted with adult members of each household to ensure clarity and accuracy of responses. The study maintained strict ethical standards, including informed consent, voluntary participation, and confidentiality of all personal information. After collection, the data were compiled, coded, and analyzed using simple statistical tools such as percentages and frequency distributions to identify major patterns and insights relevant to the study objectives.

Findings and Discussion:

- a) **School Attendance and Child Development:** Figure 01 reveals that in the slum areas of Jaisalmer, only 8% of children regularly attend school and show signs of proper development. A significant portion—58%—falls into a mixed category, where children may attend school irregularly or show limited development. Alarming, 34% of children neither attend school consistently nor demonstrate healthy development. These findings point to serious obstacles in access to education and child growth, highlighting the urgent need for targeted interventions in Jaisalmer's slum communities.

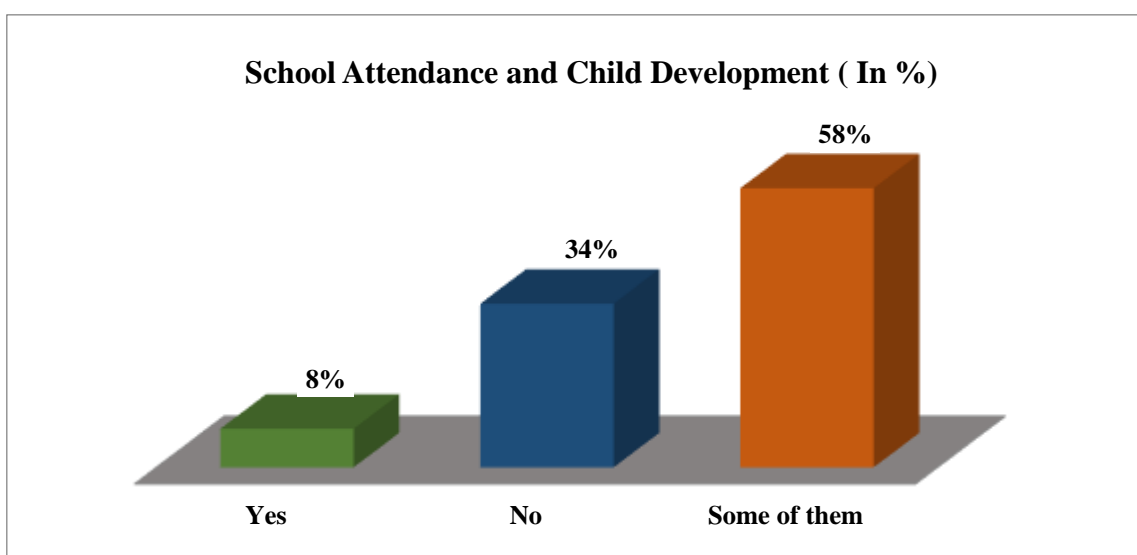


Figure 01: School Attendance and Child Development

- b) **School Dropout Reasons:** Figure 02 indicates that, School dropout in Jaisalmer is mainly due to financial problems, with 58% of children leaving school for this reason. Another 24% drop out to work and support their families. Only 18% are able to continue their education. These figures highlight poverty and work responsibilities as key barriers to schooling.

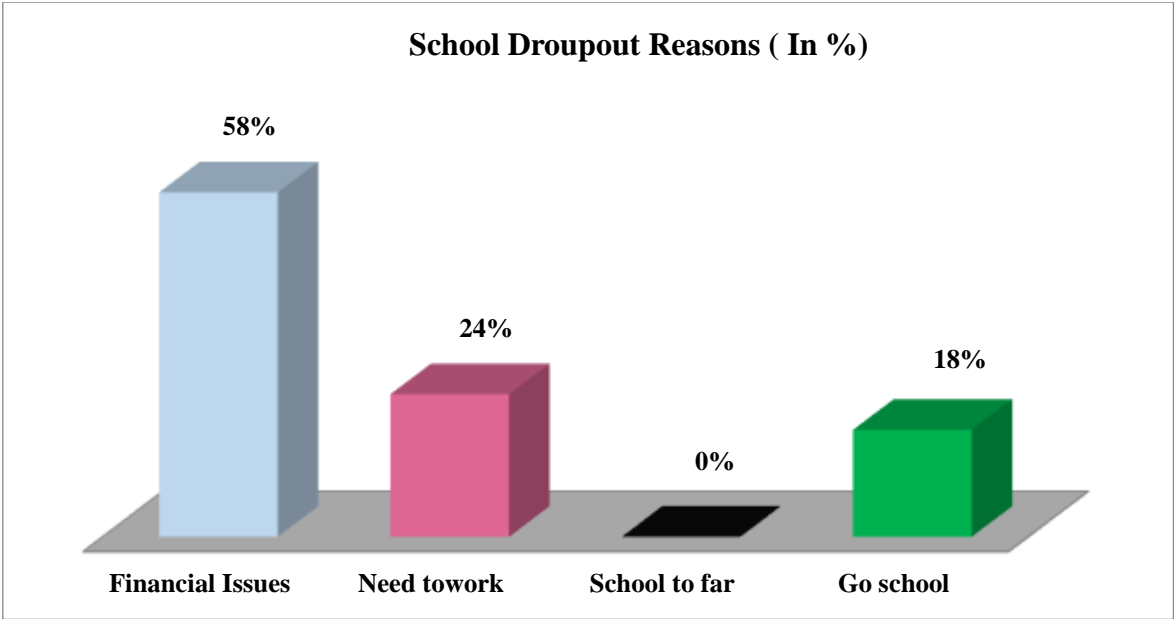


Figure 02: School Dropout Reasons

c) **Healthcare Preference among Families:** Figure 03 presents data on healthcare preferences in Jaisalmer’s slums, highlighting a strong reliance on public hospitals. It shows that 78% of family prefer government hospitals for healthcare, while a smaller portion (22%) turn to local healers, with no families seeking private clinics or forgoing treatment.

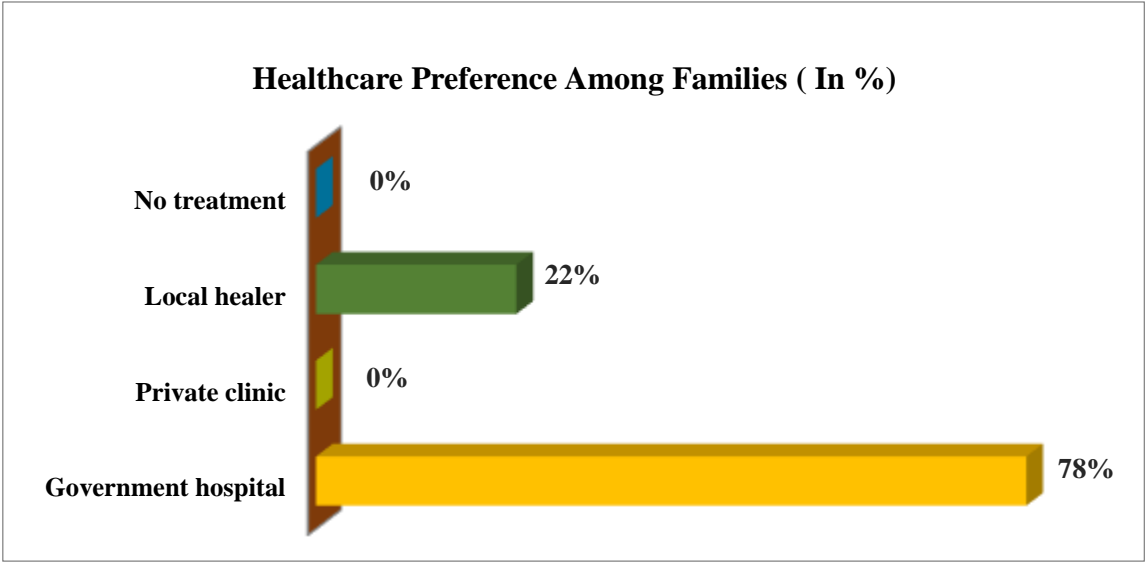


Figure 03: Healthcare Preference among Families

d) **Household Chronic Disease Report:** In the slum households of Jaisalmer, 40% of people are affected by chronic diseases, while the remaining 60% do not face such health problems.

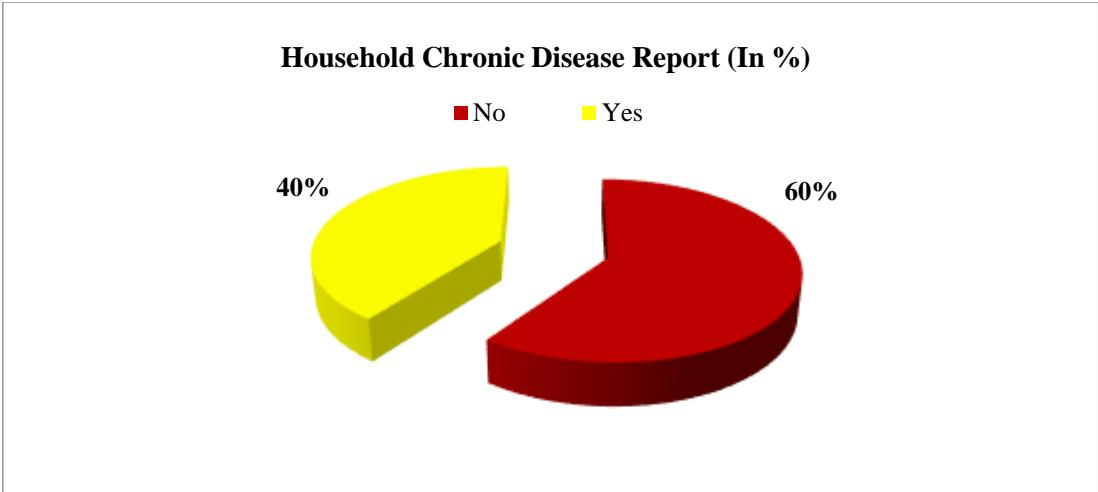


Figure 04: Household Chronic Disease Report

e) **Prevalence of Specific Chronic Diseases in Families:** Data on specific chronic diseases in families with diastolic issues indicates that 60% of families report being in good health, with relatively low prevalence of specific chronic diseases such as mental health issue (8%), kidney stones (10%), high blood pressure (6%), asthma (4%), diabetes (6%), and anemia (6%).

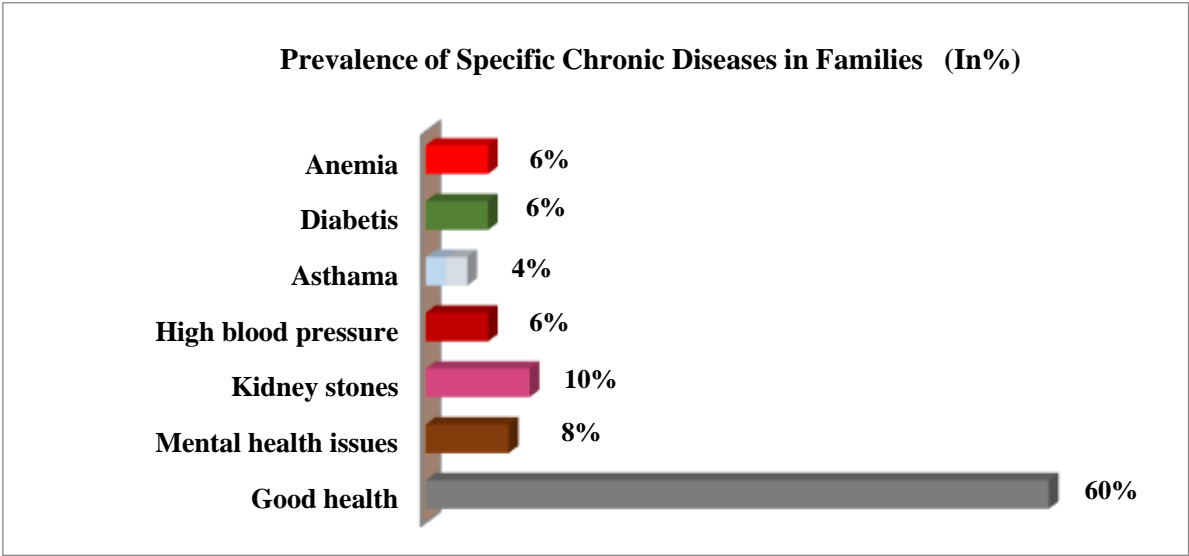


Figure 05: Prevalence of Specific Chronic Diseases in Families

f) **Awareness and Accessibility of Government Health Service:** From the data, awareness and accessibility of government health services show that 38% of families do not have access to these services, 62% of families are unaware government health service, and none reported any awareness or use of such service.

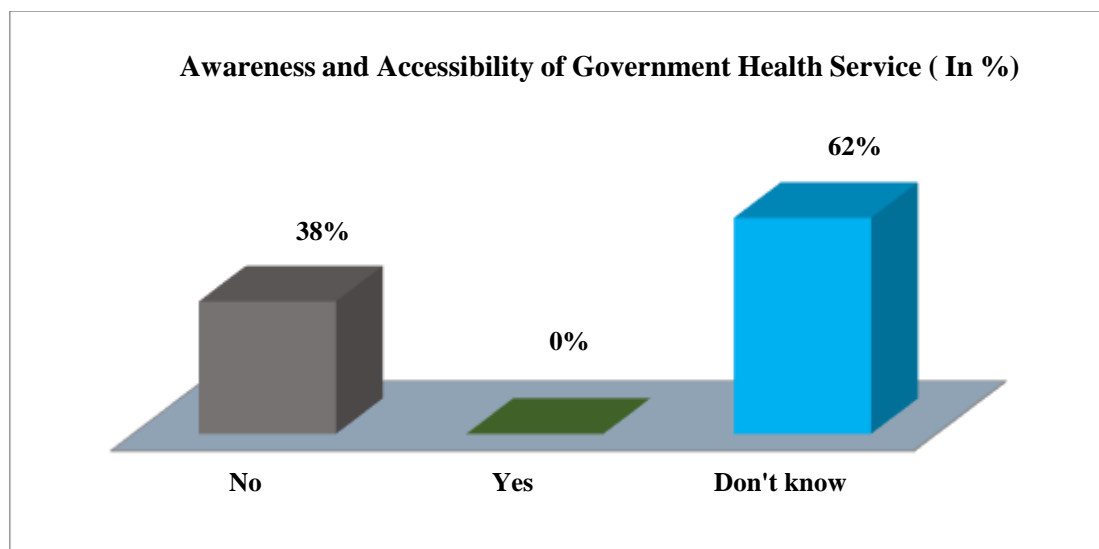


Figure 06: Awareness and Accessibility of Government Health Service

- g) **Sufficiency of Family Income:** The data on family income sufficiency shows that 98% of families are unable to meet their basic living needs. Only 2% reported that their current income is just sufficient, and no family considered their income to be fully adequate. This indicates a serious economic struggle among slum households.

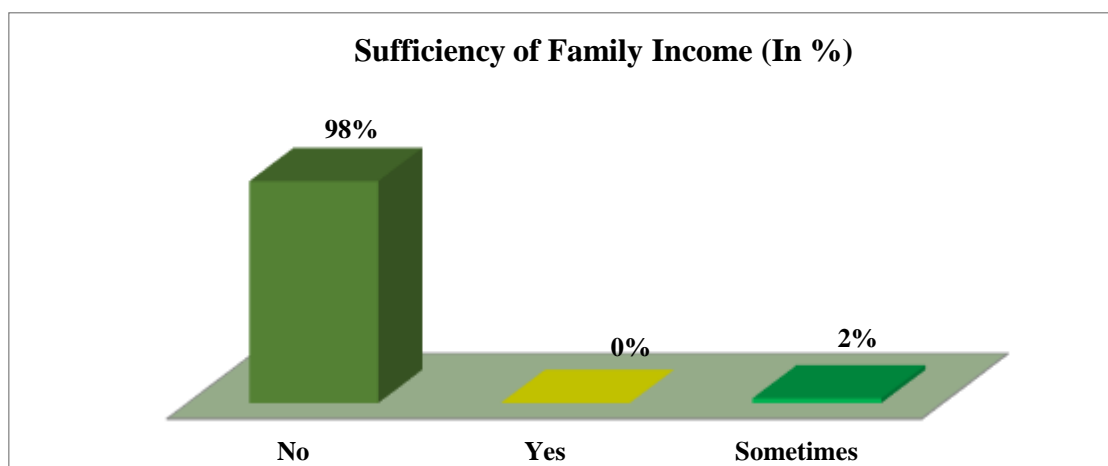


Figure 07: Sufficiency of Family Income

- h) **Savings Possibility after Expenditure:** The data on saving possibilities shows that 100% of low-income households are unable to save after meeting their daily expenses. None of the families reported any capacity for saving, indicating severe financial hardship.

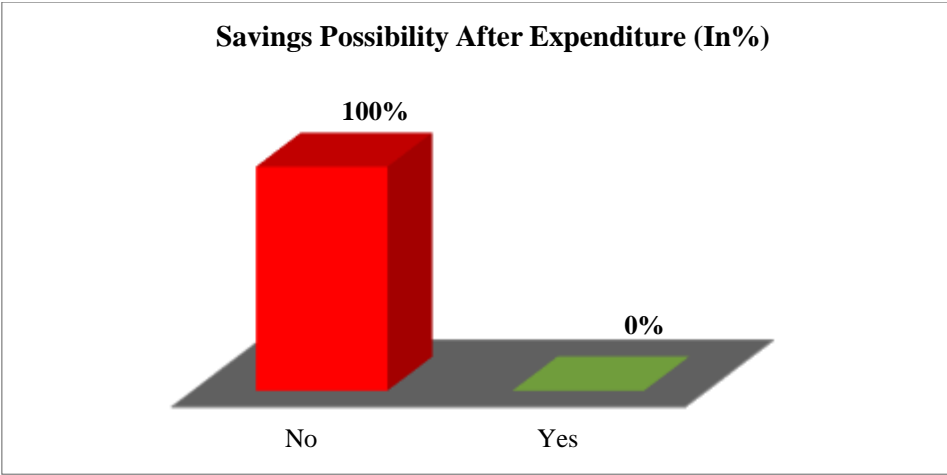


Figure 08: Savings Possibility after Expenditure

- i) **Access to Financial Support from Government:** The data from Figure 09 access to financial support from government indicates that 100% of households have not received any government aid, indicating a complete lack of benefit from public welfare schemes.



Figure 09: Access to Financial Support from Government

- j) **Receipt of Government Benefits:** Figure 10 shows that all families 100% report not staying in any government provided housing, highlighting a complete absence of government support.

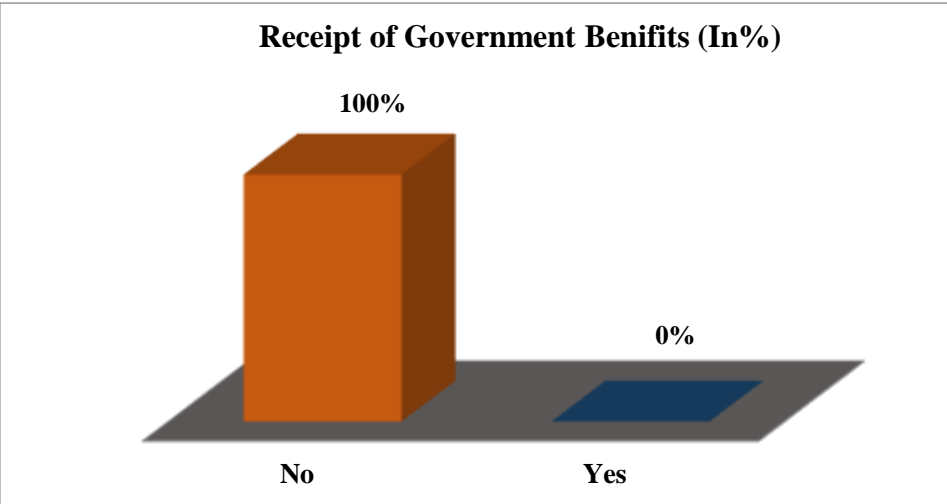


Figure 10: Receipt of Government Benefits

- k) **Overcoming Challenges and Building a Better Life:** Data on overcoming challenges and building a better life in Table 01 reveal that 44% of families struggle with access to clean water and 36% with poor sanitation and unemployment(16%). other issues like lack of education(5%), lack of proper housing (4%). notably , crime and safety issues or poor healthcare were not reported by any families (0%). for improving daily life 60% of families prioritize clean water and sanitation, financial aid (20%), better housing (12%) and more job opportunities (6%) are also notable. education support (2%) and health care facilities are less urgent based on responses.

Table 01: Overcoming Challenges and Building a Better Life

Overcoming Challenges and Building a Better Life	Challenges and Hope	Percentage
Facing Daily Challenges	Lack of Clean Water	44%
	Unemployment	16%
	Poor Sanitation	36%
	Lack of Proper Housing	4%
	Crime And Safety Issues	0%
	Lack of Education	5%
	Poor Healthcare	0%
	Other	0%
Living Better Every Day	Better Housing	12%
	More Job Opportunities	6%
	Education Support	2%
	Healthcare Facilities	0%
	Financial Aid	20%
	Clean Water & Sanitation	60%
	Other	0%

- l) **History of Eviction among Respondents:** All surveyed families in the slum areas of Jaisalmer have lived without the threat of eviction, showing that housing in the community is stable and secure.

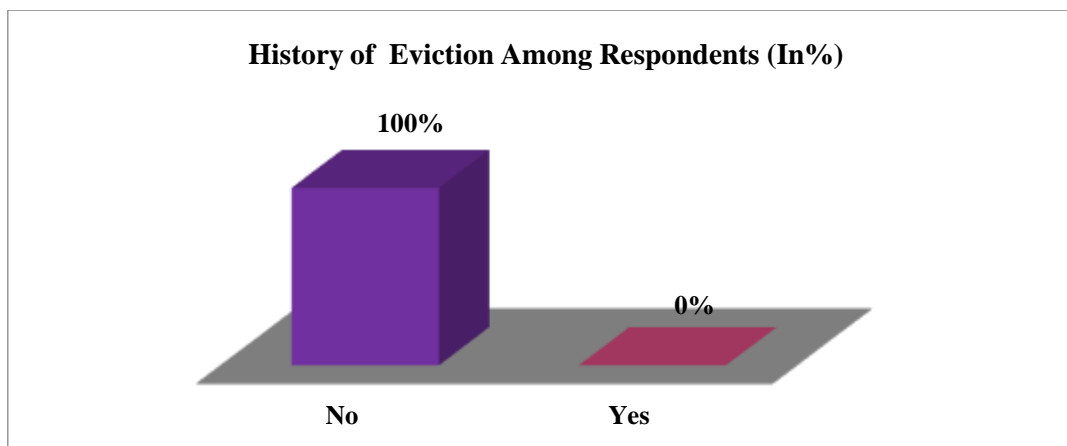


Figure 11: History of Eviction among Respondents

- m) **Discrimination Based on Socioeconomic Status:** The distribution based on socio-economic status in the slums of Jaisalmer reveals that most respondents 82% do not experience socio-economic discrimination, while 18% do.

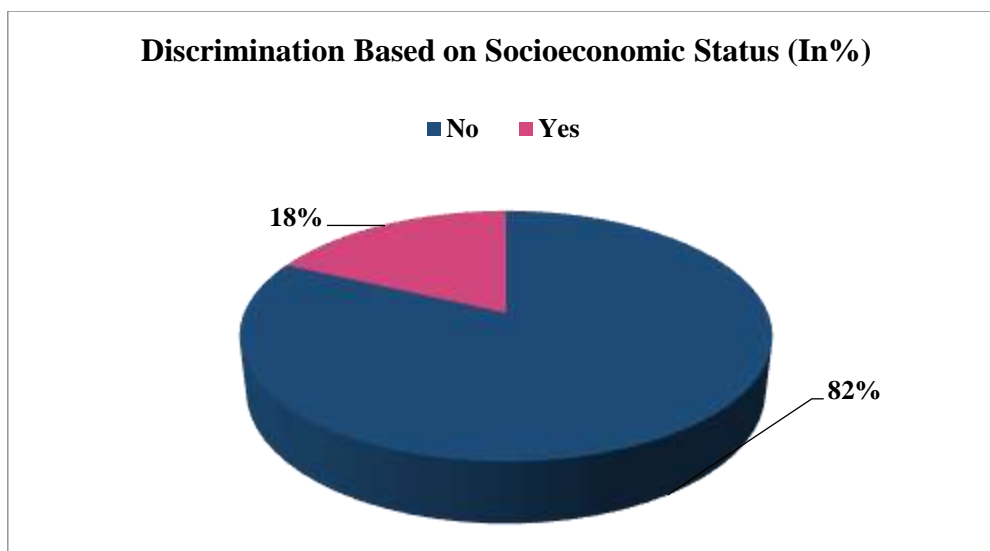


Figure 12: Discrimination Based on Socioeconomic Status

- n) **Government and NGO Initiatives Reported by Respondents:** The government and NGO initiatives reported by respondents indicate that 64% observed no local initiatives, 36% were unsure, and 0% confirmed their existence, revealing a serious gap in awareness and implementation.

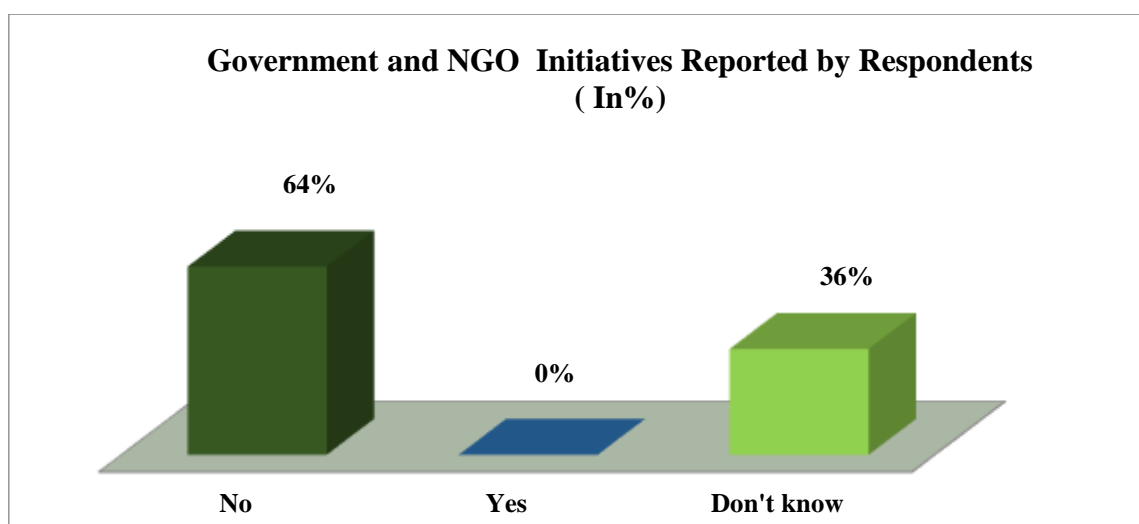


Figure 13: Government and NGO Initiatives Reported by Respondents

Major Findings:

- School Attendance and Reason for Dropout:** The study shows that only a few children in slum areas attend school regularly and grow properly in terms of learning and development. Many children either attend irregularly or not at all. Most dropouts happen because of financial problems and family pressure to work. A large number of children leave school to support their families, while only a small portion continue their studies without interruption. This situation highlights that poverty, low income, and lack of support are the main barriers to both education and child development in these communities.
- Health Preference among Families:** Most families in the slums of Jaisalmer depend on government hospitals for healthcare. A smaller number still rely on local healers, while no one uses private clinics or goes without treatment.
- Chronic Diseases Among Slum Households in Jaisalmer:** Most families in the slums of Jaisalmer report being in good health. However, some families still suffer from chronic conditions like kidney stones, mental health issues, high blood pressure, asthma, diabetes, and anemia.
- Awareness and Accessibility of Government Health Service:** Most families in the slums of Jaisalmer are not aware of government health services and are unable to access them. No household reported receiving any kind of health support from government sources.
- Sufficiency of Family Income:** The study reveals that almost all slum families in Jaisalmer struggle to meet their basic needs. Very few families find their income just enough, and none consider it fully adequate, highlighting severe financial hardship.

6. **Access to Financial Support from Government:** The study shows that none of the slum households in Jaisalmer have received any financial help from the government. This points to a total gap in the reach and impact of public welfare schemes.
7. **Overcoming Challenges and Building a Better Life:** Most slum families in Jaisalmer face challenges like lack of clean water, poor sanitation, and unemployment. To improve their daily lives, they mainly seek better water and sanitation, financial help, proper housing, and job opportunities, while fewer families prioritize education and healthcare support.
8. **History of Eviction among Respondents:** All surveyed families in the slum areas of Jaisalmer have lived without the threat of eviction, showing that housing in the community is stable and secure.
9. **Discrimination Based On Socioeconomic Status:** Most families in the slums of Jaisalmer do not face socio-economic discrimination, though a small portion still experiences unequal treatment in society.
10. **Government and NGO Initiatives Reported by Respondents:** This reveals a serious failure in reaching the intended beneficiaries. In addition, the lack of communication and awareness shows that government and NGO programs are either absent or poorly promoted in these communities. Strengthening outreach, providing local-level support, and building trust through regular engagement can help bridge this gap and ensure the benefits of such programs actually reach those in need.

Recommendations:

Based on the findings of the study, it is clear that slum families in Jaisalmer face several challenges related to education, health, income, housing, and access to government services. To improve their living conditions and support their development, some practical and focused steps are needed. The following recommendations aim to address the key issues identified in the study and help guide effective action for better outcomes.

1. **Strengthen Awareness Campaigns:** Many families are unaware of government health and financial aid schemes. Local authorities should organize awareness drives using community meetings, mobile vans, and local media in simple language.
2. **Provide Support for Chronic Disease Management:** Families suffering from long-term diseases need regular care. Free medicine supply, early detection camps, and disease tracking systems can reduce health burdens.
3. **Improve Basic Infrastructure:** Access to clean water, toilets, and better housing should be prioritized through coordinated efforts by local government and NGOs.
4. **Support for Children's Education:** Special programs should be launched to ensure regular school attendance and learning support for children. Financial aid or mid-day meals may reduce dropout rates.
5. **Create Job Opportunities:** Skill development programs and employment linkages for youth and women can help improve income levels and reduce economic stress.
6. **Introduce Skill Training and Job Linkages:** Families struggle with low and unstable incomes. Vocational training for youth and women, along with employment schemes, can help boost household income.
7. **Financial Assistance and Saving Support:** As most households have no savings, small direct cash transfers, zero-interest loans, and linkage to self-help groups can help families manage daily needs and emergencies.
8. **Active NGO Involvement and Monitoring:** The absence of visible NGO or local support is a concern. NGOs should be engaged actively to fill service gaps, provide training, and report implementation status regularly.
9. **Monitor and Engage NGOs:** Active involvement of local NGOs is needed. Their presence should be strengthened to deliver services and act as a link between the government and the community.

Conclusion:

The study reveals a pressing reality: families in the slums of Jaisalmer face daily struggles due to poor living conditions, especially the lack of clean water, proper sanitation, and access to healthcare. Many households suffer from chronic health issues, and a significant number of children are forced to drop out of school due to poverty, household responsibilities, or poor infrastructure. Findings show that there is a complete lack of awareness and benefit from existing government and NGO schemes, indicating two major possibilities: either these programs are not effectively implemented in the area, or their communication strategies have failed to reach the intended beneficiaries. The absence of local initiatives, along with minimal focus on education, health, and livelihood development, means that basic survival often takes priority over long-term progress. Children in slums are especially vulnerable—robbed of opportunities due to systematic neglect. Only targeted interventions in education, healthcare, and income generation can help break this cycle of deprivation. The lack of access to financial aid, the inability to save, and the low awareness of government services further highlight the urgency for focused support. To address these issues, the government must launch inclusive, area-specific interventions that focus on both immediate needs and sustainable development. Active community engagement, educational programs, and improved outreach can play a critical role.

In conclusion, community-based awareness programs, regular government outreach, and inclusive policy implementation are essential. Educational support for children and skill training for adults can empower families to build a better future and move toward long-term socio-economic stability.

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