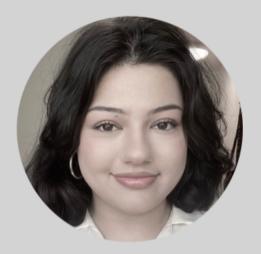# Warwick Think Tank

An Urban Chaos: How increasing urbanisation affects the future of Indian society

by Amal Farooq Malik, India Gordon and Naimisha Chunduri

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About the authors

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Introduction

This research report aims to address a range of prominent concerns that have arisen in India as a consequence of the increased urbanisation in the country. Urbanisation, defined as the growth of the urban population of a country[1], can be interpreted as a sign of development, as it ties in with economic growth[2]. However, with this growing preference for living in urban areas, comes a bundle of repercussions that have proven to be detrimental for the Indian urban population. We have chosen to focus on these repercussions from a social lens, to highlight how this trend has directly impacted the people of India.

We chose to research this area due to the possible ramifications it has for the future; as India's population continues to grow and urbanisation continues to increase, it is foreseeable that a significant proportion of the population will suffer from inequalities and injustice. Hence, through our research, we hope to draw attention to these injustices and eventually encourage governments and NGOs to take action, to prevent mass violations of human rights in India in the future.

This report will begin by outlining some key issues we have identified that are already taking place in India, followed by an insight which will elaborate on why we believe they are occurring, and then finally our policy recommendations for the aforementioned issues.

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[1] UN Habitat, 2021, What is Urbanisation?
[2] United Nations Population Fund, 2023, Urbanisation

Justice & Human Rights briefing note

Overview

This section will highlight 3 growing issues in India due to rapid levels of urbanisation, through the following key points:

People living in urban areas are exposed to the risk of numerous diseases and health conditions.

Women are disproportionately socioeconomically impacted by growing urbanisation.

Rampant urbanisation in India is leading to overcrowding and congestion, which in turn affects housing, availability of sanitation facilities and crime rates.

Health Risks:

Increasing exposure to air pollution is a leading cause of illness and death.

- The 5th World Air Quality Report found that 39 of the world's 50 most polluted cities are located in India.[3]
- 140 million Indians reportedly breathe in levels of air pollution over 10 times higher than those considered safe by the World Health Organisation.[4]
- In 2019, air pollution was responsible for nearly 1.7 million deaths (20% of total deaths) in India.[5]
- The Delhi Heart and Lung Institute declared that over 2 million children suffer from lung issues as a result of pollution exposure.[6]

The rate of communicable diseases is increasing in overcrowded urban areas.

- In 2021, the WHO estimated that 28% of global Tuberculosis cases occur in India.[7]
- In 2021, the National Centre for Vector-Borne Disease Control showed a 438% increase in the incidence of dengue fever, caused by contaminated water.[8]
- During the Covid-19 pandemic, it was estimated that 55% of the Mumbai slum population had been infected with the virus.[9]

India also faces an epidemic of mental health issues.

- Research by the National Institute of Mental Health and Neurosciences Bengaluru show that over 150 million people in India are in desperate need of mental health intervention.[10]
- In 2021, UNICEF's annual State of the World's Children survey found that 1 in 7 young people, aged between 15-24, suffered from depression, but often went

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[3] Epic India, 2023, Air Pollution : New Study says 39 of the 50 most polluted cities are in India

[4] Bernard, S. & Kazmin, A., 2018, Dirty air: how India became the most polluted country on earth

[5] Petersen, H.E., 2020, Pollution killed nearly 1.7m people in India in 2019 – study

[6] Webber, T. & Daigle, K., 2017, US exporting dirty fuel to already pollution-choked India

[7] World Health Organisation, 2022, Global Tuberculosis Report 2022

[8] National Center for Vector Borne Disease Control, 2023, Dengue Situation in India

[9] Hollingsworth, J. & Mitra E., 2020, More than half of India's Mumbai slum residents may have been infected with Covid-19, study suggests

[10] Kumar et al 2023, Urban-rural and gender differential in depressive symptoms among elderly in India

untreated as only 40% believed that mental health issues should be addressed with professional support.[11]

- In 2023, studies found that depression was more prevalent among elderly people residing in urban metros (22%) compared to rural areas (17%).[12]

[11] UNICEF India, 2021, UNICEF report spotlights on the mental health impact of COVID-19 in children and young people

[12] Gunasekaran, et al., 2022, Assessment of mental health status among adolescents in Puducherry, India – A mixed method study

Impact on Women:

Women are negatively affected by their limited access to asset ownership.

- Land tends to be registered in the name of male household heads due to women's lack of stable earnings.[13]
- Concerns about women's modesty without male "guardians" have hindered their access to rented accommodation in southern Indian cities.[14]
- Research from Kerala indicated that 49% of women with no property reported physical violence, as opposed to 7% of women property owners.[15]

Women have a lower access to formal employment opportunities due to the double burden.

- A survey of Indian households revealed that women were doing household chores along with earning.[16]
- According to the International Labour Organization, India's female labour force participation rate dropped from 32% in 2005 to 24% in 2022.[17]
- According to research by Tata Institute of Social Sciences, only 7% of the women in the slum surveyed were involved in economic activities.[18]

Women are at higher risk of experiencing gender-based violence in urban areas.

- Women living in slums in India often resort to staying in abusive relationships due to anxieties about living without men.[19]
- Violence against women in urban slums is more frequent as compared to non-slum areas and rural areas.[20]

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[13] Chant, S., 2013, Cities through a "gender lens": a golden "urban age" for women in the global South?
[14] Ibid.
[15] Baruah, B., 2011, Women and Property in Urban India
[16] Pachauri, S. & Rao, N. D., 2013, Gender impacts and determinants of energy poverty: are we asking the right questions?
[17] International Labour Organization, 2023, Labor force participation rate, female (% of female population ages 15+) (modeled ILO estimate) - India
[18] Sunikka-Blank et al., 2018, Gender, domestic energy and design of inclusive low-income habitats: A case of slum rehabilitation housing in Mumbai, India
[19] Joshi et al., 2011, Health, hygiene and appropriate sanitation: experiences and perceptions of the urban poor
[20] Jungari et al., 2020, Violence against women in urban slums of India: A review of two decades of research

- According to the National Family Health Survey, between 23% to 62% of married women living in Indian slums faced violence.[21]

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[21] Sabri, B. & Campbell, J.C., 2015, Intimate partner violence against women in slums in India

Overcrowding and Congestion:

High levels of urbanisation is leading to a housing crisis, widening the inequality gap.

- It is predicted that by 2036, 40% of India's population will live in metropolitan cities.[22]
- In India's capital, there were 1797 unauthorised colonies, 695 slums and 362 urban villages accounting to about 6.75 million people in 2020-2021.[23]
- There was a shortage of approximately 34 million housing units in 2022.[24]

Shockingly low levels of decent sanitation facilities are available in urbanising cities.

- In India, poor sanitation is the cause of 1 in 10 deaths.[25]
- In open places such as railway tracks and river banks, approximately 450,000,000 people relieve themselves.[26]
- In urban areas, according to a 2009 study, the infant mortality rate is about 42 deaths per 1000 births. [27]

Unstructured urbanisation is causing crime rates to soar.

- In a survey conducted, 18% of the respondents said they felt that the police response was poor and 30% are scared to use public transport.[28]
- The average crime rate was 192.2 yet the rate of crime in urban centres was 295.1.[29]
- In 2014, 35% of violent crimes affecting property were committed in metropolitan cities.[30]

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[22] Mehta, N., 2022, India's Urban Infrastructure Needs to Cross $840 Billion Over Next 15 Years: New World Bank Report

[23] Sofi, A., 2023, The housing crisis for the poor in India's capital

[24] Das, PK., 2023, India's urban housing crisis: Chasing the affordable dream - Question of Cities.

[25] The World Bank, 2016, Government of India and World Bank Sign US$1.5 Billion Agreement to Support India's Universal Sanitation Initiative

[26] K, A.A., 2017, Why it is so hard to fix India's sanitation

[27] Sarkar, S. & Mehta, B.S., 2019, 14 Infrastructure and Urbanization in India Issues and Challenges

[28] Gupta, R., 2020, Urbanisation and Urban Crime in India: A Case Study (NIUA-Urban India Journal)

[29] Ibid.

[30] Gautam, U., 14. Urban Crimes in India

Insights

Overview

As mentioned in the briefing, we outlined three crucial issues that have arisen as a result of the rapid urbanisation in India. In the following section, we will attempt to paint a more comprehensive picture of the issues by delving into some of the major causes behind them. Firstly, we will discuss how poverty has exacerbated healthcare inequalities in India's 'megacities'.

Secondly, we will examine social and cultural attitudes in India which continue to contribute to gender disparity in urban areas. Lastly, we will focus on the role of the Indian government in contributing to the housing crisis and soaring crime rates which affect low-income groups, due to inefficient policies.

Poorer residents of India's 'megacities' are vulnerable to healthcare inequality.

As established in the briefing, Indian citizens living in the country's urban metros face countless health risks. The impact of these health risks is worsened by the intrinsic link between socioeconomic and health care inequalities. All this is to say, those living below the poverty line are disproportionately subject to many health problems with little way to remedy.

The rapid rate of industrialisation in India has inspired many to relocate to urban metros with this mass migration being one of the largest in human history. This has led to an increased demand for housing that the system cannot handle, leaving many to reside in impoverished urban areas, more commonly referred to as slums. According to World Bank data, approximately 49% of India's urban population lived in slums in 2020.[31]

Slums are typically overcrowded, but underdeveloped, with homes constructed out of makeshift material like scrap metal and wood. Consequently, many do not have proper access to electrification and private sanitation services. A major implication is that residents must rely on shared water taps and community toilets, but again, these are of poor standards. The UN's 2006 Human Development Report stated that in Mumbai's largest slum Dharavi, on average, 1 community toilet served over 1400 residents.[32] More recently, in 2017, surveys conducted by the Tata Institute of Social Sciences found that 190 people relied on the use of 1 toilet.[33] Although this is a considerable improvement, the stark reality is that many people are still denied a fundamental right to adequate sanitation services.

Unsafe water and sanitation practices mean that slums are a breeding ground for various diseases, such as tuberculosis and vector-borne dengue fever. For example, a 2021 study found that tuberculosis was more prevalent among the multidimensional poor compared to the multidimensional non-poor, and this was especially true in urban areas with an average of 520 cases per 100,000.[34] The Indian government has vowed to eliminate the incidence of tuberculosis by 2025, but with the diagnosis of 3 million cases in 2021, this target is seemingly no easy feat.[35]

[31] United Nations Human Settlement Program, 2020, Population Living in Slums (% of urban population)
[32] United Nations Development Program, 2006, Human Development Report 2006
[33] Koppikar, S., 2017, Death-trap toilets: the hidden dangers of Mumbai's poorest slums
[34] Pathak, et al., 2021, Association of multidimensional poverty and tuberculosis in India
[35] World Health Organization, 2022, Global Tuberculosis Report 2022

Air pollution remains one of the biggest threats to the urban Indian population. With an increase in population, there is a naturally higher demand for fossil fuel consumption. There is also more traffic congestion and demolishment of green space to accommodate for more housing. Also, the aforementioned lack of access to modern electricity in housing means that many households depend on burning wood and oil when cooking. All this has led to many of India's major metropolitan areas becoming incredibly polluted, with 39 out of the world's 50 most polluted cities being in India.[36] In November 2023, the World Air Quality Index measured that Delhi's air held $158.5\mu g/m^3$ of PM$_{2.5}$, more than 30 times levels agreed safe by the UN.[37] PM$_{2.5}$ are very fine air particulates that, by entering the human bloodstream, can induce alveolar tissue damage and lead to the development of lung cancer, as found by research conducted by the Francis Crick Institute.[38]

Those struck by these serious illnesses may also find themselves trapped in a vicious cycle of poverty and inadequate healthcare, simply because they cannot easily afford the necessary treatment. In 2021, the government's designated think tank, NITI Aayog, reported that 30% of the Indian population, which is equivalent to over 420 million people and subsequently dubbed 'the missing middle', were not eligible for the country's national health insurance scheme.[39] Therefore, some citizens resort to funding treatment through direct payment. In India, 62.6% of total health expenditure originated from out-of-pocket payments - one of the highest in the world.[40] Considering that the daily wage for some slum dwellers equates to just ₹179 (£1.76)[41], treatment costs can culminate into lifelong debts that easily clouds the image of social mobility, confining generations of families to a life of slum-dwelling.

This inequality is further exacerbated by lack of publicly available treatment. The increasing privatisation of state-owned enterprises as part of the Indian government's disinvestment plan means that access to vital healthcare is further limited to the lower classes, reserved for the financially liberated elite. For example, in 2023, the government announced its intention to sell its 98% stake in the National Indian Medicines Pharmaceutical Corporation[42], which specialise in the production of alternative

[36] Epic India, 2023, Air Pollution: New Study says 39 of the 50 most polluted cities globally are in India
[37] IQ Air, 2023, Air Quality in Delhi
[38] Francis Crick Institute, 2022, Scientists reveal how air pollution can cause lung cancer in people who have never smoked
[39] NITI Aayog, 2021, Health Insurance for India's Missing Middle
[40] Sriram, S. & Khan, M.M., 2020, Effect of health insurance program for the poor on out-of-pocket inpatient care cost in India: evidence from a nationally representative cross-sectional survey
[41] The World Bank, 2017, Poverty and Inequality Platform
[42] Reuters, 2023, India invites bids for privatisation of Indian Medicines Pharmaceutical

medicines. While not always curative, alternative medicines still prove important in their pain management. Meanwhile, according to a 2021 examination of the public-private healthcare divide, two-thirds of doctors are employed in the private sector.[43] The availability of mental health treatment also paints a dismal picture as a 2021 study estimated that for every 100,000 people, there were, on average, only 0.75 psychiatrists available.[44] This pales in comparison to the 6 psychiatrists per 100,000 in higher-income countries.[45]

To conclude, urban India is plagued by an epidemic of ill health because of poor living standards. The treatment of serious illness proves a bigger challenge and for many belonging to lower classes often means the sacrifice of any financial security.

[43] Karan et al., 2021, Size, composition and distribution of health workforce in India: why, and where to invest?
[44] Garg et al., 2019, Number of psychiatrists in India: Baby steps forward, but a long way to go
[45] Ibid.

Social and cultural attitudes regarding women's roles have played a key part in shaping their experiences under increased urbanisation.

The gendered impacts of urbanisation can be seen mainly in the form of women's struggle to find 'decent work' and achieve economic empowerment, as this then contributes to their ability to benefit from healthcare and housing services. According to the World Bank, the percentage of women who are over 15 years old and employed has reduced from 26 percent in 2010 to 22 percent in 2022.[46] This increasing fall in employment as a result of lack of opportunities, coupled with social attitudes towards women, has allowed gender inequalities to be cemented in urban Indian society.

Firstly, the lack of economic opportunities can be attributed to women's low literacy rates. In urban areas, women have higher illiteracy rates than men; in 2017-18, the National Sample Survey Office (NSSO) found that the literacy rate was 91.6 percent among males compared to 81.6 percent among females in urban areas.[47] This pattern is often due to poverty, child marriages[48] and harsh gender norms.[49] Parents may not see the importance of girls' education, and may keep them at home to help with unpaid chores or to go earn for the household.[50] Higher education or vocational courses play an important role in helping women secure decent work; a study found that by the age of 22, 46 percent of young women with higher education qualifications had found decent work, whereas only 8 percent of women with qualifications below secondary school had done so. It was also found that the completion of vocational courses had a positive correlation with having regular salaried employment for women.[51] If women are prevented from acquiring this necessary education, it has an adverse impact on their ability to take advantage of employment opportunities fully.

Additionally, women's employment is not given as much importance as their domestic roles in many households. There is a greater emphasis on the role of a woman within the household than as a breadwinner, and hence they have limited job opportunities available to them due to the double burden they take up. They tend to be restricted by their responsibilities regarding taking care of the house and children, and are forced to look for job opportunities which can accommodate such constraints. Due to the

[46] The World Bank, 2023, Employment to population ratio, 15+, female (%) (modeled ILO estimate) - India
[47] National Statistical Office, 2019, Periodic Labour Force Survey (PLFS) (July 2017 – June 2018)
[48] Brahmapurkar, K.P., 2017, Gender equality in India hit by illiteracy, child marriages and violence: a hurdle for sustainable development
[49] Singh, PM., 2022, What's Holding Young Women in India Back? - Closing the Gender Gap in Accessing Decent Work
[50] Chant, S., 2013, Cities through a "gender lens": a golden "urban age" for women in the global South?
[51] Singh, P.M., 2022, What's Holding Young Women in India Back? - Closing the Gender Gap in Accessing Decent Work

responsibilities they bear as a result of deeply entrenched gender norms, they have limited employment options available for them.[52]

However, for women who have acquired education, it is still difficult to find 'decent work' due to structural factors, as there are high levels of competition for most formal sector jobs; they only make up 7 percent of total jobs.[53] On top of these opportunities being limited, these sectors tend to be male-dominated. Due to this difficulty in finding good jobs, women will choose to rely on their husband's income and remain unemployed, rather than taking up jobs with poor pay.[54] As a result, even educated women's involvement in the labour force can be stunted, due to increased market competition which often favours men.

While there has been an emphasis on the need for women's economic empowerment through employment and increased labour force participation to move towards gender equality, this may not necessarily be the case. Women's economic empowerment is crucial to allow them to gain greater financial independence and improved self-worth, however, it alone cannot give them full equality and autonomy.[55] Traditional patriarchal social and cultural attitudes in India, regarding gender roles, play a key part in determining women's safety and access to resources. A woman earning may contribute to the intimate partner violence she faces, especially in cases where she earns equal to or more than her husband. This is because the husband may see her financial independence as a threat to his authority.[56] Thus, it is arguable that women experience the effects of urbanisation disproportionately due to the patriarchal values present in homes, which then in turn affect their ability to acquire financial independence.

In conclusion, women in urban India are facing the disproportionate effects of urbanisation due to barriers to their education and employment, which stem from traditionally patriarchal values embedded in Indian society.

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[52] Chant, S., 2013, Cities through a "gender lens": a golden "urban age" for women in the global South?
[53] Das, M.B. & Desai, S., 2003, Why are Educated Women Less Likely to be Employed in India? Testing Competing Hypotheses
[54] Ibid.
[55] Dalal, K., 2011, Does economic empowerment protect women from intimate partner violence?
[56] Krishnan et al., 2009, Do Changes in Spousal Employment Status Lead to Domestic Violence? Insights from a Prospective Study in Bangalore, India

The Indian government's lacklustre approaches towards issues raised by urbanisation have left low-income people facing difficulties.

"India's economy has grown exponentially from $288 billion to $266 trillion between 1992 and 2020 due to urbanisation."[57] Yet, the government's lack of preparation for this rate of urbanisation, paired with their misdirected responses has caused problems. This includes but is not limited to, the housing crisis and an increase in crime rates.

In 2022, there was approximately a shortage of "34 million housing units"[58], due to the rapid rate of urbanisation in India. The population in cities is increasing, but due to the decreasing areas of land available, the slow speed with which housing is being built and the large-scale demolitions, India is currently facing a major urban housing crisis. Furthermore, the high cost of land, construction materials and wages mean that building houses for low-income people is not cost effective.[59] In 2015, in response to this problem, the Indian government launched Pradhan Mantri Awas Yojana-Urban. As of "June 2021, 11.2 million houses have been sanctioned under PMAY-U, of which 4.8 million have been completed."[60] However it is indicated that this quantity of housing is not enough and out of the houses that are being built, most of them are unaffordable to the ones who truly need the housing. "Housing with a price tag of INR 4.5 million" is not affordable when several studies have revealed that the average income in slums range from INR 2,000-15,000.[61]

In addition, the planning regulations are unrealistic. They state that these establishments must adhere to regulations designed for higher income group homes, yet this is not plausible. Such requirements would mean prices would be higher for people who as it is cannot afford the housing. People in slums also regularly do not possess the proper legal papers and therefore applying for loans, even to procure a house, is incredibly difficult.[62] It should also be considered that the relocated beneficiaries might lose their jobs should they move from the slum. This would drastically reduce their quality of life as well as their ability to afford housing.

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[57] Page, V., 2022, The Fundamentals of How India Makes Its Money
[58] Das et al., 2023, India's urban housing crisis: Chasing the affordable dream
[59] Sofi, A., 2023, The housing crisis for the poor in India's capital
[60] Observer Research Foundation, 2021, India's Enduring Urban Housing Shortage: The Case for Upgrading Informal Settlements
[61] Ibid.
[62] Ibid.

The lack of infrastructure could also mean that the inequality levels persist for long periods of time as it could lead to discrimination against children and hinder their access to higher levels of education[63], feeding into the cycle of poverty.

Distress migration has also made the housing crisis worse. Many people migrate due to climate and socioeconomic reasons such as household size and education.[64] Climate greatly affects agricultural practices and if there are seasons of drought, then more people might be inclined to migrate. "The OR of 1.153 suggests that household size increases the intention to migrate by 15%"[65] as this means that there are still people left in the villages to tend to the agricultural practices. The government needs to implement policies to shield against climate disasters in an attempt to get more people to remain in villages, at least until they can successfully stop the housing crisis.

Additionally, cities are also facing an increased rate of crime as it is easier to commit crimes without getting apprehended in a densely populated area. In rural areas, crimes are less likely, firstly due to the lower population levels but more importantly due to the "social cohesion"[66] between the residents.

Corruption amongst police is also an important factor in India. India ranks 85/180 on the Corruption Perceptions Index in 2022 and has 89% on the Global corruption Barometer.[67] This means that there is a lack of fear and respect for the police in India as it is widely believed that one can escape punishment for their crimes, if they bribe the officials in charge. India is a country with a population of 1,427,775.850 people but there aren't enough police officers to population ratio to adequately control crime. In 2020, there were only 410.26 total police per 100,000 of population.[68] Without adequate government intervention, in the form of efficient allocation of resources for policing departments, crime rates will only continue to soar. The government has utilised CCTV monitoring as a safeguard, yet there are concerns that using CCTVs might lead to predictive policing.[69]

Therefore, it can be said that due to inadequate resource allocation and ineffective policy efforts from the Indian government, low-income groups in urban areas are suffering from a lack of appropriate housing and security.

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[63] Pandey et al., 2022, Infrastructure inequality is a characteristic of urbanization
[64] Das et al., 2023, India's urban housing crisis: Chasing the affordable dream
[65] ReliefWeb, 2021, Connecting the dots: climate change, migration and social protection
[66] Rupesh Kumar, G., 2020, Urbanisation and Urban Crime in India: A Case study
[67] Transparency International, n.d., India - Transparency.org
[68] Sabha, R., 2021, Government of India, Police-public ration in the country
[69] Murugesan, R., 2021, Predictive policing in India: Deterring crime or discriminating minorities?

Conclusion:

- To conclude, we found that the inequalities present in urban India were aggravated by a range of factors, including poverty, social attitudes and the government's approach to tackling said inequalities.
- These factors have had substantial effects on the population's access to healthcare, housing, employment and security; they have significantly reduced the standard of living for millions in India.
- Finding solutions to these issues will require a thorough implementation of policies that will comprehensively tackle each of the different fragments that work together to determine the quality of life for urban Indian citizens.

Policy Recommendations

Overview

In this section, we propose three policies to address the healthcare, housing and gender inequalities existing in urban India, drawing inspiration from smaller scale programmes already present in India, as well as policies from Thailand. Our recommendations include:

Action 1: A fundamental reorganisation of the existing healthcare system.

Action 2: Adopting a gender curriculum in schools to increase support for gender equality.

Action 3: Upgrading slum infrastructure rather than building new houses and expelling current tenants.

Action 1: A fundamental reorganisation of the existing healthcare system.

To combat the healthcare disparities that currently exist in India, our policy recommendation emphasises the building of better healthcare infrastructure. This policy advocates for the establishment of urban health care centres, inspired by Dr. Devi Shetty's Narayana model, with the aim of providing adequate standards of basic care for all, tackling a wide range of health issues such as the aforementioned high rates of tuberculosis and pollution-induced morbidities.

In India, it is a lack of adequate primary healthcare that inhibits citizens' ability to access vital treatment. For example, in 2021, Oxfam deemed it essential that the government increase GDP expenditure for healthcare to 2.5%.[70] This may be difficult to achieve, considering 2020 estimates found that GDP expenditure on healthcare was equivalent to just 1.35%.[71] Therefore, a fundamental reorganisation of the contemporary healthcare system, coinciding with low cost, is necessary.

This may require a degree of innovative entrepreneurship, but success has been seen in the south of the country. Founded in 1998 by Dr. Devi Shetty, the Narayana Health City was built to compensate for the severe shortage of vital cardiac bypass surgeries, but for a more affordable price. For reference, Narayana Health's typical cost for a Coronary artery bypass graft is estimated to be $2,000, which proves to be more affordable for a surgery that can sometimes be more than $6,000 in an average Indian hospital.[72]

Shetty's hospital model has been likened to an assembly line, meaning a wide variety of treatments are immediately available from multidisciplinary teams consisting of specialised doctors. Estimates state that each surgeon performs 400 to 600 procedures annually, which is significantly higher compared to the 100 to 200 surgeries performed by American surgeons.[73] This results in the streamline deliverance of vital treatment to many people.

To bridge the public-private divide, collaboration is not limited to just the government. Providers could work with non-governmental organisations and other stakeholders to

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[70] Oxfam India, 2021, Inequality Report 2021: India's Unequal Healthcare Story
[71] National Health Systems Resource Centre, 2023, National Health Accounts, Estimates for India 2019-20
[72] Shub Health, 2021, Heart Bypass Surgery Cost in India
[73] Ibid.

accumulate the necessary funds. For example, Narayana Health City was $6 million, with funds backed by US financiers.

The proposal also accommodates the economic inequality facing the urban poor. By way of illustration, Narayana Health also operates on the principle of cross-subsiding health costs. Patients are encouraged to pay what they can; funds accumulated from those who can afford a surgery of a higher price points are recycled into the system to accommodate poorer patients who would otherwise not be able to pay. According to the Commonwealth Fund, over 50% of patients receive free or subsidised inpatient care annually, with an average discount of 15%.[74]

At first glance, the large urban population could be seen as an over-demanding force on the system and threatening any possible sustainability for the program. But, the success of the Narayana Health, which now provides care for 2.6 million people[75], is in large part due to its scale-driven approach. High treatment costs are offset by the sheer number of people that rely on this system, which allows for a smaller price per head, ensuring longevity in the approach. Additionally, analysis of profits-and-losses and performance are conducted each day, allowing the team to identify any shortfalls that may need addressing.

Therefore, for residents of urban metros that are threatened by widespread disease, this model could prove beneficial. It has shown to be possible to operate health centres for minimal cost, crewed by specialised physicians. Ultimately, a revision to the contemporary Indian healthcare system itself would significantly reduce the socioeconomic and health care inequalities facing the urban poor, ensuring their right to vital treatment.

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[74] Ibid.

[75] NetApp, 2021, Narayana Health advances care in India with rapid availability of records

Action 2: Adopting a gender curriculum in schools to increase support for gender equality.

Improving opportunities available for women in urban India requires a systemic move towards gender equality, and that needs to be done by changing beliefs through education. Therefore, we recommend modifying the current National Policy on Education (NPE) by implementing a gender curriculum in primary and secondary schools, targeting youth to create a positive change in attitudes towards women.

This type of intervention has been carried out in other states in India already, including Haryana, Punjab and Odisha. The Haryana state government partnered with the nonprofit organisation, Breakthrough, to implement a school-based program to promote gender equality.[76] Through interactive discussions in the classroom and homework on pressing gender issues, there was a marked shift in the attitudes of seventh and tenth graders' attitudes towards gender equality. The gender curriculum was proven to have led to a change in 16% of attitudes, from discriminatory attitudes to more support for a gender equitable approach.[77] The effects of the programme were found to be long-lasting, with the gender equitable attitudes still present in students two years after the programme ended. Following the success of the programme in Haryana, the Odisha and Punjab governments partnered with J-PAL South Asia and Breakthrough to implement the curriculum in state-run secondary schools. In Punjab, by July 2022, it had been implemented in 6,250 state-run schools, and in Odisha, the government has planned to implement the programme in 23,000 upper primary and secondary state-run schools across all districts.[78]

We urge the Ministry of Education (MoE), specifically the Department of School Education and Literacy, to adopt this policy and allocate the necessary funds for the implementation of this programme across the nation. Implementing such programmes will require teacher training and expertise regarding gender inequalities. When implementing this curriculum in Odisha, the government allocated significant funding for teacher training and designing textbooks.[79] To ensure the effectiveness of a new curriculum, the MoE can partner with existing nonprofit organisations to ensure that training is delivered according to a high level of expertise on the matter. In the future, a standardised curriculum must be created to be implemented across all states, to reduce any potential inconsistencies between schools.

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[76] Jayachandran, S., 2021, India Scales Up Program to Combat Gender Inequality
[77] Ibid.
[78] Bedi, A. & Sapathy, S., 2023, What it takes to replicate a gender equality programme
[79] Ibid.

In line with the methodology used by Breakthrough, involving training teachers through workshops[80] in the schools and conducting 45-minute sessions every two to three weeks,[81] we recommend that state governments in India should adopt a policy of having biweekly sessions in all state-run schools to teach children about the importance of gender equality in the home and in employment. However, while Breakthrough created a 'Taaron ki Toli adolescent club', inviting students to voluntarily participate in club activities,[82] we argue that the government should make participation in such activities mandatory, to maximise the impact of this policy.

The outcome of this educational policy would be an increase in positive beliefs regarding gender roles in the home, and the importance of women's education and employment. These discussions have already proven to cause boys to see gender equality more favourably and help with household chores;[83] an increase in boys' willingness to help out in the home will help to alleviate the domestic burden placed on women, ultimately providing them more freedom to take up jobs.

While this policy may not yield immediate results, it is likely to have lasting long-term impacts on women in urban areas, and therefore, we believe that the Indian government can help to reduce the impact of urbanisation on women through its adoption.

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[80] Ibid.

[81] Menon, S., 2018, Gender equality in schools - a look at the Taaron Ki Toli programme in India

[82] Menon, S., 2018, Gender equality in schools - a look at the Taaron Ki Toli programme in India

[83] Jayachandran, S., 2021, India Scales Up Program to Combat Gender Inequality

Action 3: Upgrading slum infrastructure rather than building new houses and expelling current tenants.

This policy will recommend ways to combat the housing shortage without negatively affecting slum residents. India has had many housing policies such as Gujarat's Town Planning Scheme which states that anyone who has been displaced as a result of the project must be provided with alternate housing. However, if the residents did not possess the proper papers for their property rights, then they would not be entitled to the alternate accommodation.[84] Therefore, drawing inspiration from the 'Baan Mankong' programme in Thailand, we have identified some suggestions which can be better suited for India.

1) Instead of building new buildings and evacuating old residents, the current residents could donate 10% of the costs to upgrade their infrastructure, whilst the rest of the costs are subsidised by the government.[85]
2) Reduce the level of regulations on the new buildings; having the same standards for housing will mean higher costs and it is harder for residents to successfully contribute.
3) Ensure everyone has the official property papers; make new ones for the residents who don't possess them and sync these with their Permanent Account number (PAN) cards.
4) Help residents access loans from well-known banks rather than resorting to microfinance banks.

In regards to the first point (which was inspired by Thailand's policy), it is imperative that residents aren't forced out of their homes and can instead improve their quality of life. In Thailand the scheme was first introduced in 2003 and by 2011, it had benefited over 96,000 households.[86] By encouraging the residents to improve their homes, it is more plausible they will pay their cost contributions on time as they would be incentivised to keep residing there.

The second point refers to the 'red tape' which makes it more expensive to improve the infrastructure in slums. Since slum households cannot afford such stark costs, we propose that the government implement new quality standards such as lower quality

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[84] Development Monitoring and Evaluation Office, 2020, Town Planning Scheme (TPS) contributed towards success of AHP projects in Gujarat

[85] Norford, E. & Virsilas, T., 2016, What Can We Learn from Thailand's Inclusive Approach to Upgrading Informal Settlements?

[86] Bhatkal. T., & Lucci, P., 2015, Community-Driven Development In The Slums: Thailand's experience

bricks for construction for slum dwellings. Whilst this might initially seem like a safety hazard, the low costs for the residents will allow them to accumulate more savings and therefore if they wish, in the future they could improve the structural integrity of their housing slowly instead of being forced to do it in a short period of time.

The third point refers to the lack of legal documentation in slum households. In order to combat this, we suggest necessary slum surveys once a year which are not solely limited to the notified slums.[87] This would in turn, then mean even if the residents did not possess the papers, there would be a record of how long they have been living there and whether they qualify for subsidies to improve their housing.

To expand on the fourth point, in India the 'Pradhan Mantri Jan Dhan Yojana' programme was launched to encourage low-income individuals to open bank accounts without having to maintain a minimum balance.[88] However this does not allow them to take substantial loans as they normally have no collateral or guarantors. Therefore, if all residents had the official papers for their houses/land in the slums, they could utilise this as collateral. The government needs to conduct slum surveys once a year to ensure all residents have these papers.

Overall, a more comprehensive housing policy is needed to address all the problems with the current housing schemes. The government needs to deal with the ever-growing demand for housing in urban cities and improving existing infrastructure instead of displacing current residents might be the way to tackle this.

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[87] Observer Research Foundation, 2021, India's Enduring Urban Housing Shortage: The Case for Upgrading Informal Settlements
[88] PMJDY, n.d., Pradhan Mantri Jan Dhan Yojana (PMJDY)

Conclusion

To summarise, we have recommended three policies which we believe can be used to effectively tackle some of the social issues occurring in India as a result of urbanisation. We have recommended that urban health care centres should be established, based on the 'Narayana Health City' model, to facilitate the urban poor in getting necessary healthcare at lower costs. We have also suggested an educational policy concerning the introduction of a gender curriculum in all state schools to shift attitudes regarding gender equality, which in turn can improve women's standard of living in urban areas. Lastly, to combat the housing crisis, we were influenced by the 'Baan Mankong' programme in Thailand to recommend a new housing policy which can help citizens acquire proper documentation, subsidised housing and accessible loans to improve people's ability to get housing.

With the rate of urbanisation in India growing exponentially (the percentage of the population living in cities has jumped from 18% in 1960 to 34% in 2018[89]), it is only inevitable that people in its urban areas will continue to struggle with a plethora of issues impacting the quality of their lives. Thus, it is imperative that the relevant bodies, including but not limited to the government and NGOs, take action now to prevent these issues from developing into unmanageable problems in the future. We believe that it is crucial to take these steps today to improve the state of urban India and the lives of its people for tomorrow.

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[89] Urban Policy and Planning team, 2018, India's urbanisation challenge

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