INTRODUCTION

More than one billion people worldwide live in slums, a number that will likely double by 2030. The current existence and continued formation as well as expansion of slum at extraordinary rate is one of challenges of a developing economy like, India. Slum is a reality which can not be ignored. The characteristics of slum life vary greatly between geographic regions, but they are generally inhabited by the very poor or socially disadvantaged. Slum buildings can be simple temporary or permanent built and well-maintained structures but lack clean water, electricity, sanitation and other basic services. India has about 93 million slum dwellers and as much as 50% of New Delhi's population is thought to live in slums, 60% of Mumbai.

More than one billion people live filthy areas without access to basic needs, adequate sanitation, improved water supply, durable housing, adequate living space and secure tenure (Amnesty International, 2011). Lack of one of these conditions has direct consequences on the physical and psychological well-being of the slum dwellers. e.g. infectious diseases like diarrhea, cholera, typhoid and other water borne diseases, malaria and tuberculosis are major problems affecting slum dwellers. on the other hand, the economic circumstances of the slum dwellers render them unable to access health care services. This severely affects their safety and security.

In this dark scenario we can not neglect the pathetic condition of women. It is the women who largely bear the brunt of the sub-human living conditions in slum. As women are the ones fetching water from far distances, trying to maintain cleanliness to keep the family clean, taking care of family nutrition, running anxiously for ration, making lines for kerosene, trying for children’s education
upliftment. Sanitation for women is consistent with their need for privacy, dignity, safety and self respect. For them, the price they pay for inadequate sanitation is huge, again in terms of physical and mental health. Women live in a constant state of anxiety as they strive to meet their sanitation need without losing their dignity. The option left for women to relieve herself sometimes include leaving her children unattended while she ventures to dense vegetation to seek privacy or enduring discomfort while waiting until night falls to relieve under the cover of darkness. These who wait for the night are faced with the threat of possible sexual harassment, they psychological stress and pain associated with having to wait are also considerable, particularly for unliveable groups such as pregnant, elderly or disabled women. This wait also leads to health complications. Some women also resort to eating less and reducing water intake.

By and large, women in India have low nutrition levels. Adolescence in India goes hand in hand with iron deficiency anemia, medically known as IDA, says the 2005 National Family Health Report 56% of slum adolescent girls are anaemic.

This paper is an attempt to examine the existing problems of water, domestic problems (i.e. toilet facility, ration, fuel, children education, etc.) and socio-economic condition, quality of life of slum women with reference to Malegaon City.