

A Sociological Study on Health and Social Security among Slum Dwellers: A Survey in Rathmalana, Colombo District in Sri Lanka

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ABSTRACT

This study critically examines the health and social security conditions of slum dwellers residing in the Badowita Grama Niladhari Division, located in Rathmalana within the Colombo District. The primary objective of the research is to identify the key health and social security challenges encountered by this population. Specific objectives include analyzing the family backgrounds of the residents, assessing the availability and condition of sanitation facilities, and investigating the prevalence of drugs and criminal activities within the area. Primary data were collected through the administration of questionnaires and semi-structured interviews, with a random sample of 180 participants. The majority of respondents were women aged between 45 and 60 years. The findings indicate that 36% of illicit drugs are accessible within the community, while 27% of respondents reported thefts and murders as prevalent concerns. Among the identified substances, "ice" was reported as the most common drug (38%), followed by heroin (32%). Other substances such as V cap, Kush, cannabis, and various pills were also noted. Regarding law enforcement, 33% of respondents expressed either agreement or disagreement with the effectiveness of the local police, while 27% perceived the situation as stable or unchanged. Dengue fever was identified as the most widespread health issue, affecting 81% of the surveyed population. Based on these findings, it is evident that significant health and social security issues persist within the community, adversely impacting residents in multiple ways. To address these challenges, the study recommends the implementation of targeted awareness programs, greater community participation in planning processes, support for integrated livelihood strategies, the provision of affordable and context-sensitive housing options, improved infrastructure and basic services, and enhanced access to health care and social services.

Keywords: Infrastructure, Slum, Crimes, Drugs

INTRODUCTION

Due to high population density and lack of land, slums were formed in urban areas. Usually, the dirty and poor, underserved part of a city can be referred to as slums. Slums are increasing day by day and it bring so many challenges to people. According to statistical data 1.6 billion people live without adequate shelter, 1 in 7 people on the planet currently lives in a slum, 1 in every 4 people will live in a slum by 2030, according to current estimates, 1 in 3 urban residents live in slums in developing countries and In some countries, as much as 90% of the urban population live in slums (Habitat for Humanity, 2017).

According to the survey on low-income resettlements conducted by the Ministry of Urban Development & Housing in 1998/99, subcategories of low-income settlements were identified.

Table 1: Subcategories of low-income settlements

Category	Housing Units
Slums	25000
Shanties (squatter housing)	13313
Low-cost flats	8950

Relocated housing	14814
Old deteriorated quarters	2757
Unplanned permanent dwellings	870
Total	66022

(Ministry of Urban Development & Housing, 1998/99)

In this way, the percentage of slum dwellers in the world shows a very rapid increase. There are many reasons for migrating from a rural area to an urban city, such as pushing and pulling forces of migration, low incomes for agriculture, and better job prospects (Cities Alliance, n.d.). According to statistics, Colombo is the most developed city in Sri Lanka and has taken the top spot among the world's fastest-developing cities. The city has been quite strong in development. According to data presented in 2020 by the urban authority based on slum housing, there are 68812 families living in Colombo city in 1499 informal settlements. They are inhabitable, having an unlivable environment, and no basic infrastructure.

People living in slums suffer from various problems, and this research aims to identify their problems. The study's main objective is to identify the socio-cultural lifestyle of the slum dwellers in Grandpass in Colombo. Specific objectives were understanding the living circumstances, evaluating health risks and vulnerabilities,

LITERATURE REVIEW

Nejaj et al. (2021) conducted a comprehensive study to examine the primary dimensions and components of determinants that influence the health of slum dwellers, with a particular focus on the role of social determinants of health. Drawing on a systematic review of literature published between 2010 and 2019, the study sought to underscore the significance of these determinants in promoting health equity among residents of informal settlements.

Among the key dimensions identified, housing conditions emerged as a critical determinant of health. The study highlighted several components within this dimension that adversely affect the well-being of slum residents. These include the physical structure of housing, characterized by a lack of strength, durability, and safety, often resulting from the use of substandard materials such as brittle, non-durable, and flammable substances. Additionally, inadequate indoor air quality and poor ventilation were identified as significant health risks. The prevalence of small, overcrowded rooms, unhygienic toilet facilities, and contamination from rodents and insects further exacerbates health vulnerabilities. Moreover, the threat of forced eviction and the general lack of legal housing status contribute to feelings of insecurity and fear of destruction. The study also noted the psychological impact of living in adverse residential environments and the use of hazardous materials such as asbestos and lead in housing construction, which pose long-term health risks.

In addition to housing-related factors, socio-economic status was identified as a pivotal determinant of health. Components in this category included parental education levels—particularly the absence of formal education—family income levels, and the prevalence of poverty and income insecurity. Financial pressures and dissatisfaction with the household's economic situation were also recognized as contributors to poor health outcomes. These socio-economic factors not only limit access to essential resources and services but also heighten exposure to environmental and social risks, further entrenching health inequities within slum populations.

Overall, the study by Nejaj et al. (2021) underscores the multifaceted nature of social determinants of health and calls for targeted interventions that address both environmental and socio-economic conditions to improve health outcomes among slum dwellers.

The study was nested into the Nairobi Urban Health and Demographic Surveillance System, a uniquely rich longitudinal research platform, set up in Korogocho and Viwandani slum settlements in Nairobi city, Kenya. Findings provide rich insights on the context in which slum dwellers live and how poverty and migration status

interact with health issues over the life course. Contrary to popular opinions and beliefs that see slums as homogeneous residential entities, the findings highlight a highly dynamic and heterogeneous setting. While slum populations are highly mobile, about half of the population comprises relatively well-doing long-term dwellers who have lived in slum settlements for over 10 years. The poor health outcomes that slum residents exhibit at all stages of the life course are rooted in three key characteristics of slum settlements: poor environmental conditions and infrastructure; limited access to services due to lack of income to pay for treatment and preventive services; and reliance on poor quality and mostly informal and unregulated health services that are not well suited to meeting the unique realities and health needs of slum dwellers. Consequently, policies and programs aimed at improving the well-being of slum dwellers should comprehensively address the underlying structural, economic, behavioral, and service-oriented barriers to good health and productive lives among slum residents (Zulu et al., 2011).

Wasantha Subasinghe (2015) studied the quality of life of slum dwellers with special reference to Sri Lanka. This report examines the major characteristics of urban slum dwellers. In the case of social transmission, some anti-social phenomena have occurred. Especially in this modern world, there are different kinds of social phenomena. Poverty, suicide, prostitution, alcoholism, malnutrition, child deviancy, and child abuse are the most affected social problems that the present society has to face in these decades. According to several studies, poverty is the main and central problem among them. Because of this central problem, many other related problems have arisen. These social effects have led to the creation of many social issues such as unemployment and underemployment, malnutrition, illness, low-income dwellers in slums and shanties, prostitution, abortions, criminals, and other social and health-related problems etc. On the other hand, these social experiences help to derive new social problems. Therefore, this study focuses on exploring urban slum residences. It researched slum residents' lifestyles through the social indicators of the quality of life in this study. Consequently, it provides a platform to discuss and make arrangements to improve their quality of life (Subhasingha, 2015).

This study examines the Sustainable Township Development Programme (STDP), a slum resettlement initiative that signifies a recent paradigm shift in housing policy in Sri Lanka. Focusing on the lived experiences and housing practices of the residents of Sahaspura—a purpose-built resettlement housing complex—as well as those of slum dwellers in the adjacent informal settlements, the study explores how beneficiaries have engaged with the concept of the housing “ladder.” The STDP was predicated on the notion that slum dwellers could be integrated into the formal housing market through the provision of standardized ownership and dwelling units, thus facilitating upward mobility within a formalized property regime.

However, empirical evidence from Sahaspura reveals a diverse array of resident responses that have, in effect, redefined the initial objectives of the program. These responses include spatial adaptations such as home extensions and renovations, as well as informal housing transactions driven by everyday socio-economic needs. Consequently, the planners' original vision of a linear transition into formal homeownership has been significantly reconfigured. The housing “ladder” has been assimilated into the pre-existing, informal housing dynamics of the urban poor, leading to a transformation from legal to de facto tenure.

Several interrelated factors have contributed to this transformation. These include the proximity of resettlement sites to central urban areas, lax enforcement of housing and land-use regulations, the availability of multiple tenure options, and the presence of social actors and networks that facilitate access to land and housing. These dynamics underscore the complexities of integrating informal housing practices within formal policy frameworks and highlight the limitations of top-down planning approaches that fail to fully engage with the socio-spatial realities of marginalized urban populations (Maeda, 2023).

METHODOLOGY

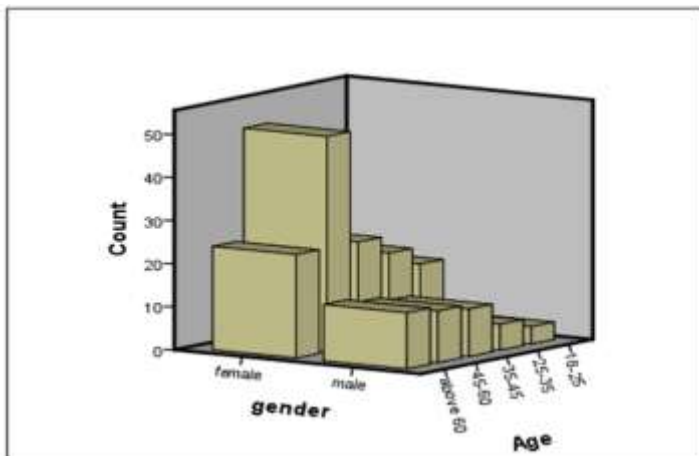
This research was done as quantitative research. Badowita in Katukurunduwatta Grama Niladari Division in Rathmalana Divisional Secretariat in Colombo district was selected as the study area. From this study area, 180 people were selected under the simple random sampling method. The questionnaire method and the semi-structured interviews are used to collect data under the primary data collecting method. In addition to that, secondary data was also used. Data collected by questionnaires were analyzed as quantitative research and used by the Special Package of Social Sciences (SPSS) to analyze.

Results and Discussion

The data collected from the field study on the health and social protection of slum dwellers was quantitatively analyzed using the Statistical Package for the Social Sciences (SPSS) software. Initially, the biological information of the respondents was examined to provide a basic understanding of their demographic characteristics. Subsequently, an analysis was conducted on the age and gender distribution of the slum dwellers, which is presented in the following chart.

This analysis of age and gender helps to contextualize the respondent population, offering insights into the diversity and structure of the group, which is crucial for further interpretation of health and social protection outcomes. By examining these biological factors, we can identify potential patterns or disparities within the slum population, providing a foundation for subsequent discussions on their specific needs and vulnerabilities.

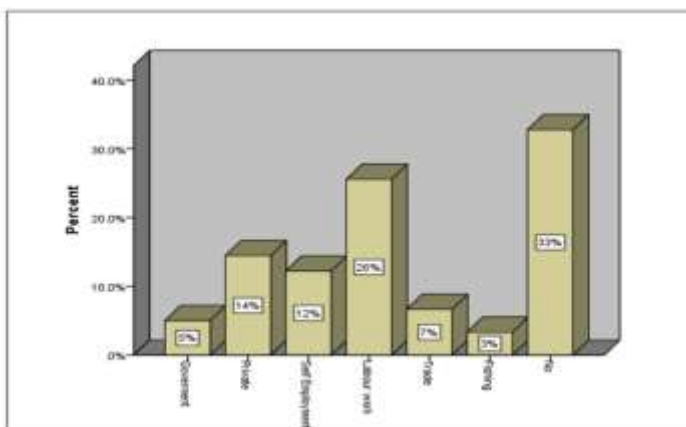
Chart 1. Respondents' age and gender status



(Source: Field Study, 2025)

The analysis of the demographic data reveals that the majority of respondents fall within the age range of 45 to 60 years, with a notable predominance of female participants. This demographic group constitutes the largest proportion of the sample. In contrast, young women aged 18 to 25 are significantly underrepresented in the research database, with their presence being almost negligible. The graphical representation further highlights that more than half of the respondents in the study are female, with the majority of these female participants being middle-aged. This demographic composition suggests a skewed representation, which may have implications for the generalizability and scope of the study's findings, particularly in relation to younger female populations.

Chart 2. Occupational status of respondents.



(Source: Field Study, 2025)

When examining the respondents' occupational status, it is evident that a significant proportion, 33%, of the participants are unemployed. This high unemployment rate is particularly notable considering that the majority of respondents, as shown in Chart 1, are middle-aged women between the ages of 45 and 60. Among those who are employed, 26% work as laborers, typically engaged in daily wage work under the direction of higher-class employers. Additionally, 12% of the respondents are employed in the private sector, while 5% hold positions in government jobs. A small proportion, 3%, are involved in fishing as their primary occupation.

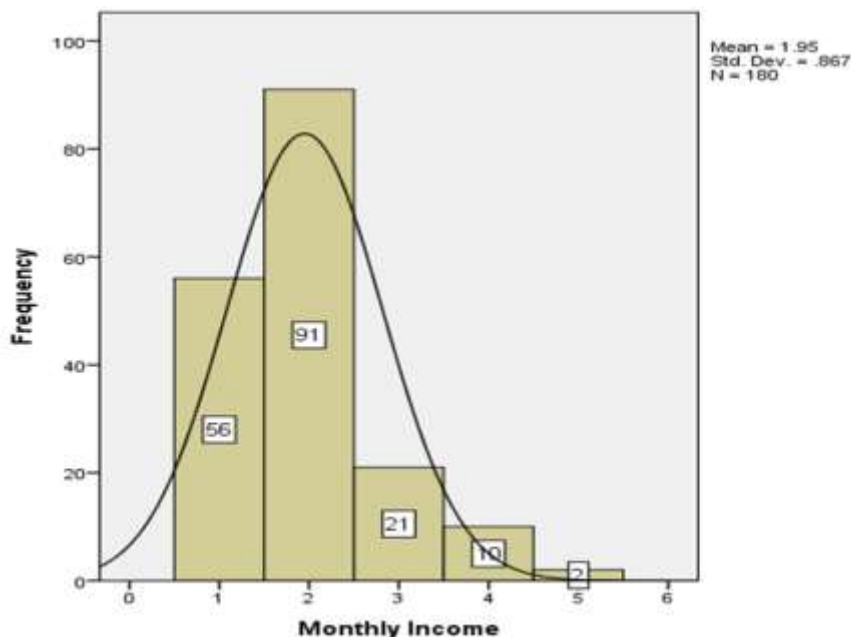
This occupational distribution highlights a predominantly lower-income demographic, with the majority of individuals engaged in informal and low-wage employment. The limited access to stable employment opportunities reflects the socio-economic challenges faced by the respondents, underscoring the need for targeted interventions to improve job security and income levels within this population.

Table 1. Monthly Income of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Less than 25000	56	31.1	31.1	31.1
25001-50000	91	50.6	50.6	81.7
50001-75000	21	11.7	11.7	93.3
75001-100000	10	5.6	5.6	98.9
More than 100000	2	1.1	1.1	100.0
Total	180	100.0	100.0	

(Source: Field Study, 2025)

Chart 3. Income Level



The income distribution of the respondents reveals a predominantly low-income population, with 91% of individuals earning between Rs. 25,001 and Rs. 50,000. A substantial proportion, 56%, report earning less than Rs. 25,000, indicating that a significant portion of the respondents falls below the poverty line. Only two individuals have an income exceeding Rs. 100,000, while 10 respondents fall within the income bracket of Rs. 75,001 to Rs. 100,000.

(Source: Field Study, 2025)

This income distribution highlights the economic vulnerabilities of the slum dwellers, with the majority of the population earning lower income levels. Of the total 180 respondents, 147 individuals (approximately 82%) belong to the lower-income category, as illustrated in the accompanying chart. This data underscores the persistent socio-economic challenges faced by the slum dwellers and emphasizes the need for policies and interventions aimed at improving the financial well-being of this marginalized group.

Table 2. Type of crimes existing in the study area

crimes Frequencies				
		Responses		Percent of Cases
		N	Percent	
crimes ^a	Theft	118	27.1%	65.9%
	Murders	120	27.5%	67.0%
	Rape	26	6.0%	14.5%
	Drugs	158	36.2%	88.3%
	Child Abuse	14	3.2%	7.8%
Total		436	100.0%	243.6%
a. Dichotomy group tabulated at value 1.				

(Source: Field Study, 2025)

The table above outlines the prevalent types of crime currently existing in the Badowita area. Among the various offenses, drug-related crimes are the most prevalent, accounting for the highest percentage, with an alarming figure of 158%. Following this, both murders and thefts occur with similar frequencies, each contributing a comparable proportion to the overall crime landscape.

This data highlights the significant and ongoing criminal challenges faced by the Badowita community, particularly the dominance of drug-related offenses. The presence of violent crimes, such as murders, and property crimes, such as thefts, further exacerbates the security concerns in the area. These findings underscore the urgent need for targeted crime prevention strategies and enhanced law enforcement efforts to address these critical issues effectively.

Table 3. Types of drugs

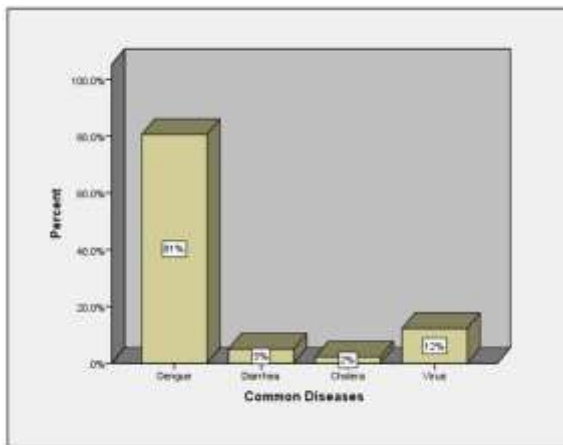
drugs Frequencies				
		Responses		Percent of Cases
		N	Percent	
drugs ^a	Heroin	127	32.8%	70.9%
	Ice	149	38.5%	83.2%
	V_Cap	8	2.1%	4.5%
	Kush	5	1.3%	2.8%
	Pills	7	1.8%	3.9%
	Cannabis	91	23.5%	50.8%
Total		387	100.0%	216.2%
a. Dichotomy group tabulated at value 1.				

(Source: Field Study, 2025)

According to the data presented above, "ice" is identified as the most widely used drug in the Badowita area, with a significant proportion of the population reporting its use. In addition, 32.8% of individuals are addicted to heroin, making it the second most prevalent substance of abuse. Cannabis follows as the third most commonly used drug within the community.

Conversely, substances such as V-Cap, Kush, and pills have not yet reached widespread usage, with these drugs being notably less common among the respondents. This distribution of drug use patterns underscores the dominant role of certain substances, particularly ice and heroin, in the local drug scene, while highlighting the relative rarity of other drugs. Addressing these trends is crucial for developing targeted public health interventions aimed at reducing drug abuse and mitigating its adverse effects on the community.

Chart 4. Common Diseases

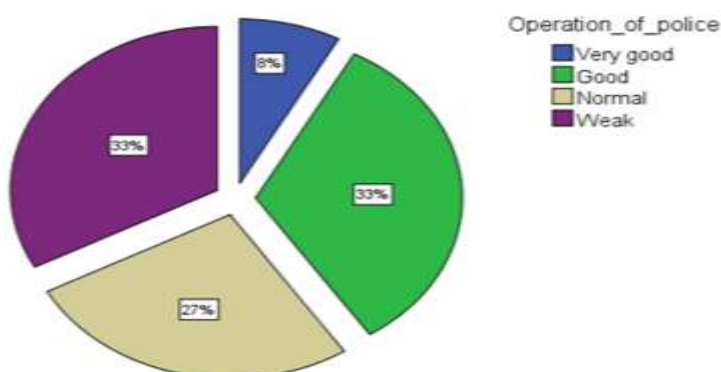


(Source: Field Study, 2025)

The data reveal that certain infectious diseases are prevalent among the population in the study area. A significant 81% of respondents reported suffering from Dengue fever, making it the most widespread illness in the region. Following this, 12% of individuals are affected by viral infections, indicating a notable presence of viral diseases in the community. Additionally, diarrhea and cholera are also prevalent, though to a lesser extent, affecting 5% and 2% of the population, respectively.

This distribution of diseases highlights the public health challenges faced by the community, with vector-borne diseases such as Dengue fever being particularly prominent. The presence of viral infections, along with gastrointestinal diseases like diarrhea and cholera, underscores the need for improved healthcare infrastructure, disease prevention programs, and public health interventions to mitigate the spread of these diseases and improve the overall health of the population.

Chart 5. Operation status of Police



(Source: Field Study, 2025)

The pie chart above illustrates the public perception of the police operation system in the Badowita area. According to the data, 8% of respondents consider the police operation system to be "very good," while 33% rate it as "good." A further 27% of respondents view the police operations as "normal," indicating a neutral stance regarding their effectiveness. However, an equal proportion of 33% of respondents express dissatisfaction, disagreeing with the current state of police operations in the area.

This distribution suggests a divided public opinion regarding the performance of the police in Badowita, with a notable portion of the population either neutral or critical of the system. The balance between those who perceive the system as good and those who disagree points to a need for further evaluation and improvement of law enforcement strategies to foster greater public trust and satisfaction.

CONCLUSION AND RECOMMENDATIONS

This study has highlighted the important health and social security challenges faced by residents of urban slums, with a focus on the Badowita settlements in the Colombo District. The findings demonstrate a clear link between poverty, inadequate infrastructure, and rising insecurity, highlighting the urgency of addressing the multidimensional issues in these communities.

Drugs account for the highest proportion of crimes in the area, accounting for 36.2%. of the drug used 38 percent are ice and 32 percent are heroin. The number of unemployed people and drug users in this area is very high. Also given that theft and murder account for 27% of the crimes occurring in the area, it can be concluded from this information that people are turning to commit such crimes to purchase drugs. Also, the very low level of police investigation according to the responses from the data provided, may be a reason for further growth in this area of crime. Accordingly, social security in densely populated slum areas has become weak.

Respondents have proposed solutions below to address the health and social security issues in slum areas. It is more successful for people who are suffering from problems to propose solutions to those problems.

Table 4: Actions Should Take on Frequencies				
		Responses		Percent of Cases
		N	Percent	
actions should be taken from the government	Rehabilitation	3	2.9%	3.2%
	Raids	2	2.0%	2.1%
	Police Check Points	49	48.0%	52.1%
	Awareness Program	17	16.7%	18.1%
	Emergency Numbers	3	2.9%	3.2%
	Arrestment	28	27.5%	29.8%
Total		102	100.0%	108.5%
(Source: Field Study, 2025)				

Accordingly, the majority view is that more effective solutions can be achieved regarding social security through strengthening police checkpoints and security. Police arrests for various deviant behaviors also cause people to fear the law and refrain from wrongdoing. It has a strong impact on combating immoral behavior, as mentioned above drugs, theft, and murder.

A multifaceted approach is needed to create inclusive, sustainable, and workable solutions for Sri Lanka's urban slums. The following recommendations are put out in light of study findings and international best practices.

1. Involvement of the community in planning

2. Support for integrated livelihoods
3. Contextualized and inexpensive housing options
4. Better infrastructure and basic services
5. Access to health and social services
6. Reduction of disaster risk and environmental management
7. Education and empowerment of youth
8. Foster Community Participation and Empowerment
9. Policy Integration and Intersectional Coordination
10. Strengthen Primary Healthcare Services in Slum Areas

The development of social health and security among slum dwellers fundamentally requires active participation from the community itself. However, the role of government institutions is equally critical in creating an enabling environment for sustainable improvements. To this end, mainstreaming slum health and social protection into national health and urban development policies is essential. This necessitates enhanced coordination among relevant ministries—such as Health, Urban Development, and Social Services—and local authorities to ensure cohesive and effective policy implementation. Additionally, mobilizing international donor support and securing technical assistance are vital for fostering long-term and sustainable solutions that address the multifaceted challenges faced by slum populations.

Drawing from the analysis of respondent feedback and the identification of pressing issues within slum communities, the aforementioned strategies and recommendations are proposed. These recommendations align with insights from the literature, notably the work of Mohan et al. (2023), which underscores the importance of targeted interventions, policy reforms, and robust community engagement in disrupting cycles of marginalization. Furthermore, Mohan et al. emphasize the critical need to foster equitable educational opportunities for all children, irrespective of their socio-economic status or place of residence, thereby promoting social inclusion and upward mobility.

Within the scope of strengthening primary healthcare services in slum areas, expanding access to affordable and quality healthcare through mobile clinics and community health centers is imperative. The deployment of community health workers plays a pivotal role in delivering essential services, health education, and timely referrals. Priority must be given to maternal and child health, immunization programs, and the treatment of communicable diseases such as dengue and tuberculosis. Moreover, implementing systematic screening and health promotion initiatives targeting non-communicable diseases (NCDs), including diabetes and hypertension, is crucial to addressing the evolving health profile of slum populations.

Together, these coordinated efforts highlight a comprehensive approach that integrates community participation, government action, and policy coherence, aiming to improve the health and social security of slum dwellers in a sustainable and inclusive manner.

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