

# SOCIO-CULTURAL AND PSYCHOLOGICAL DETERMINANTS OF MARGINALIZED COMMUNITIES: A STUDY OF SLUMS OF RIVER RAVI, LAHORE, PAKISTAN

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## Abstract

This paper focuses on the exploration of multidimensional socio cultural and psychological factors which effects the lives of slum dwellers, living along the River Ravi, in Lahore and attempts to unmask the interplay through a case study approach by focusing on the individual and collective experiences of people living there, and exploring the multi-faceted nature of these dynamics. The landscape of the slum dwellers of Ravi is both colorful and problematic as cultural norms and traditions are ways of managing the identity, however, it also creates inequality and restlessness especially among women and children with regards to education and other basic necessities. Together with the view on residents of areas of informal settlements around River Ravi as the "other", the primary focus of this work is to understand these dynamics which further perpetuate stigmatization and exclusion. These factors alongside integrating socio cultural norms worsen the condition of that specific portion of the population. Their economic situation can be characterized by lack of employment opportunities, wage theft, and unstable income. Most of them are heavily dependent on informal work without any assurance of employment contracts which opens them to external economic shocks. Therefore, this paper tries to stress that it is a cyclical phenomenon where the living conditions of these informal settlers below the accepted minimum standard spiral out of control due to a lack of proper accommodation, potable water, and food and inertially get imprisoned, rendering the individual powerless.

**Keywords:** Informal Settlements alongside of River Ravi, Socio-cultural Dynamics, Marginalized Communities, Urban Poverty, Gender, Health and Wellbeing

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## INTRODUCTION

The slum communities along River Ravi, Lahore Pakistan encapsulate a portion of the populace experiencing profound socio-economic and psychological challenges. Along with insufficient housing, these informal settlements are characterized by extremely poor sanitation facilities. In recent years, the relationship that exists between culture, society, and health which leads to psychological issues has become a critical area of focus in social and other disciplines. Through the lens of the multifaceted informal settlements of River Ravi in Pakistan, this research tries to highlight these issues. These settlements which are also known as *kachi abadis* ( Kalim & Bhatti, 2006 ; Mirza, et al., 2015) are more or less the same in terms of geographical and structural characteristics but not uniform in social, economic or other issues like inadequate basic amenities. These extreme conditions have profound consequences on the health and well-being of the residents of these areas.

The dynamic Ravi River slum settlements are rich in culture and diverse in population facing issues like poverty and lack of frequent and essential services. These environmental issues deteriorate the health of the people and economy

living near the River. Contaminated water sources lead to water borne diseases, respiratory diseases and nutritional deficiencies, all of which was the sanitation system. Research indicates that areas along Rivers, like this one, are most susceptible to neglectful illnesses related to the environment and infrastructure (World Health Organization, 2016). Still, the cultural and social ties serve as a resource that helps the people living near River Ravi create solutions to reduce the impacts of their daily challenges.

Like other countries in the Global South, Pakistan is experiencing rapid urbanization which results in an increase in informal settlements, as people start migrating to cities in hopes of securing better job opportunities (Raza, 2022). However, structural exclusion keeps slum dwellers stagnant on the periphery in terms of progress and development. These populations are often neglected by the public health sector, leading them to depend on community-level services and unofficial healthcare systems. Such dependency reflects a major gap in our understanding of health and slum dwellers from the cultural and societal perspectives. Studying the River Ravi slums enables us to fill these gaps while listening to the stories of forgotten urban dwellers, understanding the cultural and societal determinants of health among them.

Not only contributes to alleviating the current health inequities, but also assists in promoting fair slum health outcomes in the future is the study of slum health. It is well known that slum-dwellers represent some of the world's most neglected peoples. However, it is also true that they exhibit remarkable self-organization and resilience. Often, these groups construct informal sociocultural support networks and systems that, although inadequate in fully compensating for the effects of entrenched inequities, are essential for their survival. For instance, women in urban slum areas assume the roles of caregivers and community mobilizers, and as a result, they help to sustain the healthcare system in these slums (Krieger, 2001). Such social phenomena as these suggest the need for the integration of culture and gender into the design of health programs and other interventions in the slums.

### **Overview of River Ravi's Slums**

Overcrowding is a constant problem with numerous families often living in a single room, which further deteriorates the privacy and hygiene conditions within these households. The residents of this slum also suffer from psychological issues linked with the inhabitable conditions in which they must live. These residents, first and foremost, lack fundamental requirements of life: clean water, electricity, adequate housing, and sanitation facilities. Even when infrastructure exists, such as roads, it is poorly maintained and wasteland around the area remains largely uncollected, enhancing health risks contributing to unsanitary living standards. The absence of waste disposal facilities results in dirty living conditions and unavailability of even the most basic amenities. Residents have inadequate sanitary systems in place, and the spread of infectious diseases such as cholera is rampant. Safe drinking water and adequate sanitation remain unattainable goals, heightening their risk even further.

The state of the population is critical, is characterized by drastic economic inequality, and nearly zero chance of improvement which encourages escape. All residents are impoverished and in struggle for means of survival, hence their work opportunities are slim. Most adults undertake informal, physically straining and low skilled jobs which pay very poorly as street vendors, unpaid assistants, porters or do menial labour. The majority of families deal with unemployment, which gets worse with seasonal changes or reductions. The economic instability faced in these regions further deteriorates the already lacking ratio of employment to population. The collapse of the agricultural system degrades the regions financially which results in economic dislocation. The general educational level is critically low within this demographic group, which accompanies greatly reduced literacy rates.

A large number of children complete school at an early age so that they can help their families in a financially supportive position which upholds the cycle of poverty. In the same manner, there are restrictions towards receiving healthcare because of lacking funds, not having nearby health facilities, and an overreliance on so-called 'traditional' medicine within a certain community which is highly focused towards preserving culture. In essence, the inhabitants of the slums surrounding River Ravi are burdened with a myriad of interrelated issues primarily due to systemic complacency and societal ignorance, which stems from poverty. These conditions of life greatly influence the quality of life of an individual with highlighted socio-cultural and medical health being the main focus of concern.

The slums have posed challenges to city planning and infrastructure, public health, and social services systems on a global scale as a result of rapid urbanization. While often regarded with social prejudice, these underprivileged communities live in substandard shelters, don't get access to necessary services, and face marginalization, which all contribute to an outrageous gap in health and wellbeing. An example of the blend of culture, society, and health with urbanism is the River Ravi region, which is home to a large number of slum dwellers. They are not eligible to work legally and they have to deal with various challenges in their daily life which ultimately proves as a toll on their socio economic, psychological health and wellbeing (Mahmud et al 2011).

This is also a fact that these groups are often ignored by urban planning which further widens the already existing modernization and sustainable development gaps. Often ignored environmental factors such as flooding (Mehmood, 2022) and heat waves become greater issues for these vulnerable populations, underscoring the fusion of socio-economic hardship and climate vulnerability (Creutzig et al., 2016).

Among slum dwellers along River Ravi, medical treatment, hygiene, and nutrition decisions are commonly guided by traditions. For example, home remedy and metaphysical interventions reliance can in many cases escalate the risk posed by a range of health problems, nonchalantly worsening vulnerability to disease in the presence of inadequate sanitation, pervasive disease, and lackluster hygiene in the community. These prejudicial policies are made worse by the absence of urban health frameworks that overlook the cultures of people of this class, which thwarts attempts at developing good policies aimed at changing their conditions. Moreover, cultural norms increase the complexity of health behaviors, as young adolescent girls face distinctive challenges around the concepts of care and hygiene because of social stigma and ignorance (Chant et al., 2017).

The River Ravi poses societal problems for slum-dweller villagers because of uncontrolled urbanization. These communities face a dual lack of disposable income and education, on top of a lack of basic public services. Moreover, women within these societies endure the worst of the brunt, especially when it comes to sexual and reproductive health as culture and families limit the type of healthcare and information available to them. A lack of education, disenfranchisement to work, and controlling patriarchal relatives, alongside influencing family members, all but undermine women's reproductive health and wellbeing. These challenges underscore the phenomena where the infrastructure is lacking and is unable to cope with the basic welfare standards of an ever-growing population (Mahendra A et al., 2016).

In a lot of quickly urbanizing areas, especially in lower income countries, the gap in the access to basic services strongly worsens the health status of marginalized groups. Slum dwellers like those in River Ravi struggle with the lack of proper infrastructure, including waste management as well as sanitation, which leads to the prevalence of communicable diseases and other chronic health conditions. The inadequate collection and disposal of waste not only leads to environmental pollution but also increases the contact with hazardous pathogens, reinforcing their illness as well as poverty cycle. Additionally, the poverty that is concentrated in these informal settlements depicts larger social inequities that further restrict residents' access to primary healthcare and healthy food, thus, worsening their health. Approximately 70% of urban population in emerging cities are underserved, which shows systemic disregard that ensures the poor health of vulnerable populations (Mahendra A et al., 2016).

Health outcomes in these settlements alongside the area of Ravi, are intricately bound within cultural and economic factors. Community-based initiatives alongside formal health services empower residents through participation which, in turn, fosters social responsibility and enduring empowerment aligned with overarching development objectives (Scoones I et al., 2022). Additionally, these gaps need more focused approaches that identify culture and the construction of fundamental determinants of behavior and access to care, indicating that conventional programs from authorities may be ineffective without sufficient local promotion and engagement (Lewis D et al., 2022).

As this study basically involves domain of anthropology and social history therefore, a mixed-method approach was used in investigating the culture, society, and health aspects of slum dwellers located around River Ravi, Lahore, Pakistan to understand the better and broader societal impacts on these factors (Creswell & Creswell, 2017).

Questions posed enable respondents to provide context specific issues that are detailed and tailored (Patton, 2015). Maintaining ethical integrity is of great importance while conducting this research because the population being studied is vulnerable. While conducting work on this issue each concerning participant is briefed verbally about the study's aim, objectives, methodology, risks, and advantages prior to obtaining consent. During transcription and analysis, identifiable information including names and addresses, are masked. The cultural norms and values of the community are taken into consideration. For instance, female respondents are interviewed by female researchers for reasons of comfort and propriety.

### **Health Issues in the Informal Settlements Around River Ravi**

The population living in the urban slums, especially the River Ravi slum, encounters numerous public health challenges that diminish their quality of life and worsen their health outcomes. The world is currently facing rapid urbanization coupled with economic inequality and lack of proper planning which has led to the emergence of slum settlements on a global scale.

Basic determinants of an individual's health include the accessibility of sanitation facilities. However, during the survey period, there is a critical gap in the sanitation infrastructure within the River Ravi slum. Shared latrines are the order of the day as most households are able to use toilets, but they are too overcrowded. As a result, open defecation becomes rampant since affordable and maintained toilet facilities are nowhere to be seen. The breach of such hygiene standards and practices gives rise to waterborne diseases including diarrhea, cholera, and typhoid. Furthermore, there is a high prevalence of unsafe water supply and poor sanitation contributes to more than 88 percent of the world's diarrheal diseases (World Health Organization, 2016). Children within the slum area face the greatest burden as diarrhea leads to morbidity and mortality causes during those years.

Residents in this slum also lack access to clean water. People in the community rely on several public taps or boreholes for water, but these sources are insufficient for the entire community. Contaminated water is routinely accessed by residents, especially those who live near open drains and waste disposal sites (Ghaffor et al., 2014). According to a study on urban slums in South Asia, high concentration urban areas which are economically disadvantaged face poor water supply, which greatly increases the risk of waterborne diseases (Solar & Irwin, 2010). Women and children are the most vulnerable groups suffering from the lack of clean water. Fetching water consumes their time and attention, which leads to children dropping out of school, and adults losing out on employment opportunities.

The implementation of anti-poverty strategies would contribute to the elimination of malnutrition in the River Ravi slum. Stunting, wasting, and micronutrient deficiencies are common in children while adults suffer from a chronic energy shortage. Restricted access to essential nutritious foods as a financial resource deepens the poverty gap. High food prices, unemployment, and low payment also worsen food insecurity within marginalized communities. Research shows that urban slum dwellers are more food insecure than rural slum dwellers due to their dependence on the market-based food system and limited coping strategies (Helman, 2007).

The River Ravi slum is one of the regions worst affected with communicable diseases due to a deadly combination of extreme congestion, lack of proper sanitation, and inadequate health care services. Tuberculosis (TB) has remained endemic there and is also a part of a global trend that is common in high population, low-income regions. Slum dwellers are more susceptible to T.B because of the malnourished state, psychological burden, and insufficient airflow within the confines of his house. Furthermore, the emergence of the dengue as well as malaria underscores the need for preventative action. Their poor drainage system associated with flooding leads to pools of stagnant water which are ideal spots for breeding mosquitoes. The absence and slow response of vector control programs such as spraying or distributing treated mosquito nets exposes the population to immense risk during transmission peaks.

The environmental aspects of River Ravi slum are empirically dangerous due to the industrial and River-based pollution which is a leading factor of respiratory and skin diseases. The region suffers significantly from a thick blanket of air pollution which is further aggravated by burning biomass fuels for cooking and heating. The primary healthcare facilities to the slum dwellers are equally lacking. The few available clinics are poorly equipped and face an equally crippling lack of skilled staff, basic medicines, and essential diagnostic equipment. For emergency services, slum dwellers need to access healthcare located far outside the slum, which greatly prolongs treatment and health outcomes. High costs serve to further reduce the affordability of seeking healthcare delaying the medical help many people require, resulting in the increased reliance on untrained or unregulated practitioners.

### **Cultural Norms and Health Practices in Shanty Communities**

From the individual level, especially at family units, cultural norms guide behaviors, networks, and even traditions. Slum societies like the one located around the River Ravi in Pakistan epitomize unique cultural features due to the interplay of historical neglect and enduring socio-economic volatility. These norms are fundamental to approaches aimed at explaining the fusion of modern ideals and practices with traditional ones and the various interventions done. While cultural endurance protects societies, at the same time it poses barriers to growth in public health, gender, and education (Friesen et al., 2020; WHO, n.d.).

Religion helps to maintain cultural traditions and values as one of the most important aspects of life within slum communities. For a large portion of slum dwellers, religious practices serve as a source of hope and stability within difficult socio-economic settings. Activities such as regular prayer, communal fasting, and weekend worship services create social cohesion and promote collective identity (Babu & Salve, 2024). However, some modern health practices progress is hampered by the reliance on their religious interpretation. For instance, the suspicions surrounding vaccination or opposition to family planning is often based on erroneous religious doctrine. The use of faith leaders to facilitate health promotion has shown great success in overcoming some of these barriers, thus religion becomes both a challenge and an opportunity for culturally sensitive approaches.

The cultural and social norms in these *abadis* tend to influence the females more as they do take up some teaching responsibilities therefore they serve dual role as parent teachers within the slum community. This form of life restricts women's healthcare, education and economical engagement which sustains generational inequalities within the slum societies (Corburn et. Al., 2020 & Hosseini Shokouh et al., 2017).

Moreover, cultural norms tend to impose the constraint of marriage at young ages for girls, limiting their scope of participation in education and employment, thus fostering dependence and poverty. Such cultural norms circulate within families and communities in slum settings, serving to perpetuate a set of cultural standards. The older generation conceives the bulk of cultural practice, especially life skills, nutrition, and traditional medicine, and passes it on to the next generation (Friesen et al., 2020).

The effect of globalization on the cultural practices of slum populations is both positive and negative. A favorable impact is the access to media and technology that has brought modern health, education, and gender role ideals to the doorsteps of slum residents. For instance, public health awareness campaigns through mobile devices have improved knowledge of hygiene and immunization in some urban slums (Corburn et al., 2020). However, the same process of globalization has led to the bleaker side of many ways of life eroding. The mass production of low-priced goods has led to a sharp decrease in demand for traditional craftsmanship. This shift has created economic disruption and an identity crisis for many whose livelihoods relied on cultural skills.

Cultural considerations as markers of identity have socio-economic dynamics as important impediments to healthcare enhancement in slum areas. The reference made to the primary reliance on traditional healers causes delays in vital medical attention. Stigma associated with mental disorders and sexually transmitted infections also inhibits treatment seeking behavior. Even more so, some of these beliefs are underpinned by superstitions. For instance, in some places, vaccination is erroneously believed to be tantamount to sterility or a Western plot, hence the resistance to immunization campaigns. These ideas need to be addressed with education that considers local culture in order to encourage greater participation in public health initiatives (Friesen et al., 2020).

#### **Psychological and Socio-Economic Dilemma of Slum Suburban Areas**

It is a primary feature of slum-based societies and communities as its residents face poverty, lack of stable employment, and social welfare provisions. The system freezes socio-economic growth and development, directly impacting one's social mobility like in the case of River Ravi settlements in Pakistan. In failing economies, these issues are challenging not only on financial terms but become illness, clean water and education deficits too as told by Friesen et al 2020 and WHO. The combination of underlining socio-environmental variables remarkably hinders achievable targets for sustainable development. In simple terms, these issues perpetuate a cyclical state of devolvement and underdevelopment.

People in slum areas depend on informal employment which is often low paid, unstable and unregulated. These conditions and financial constraints generally lead towards many psychological issues among these dwellers, making them more prone towards social, ethical vices and crimes. Moreover, the activities like street vending, domestic help, and construction work do not have psychosocial benefits leading them to become susceptible to economic shock. In this case, urban daily wage women face these hardships due to limited opportunities for seasonal work done outside the house. This exacerbates the already dire socio-economic conditions for women. This inequality widens the existing gaps (Babu & Salve 2024).

The integration of slum inhabitants into the boundaries of formal finance services often subject them to informal lenders who offer loans at exorbitant interest rates. These debt cycles most certainly worsen the economic instability at the same time as draining limited incomes. Severely Indebted families tend to make trade-offs with basic needs such as health services and education, thus widening the poverty trap. (Friesen et al., 2020).

Globalization has worsened inequality within slum areas by developing urban labor markets, without offering employment protection. The employment of slum dwellers in the informal sector has greatly soared. As a result, the conditions of work and wage payment to slum workers continue to deteriorate. The economies of the slums are especially vulnerable given their location and existing infrastructure and climate change affects them the most. The slums located near River Ravi frequently get flooded. This results in the displacement of people which in turn pushes already financially struggling families further into crisis (Friesen et al., 2020).

Slums have limited access to proper health care and nutritious food. Therefore, the combination of poverty and health creates a self-feeding cycle that deepens one's economic and social vulnerability (Muyskens 2021). Lack of sufficient financial means to acquire food makes the already weakened immune systems of slum dwellers even more weak, meaning that they are more likely to get sick. Moreover, overly congested and unhygienic housing conditions help to spread infectious diseases like cholera, hepatitis, and tuberculosis in slums which place huge healthcare costs on

families (WHO). This cycle hits children in slums the hardest. Their inability to afford adequate nutrition contributes to limited growth and cognitive development which, in turn, diminishes their ability to attain an education and escape the shackles of poverty (Corburn et al. 2020).

### **Education within Slum Locations**

Education has been upheld as one of the main determinants of growth and development, empowering individuals to rise from the depths of poverty, enhancing their standards of living. Nevertheless, for millions of children living in slum settings around the world, education is still considered a far-fetched concept. Owing to their unique combination of structural, economic, and cultural factors, slum communities often do not possess the means required to provide equal and quality educational opportunities. Schools in such areas tend to be grossly under-staffed and under-funded. Such regions are usually characterized by poverty, which culturally and economically constraints families to focus on short-term subsistence rather than long-term educational investment (Friesen et al., 2020; WHO, n.d.).

Education is considered a luxury rather than a necessity by families living on subsistence-level incomes. In slum environments and informal economies where child labor is rampant, children are more likely to be bound to low paying jobs instead of going to school. The cost of schooling is also an added burden due to payments for tuition, books, uniforms, and transportation. A study conducted of slum communities in South Asia showed that families, even with minimal educational expenses, opted for survival, for their basic needs instead (Babu & Salve, 2024). Slum households have restricted financial resources which leads to high rates of dropouts, as students are unable to sustain their attendance over time. For example, secondary school attendance in the River Ravi slums is estimated to be nearly 40% lower than that of primary school.

Cultural practices, social perception, and norms greatly limit the regular school attendance of girls, and when they do attend school, it is infrequent. Investment in female education is also a scarce resource due to the predominance of early marriages (Corburn et al., 2020). In addition, sociocultural obstacles such as the stigma related to menstruation, school dropout due to insufficient sanitary facilities, and school inactivity further exacerbate the problem for many adolescent girls.

The educational infrastructure is systematically lacking in every aspect in slum areas, as it is characterized by inadequate classroom space and overcrowded classrooms, unsafe buildings, lack of running water and functioning toilets, as well as rudimentary amenities. In Pakistan, urban slum children comprise one third of the total Pakistani juvenile population without access to a school which greatly exacerbates the educational illiteracy problems within the country (Friesen et al., 2020). The issues pertaining to teacher absenteeism and underqualification remain chronic in slum schools.

Gender inequity is remarkably high in the slum education systems. It is a common practice for boys to be given more access to schooling because education is seen as an asset for them and a liability for girls. Cultural perceptions give priority to the greater paying opportunities of the boys as opposed to nurturing their female counterparts (Corburn et al., 2020). In the context of slums, poverty is perhaps the greatest challenge slum dwellers need to deal with. Alleviating such cycles becomes a feasible challenge with the help of basic literacy and at the very least, numeracy. Schooling helps individuals to seek better employment which helps them join the formal economies, improving quality of life. Moreover, communities with higher levels of education tend to be health-conscious. Children of educated mothers are more likely to be vaccinated, to have better hygiene and be part of educated families focused on their long term wellbeing (Friesen et al., 2020).

## **FINDINGS AND DISCUSSION**

On the basis of above discussion and findings it can be stated that the type of healthcare system, socio cultural, economic conditions are lacking in these areas as compare to urban developed parts of Lahore. These inequalities not only increasing the level of frustration among the residents of River Ravi slums but also effecting their social, economic, mental and overall health. It is also noted that access to care is determined by the gender norms as modest women, especially of reproductive age, tend to be more immobile and require permission from their husbands for external movements, including to healthcare centers.

The masculine protective barrier leads towards a postponement of care for women patients with gynecological problems which are additionally shameful to address. The social determinants of health encompass the conditions in which individuals and communities are born, grow, and work, including the set of systems and forces that shape their daily living conditions. Such social determinants are accentuated within slum areas due to the stagnant interplay of poverty, substandard housing, lack of education, and inadequate health services. The study draws attention to the deep-

rooted structural inequities affecting the overall socio cultural, economic condition and well being of River Ravi slum residents (Solar & Irwin, 2010).

The informal social support provided through social networks to these people, proved crucial and helpful in the of access to basic necessities of life. There is a need for collaborative work to address these concerns with policymakers, ppublic. professionals, and the community networks. With the proper understanding of these issues, effective strategies can be drawn to reduce the gaps of access between urban and slum areas of Lahore.

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