



Human Consequences of Crowding: An Empirical Study of South Delhi, Delhi, India

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Abstract

The purpose of this study was to find out the consequences of crowding in South Delhi. The area selected for study is Batla House, predominantly inhabited by low-working class population. Studies on crowding have shown that people's behaviour is regulated by the level of crowding. Keeping other factors constant, individuals belonging to a high density area behave differently from people belonging to low density areas. High Density areas generate strain among the residents which is reflected in their pattern of inter-personal communication and other behaviours. They feel unease in communicating with others, not only in family but also with other residents of the locality. Quarrelsome behaviour among siblings and use of abusive language are some of the outcomes of crowded living. The study shows that immoral behaviour among children results from living in crowded households. Psychologically, crowding also leads to mental health problems like speech disorder, distraction and forgetfulness. Some well-being problems like hypertension, respiratory and suffocation are also indications of crowded living conditions.

Key Words: Crowding, density, socio-psychological, mental health, physical well-being.

Introduction: Crowding is such a stress that its imprint is deep which is perceptible even after consciously and unconsciously dealing with it. In fact, it is a stress that a person experiences in day to day life. The perception of crowding is further aggravated due to increased congestion by construction boom of multi-storey houses by reason of low cost of land in crowded areas. This situation is invariably associated with loud noise and hectic activities in these areas. Stress becomes deeper due to deprivation of all civic amenities and facilities even of portable water supply in these areas. Thus, the perception of crowding is reinforced by deprivation of civic rights and sub-human living conditions which are manifested particularly in an urban setting.

Population growth and urbanization have enhanced the concern of social scientists with the effects of crowding and overpopulation on human behaviour. Evidences from early animal research (e.g. Calhoun 1962) and some similar researches on human correlation (e.g. Galle, Gove & McPherson 1972) have demonstrated that crowded living conditions are related to various indicators of social and physical pathology.

Literature Review: Researchers have examined overcrowding in the home and determined that objective and subjective measures of crowding were associated with a number of pathological consequences. Gove et al. (1979) measured number of person per room, as well as excessive social

demands, and lack of privacy on a stratified sample of approximately 1500 households in Chicago. They found that crowding was related to poor mental health, social relationship and child care.

Crowding is very much associated with reproduction; fertility and infant mortality are the positive effects of crowding. Booth et al. (1979) mentioned that human density may at the same time stimulate or impede reproduction. The number of rooms available per person plays an important role in determining the nature of interactions in the households, and it is related to mental and physical health. Studies also show that objective crowding affects negative parents' relationships and interactions with their young children, sexual behaviour between couples, and social relationships with those living outside the home (Gove and Hughes, 1983). Consequently, people of the areas face mental ill health more than physical health. Wilkinson (1999) acknowledges that while overcrowding is associated with psychological symptoms including depression, "the influence of other confounding social and economic problems is agreed to be strong". Consequences of crowding among animals were also observed (Calhoun 1962). His study was conducted on behaviour of rats to find out how they behave in aggressive ways in a high densely environment, in spite of providing adequate food and water. He further mentioned that when he allowed the rats to multiply to a level greater than that would occur in their natural habitat. It was seen that the rats voluntarily crowded at the main feeding area rather than other feeding areas. He noticed that the rats become hyperactive and aggressive, sexually assaulting, killing and cannibalizing the newborn. (Calhoun 1962, Dubos 1965, Hall 1966, Goeckner et al. 1973, Lore and Schultz 1993).

Objectives of the Paper: The main question which this research proposes to address is to study the impact of consequences of crowding on the deviant social and psychological behaviours of living in slums. In the process, inter alia following objectives were put to achieve in the paper.

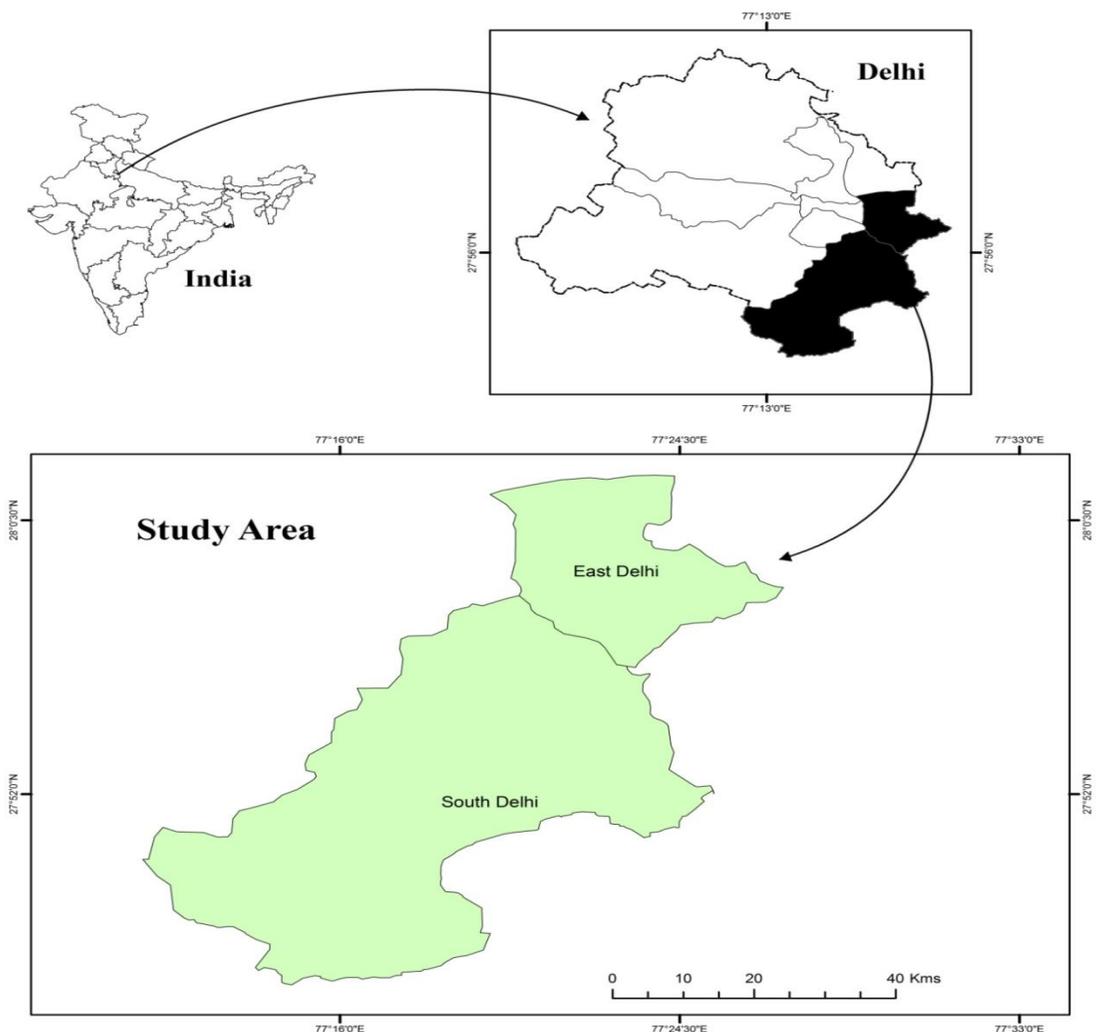
- (1) To analyze, whether the observed behaviour is the result of crowding or some other factors.
- (2) To examine differences in human behaviour under crowding.
- (3) To inquire into behavioural patterns of people of the same socio-economic status habituated at varying levels of crowding.

Data and Methodology: First of all a pilot survey was conducted for final field work. Primary survey was conducted in the questionnaire to reveal the real conditions of high density related to the consequences of crowding. After the completion of the pilot survey a small but comprehensive questionnaire was finalised for final survey. With respect to the sampling, a convenience sampling was utilized for the survey of 283 respondents from different occupations. Self-administered questionnaires were prepared and personally given to respondents. A total of 750 persons were given the questionnaire. Out of these, only 540 questionnaires were received back. But only 283 questionnaires were found correctly filled and were used for data analysis. In the questionnaire, all relevant questions were prepared to know the actual conditions of the area related to crowding and its psycho-social consequences. The respondents were taken from Batla House, a locality of South Delhi. Batla House is one of the densely populated areas of South Delhi. A survey of total 75 households was included here in which the total number of persons was 283. Out of them 150 persons were male and 133 persons were female. After survey on the basis of data analysis, 3.77 people per room were found. All the primary data were analyzed using factor analysis technique with the help of SPSS.

Study Area: Batla House locality has its name after a British officer Butler whose family had a bungalow near Yamuna and used to visit it during vacations. Otherwise, the locality was covered by

acacia indica and agricultural fields. In fact, present Batla house exists between villages of Okhla and Jogabai. When Jamia Millia Islamia was shifted to Okhla from Karol Bagh, settling of Batla house started from the boundary of present Faculty of Fine Arts where some peons, clerks and other 3rd and 4th grade employees at the behest of Dr Zakir Hussain, then the Vice Chancellor of Jamia Millia Islamia made their flimsy houses. They were later joined by some Muslim families involved in the occupation of milk supply to teachers and employees of Jamia Millia Islamia (University) and other residents around and in the clients in the city. Later, some teachers of Jamia Millia Islamia and Municipal Corporation of Delhi and other lower rank workers of Delhi Government started settling along the eastern boundary of Okhla graveyard. Opportunities of business there attracted small time shopkeepers, mechanics and other Muslims to earn their livelihood.

Location Map of Study Area



The phenomenal concentration of Muslim population in Batla House started after unfortunate 1984 anti-Sikh riots in Delhi when Muslims realised that most of the atrocities occurred in areas where Sikhs were in small number. So they started shifting to places like Batla House. Jamia Millia Islamia being as a defining feature, Muslims thronged this area in search of security, education and employment. Most of teaching and non-teaching staff of the university made Batla House their home.

Analysis of the Study: A factor analysis was carried out of the responses of individuals of sample households of Batla House locality to find out dimensions of consequences of crowding. In all, thirty variables (indicators) were considered representing various Criminality & Delinquencies, Physical (Physiology) Problems, Ethical Degeneration, Sexual Pathology, Behavioural Problems and Related Health Disorder, Insecurity and other aspects of crowding. The factor analysis yielded major dimensions (factors) of crowding, reducing and replacing the original indicators into four. The factor structure of the consequences of the crowding is given in the table.

Factor Structure
Table 1: Factor Structure (Batla House)

Sl. No.	Factors	Percent of Total Variance Explained
1.	Criminality & Delinquencies	27.03
2.	Physical (Physiology) Disorders	19.39
3.	Ethical Degeneration	17.49
4.	Behavioral Disorders	15.33
	<i>Percentage of Total Variance Explained</i>	<i>79.24</i>

Factor Structure: The first factor designated as “criminality and delinquency” explains the highest, i.e. 27.03 per cent of the total variability. The second order dimension is called “physical (physiological) disorders”. This factor explains 19.39 per cent of the total variability across respondents in the locality. The third order factor is called “ethical degeneration”. It explains 17.49 per cent of the total variability, while the fourth dimension labelled as “behavioural disorders” explains as much as 15.33 per cent of the total variability. As such, these four factors together account for about four-fifth of the total variability of the variables of consequences of crowding in the locality under examination. Only 20.76 per cent of total variability remains to be accounted for by other factors which could not be included in the explanation as after fourth factors, variance, explained by all other factors, abruptly goes down a priori decided criterion of 5.00 per cent.

Factor 1: Criminality & Delinquencies: In the case of Factor 1, it should be noted that variables from all the main categories load equally high with a slight edge of variables in the behavioural and psychological impact. The highest loading of 0.894 is observed in case of the variable high sex drive.

Table 1.2 Factors 1: Criminality & Delinquencies

Sl. No.	Variables	Loadings
1.	Incoherent Speech Disorder	0.734
2.	Speech Disorder(stammering)	0.658
3.	Poor Family Communication (Adjustment Reaction)	0.673
4.	Distraction	0.163
5.	Forgetfulness (Scattered Memory)	0.675
6.	Distrust (Low Self-Esteem)	0.768
7.	Improper Environment for Study	0.819
8.	Sense of Insecurity	0.786
9.	Family Behaviour Dissatisfaction	0.361
10.	Quarrelsome Family	0.307
11.	Lack of Complacency	0.261
12.	Health Problems (Complaints)	0.667
13.	Suffocation	-0.303
14.	Respiratory Problems	0.277
15.	Hypertension	0.462
16.	Gynaecological Disorders	0.573
17.	High Sex Drive	0.894
18.	STDs	0.634
19.	Cantankerousness	-0.117
20.	Irritation	-0.179
21.	Quarrelsomeness	0.113
22.	Offensive Behaviour (Foul Language)	0.507
23.	Troublesome Married Life	0.614
24.	Child Delinquency	0.473
25.	Respect to Women in Locality	0.398
26.	Crimes against Women (Decadence)	0.587
27.	Incest Behaviour (Pervasive Depravity)	0.429
28.	Child Immorality	-0.061
	Per cent of the total variance explained	27.03

It is followed by improper environment to study (0.819). However, it should be noted that variables which load highly on this factor or dimension are sense of insecurity (0.786), low self-esteem (0.768), incoherent speech disorder (0.734), forgetfulness (0.675), poor family communication (0.673), health problems (0.667), stammering (0.658), STDs (0.634), troublesome married life (0.614), crimes against women (0.587), gynaecologic disorders (0.573) and offensive/foul language (0.507). Apart from these variables which load significantly high, there are a few related variables which load significantly on this factor, but not so high as child delinquency (0.473), hyper tension (0.462) and incest (0.429).

High sex drive may be classified as psychological pathology. It is a consequence of lack of privacy and small space wherein parents with children sleep cramped. Naturally, when a pair lives side by side and there is a lack of entertainment, the tiresomeness couple seeks pleasure in sex. The excess of it sometime results in high sex drive. As a consequence, rape, incest and illicit relation take place. Sometimes, these cases are reported to the police. High sex drive is not a coincidence; it is an effect of crowding. Men in larger number to the male field investigator and women in significant number to female investigator have confided to have high sex drive. In order to ascertain veracity of their claim, informal indirect inquiries (without mentioning names) from the neighbours and other people in locality confirm their claim. People pointed out a number of persons who are either known to have as indulge in sex related crimes (in a few cases which are reported to police of incest, rape or illicit relationship), or are suspected in the locality for having such a behaviour. Many of these persons have themselves admitted to have high sex drive. Some of the suspects of sex crimes may be discounted, as it is quite likely that their notoriety as bad characters in the locality may have earned this disrepute to them. Women respondents also have been subjected to exploring questions in informal interviews about coital frequency, pregnancy histories, and their attitude towards family planning and in case of practice, its efficacy. Responses to these exploring questions have been largely in conformity with their claim. Men's "high sex drive" often leads them to red light area (red-light districts) when returning homes from day's toil at work as prevalence STDs among men and through them among some women load as high as 0.634 that is significant. Crime against women, incest and child delinquency are also related to this behaviour.

Children who sleep cramped with their parents often wake up in the night when their parents are making love. When they are alone in the house, they indulge in child sex play imitating their parents. This fact is witnessed by women in neighbouring houses, who on visiting the households and saw children in sex play. Child sex play though in itself is not a problem. It is common among even well-off families as to look through key holes to see someone naked or play husband and wife, but after an age children leave it. However, in crowded houses almost daily repeated exposure to this act and its imitation by children repeatedly make it their habit. When they become older, this habit of theirs very often results in the early sex arousal and sometimes culminates in incest between siblings or improper behaviour with girls in neighbourhood. As such, child pervert behaviour is prevalent in the locality, but its severity is low. Incest among mature is generally result of poverty. In the culture of poverty, instead of restrain and prudent decision, impulsive self-gratification reign high.

Use of foul language or offensive behaviour in the households and in public places generally results in violent quarrels and fights. Incidences of such behaviour with women are commonly reported to the police as cases of violation of women modesty. In fact, Batla House locality is lately also inhabited by a significant number of educated persons, many of them are high-tech professionals and administrative officers. The original and early poor inhabitants of this locality do not mind use of such foul language, but sometimes its use outside generally lands them in police lock-ups and jail as educated and government officers cannot tolerate such behaviour. Use of foul language is not a consequence of upbringing background, but due to stress of crowding, miserable life conditions and fatigue which find outlet in foul or offensive language to ease out tension and anger. As a result of misery and fatigue confounded by crowding, hypertension is observed among women in several families. Situation is further exasperated by their lose-tempered husbands or masculine members of the family who do not miss an opportunity to use of foul language and that

make their women nervous and some go in depression, all these conditions are conducive for development of hypertension.

Gynaecologic disorder is known well to result from malnutrition and under-nutrition and especially from the deficiency of Vitamin D and violence (Bdawar and Rosen 2010) and also from psychological distress (Chhaya, et al. 2003). All these conditions were obtained in this locality. Under-malnutrition is prevalent among women due to poverty and this impairs their reproductive system. Since women generally remain confined within houses and even event of coming outside sunlight (source vitamin D) is of no benefit to them as sunlight does not reach the surface of lanes (galis) due to multi-story houses with projections either side of narrow lane. Therefore, natural availability of vitamin D is lacking in the locality. Added to all these conditions are STDs transmitted to some of them by their husband.

The speech disorders and stammering as well as forgetfulness or scattered memory are also result of foul language and household violence. Stammering is common, but poorly understood disorder that affects people of all ages. Previously it was considered a psychological disorder, but lately neural-disorder due to injury, et cetera and genetic factors are considered significantly important in this condition. However, late development of stammering in adolescent or mature is believed to be psychogenic caused by emotional trauma, stress and fatigue which impair motor control such as timing, sensory and motor coordination (Biechel & Sammer 2004; Drayna and Kand 2001). As mentioned above, violence and quarrel in the household as well as losing temper by men create stress and atmosphere of fear. Consequently, youngsters and women develop this disorder that is further aggravated by trauma of their life. In this way, this trait is reinforced daily beyond recovery through counselling and speech therapy. This situation also results in other disorders like incoherent speech and forgetfulness due to stress and fearful environment in the household. As a consequence of this, free communication in these families is lacking resulting in troublesome married life. Obviously, all these conditions are not conducive for a proper environment for study of children. Consequently, children do badly in schools and a high number of dropouts are observed in locality. The improper household environment and no sympathy in schools make them indulge in petty crimes like shop lifting and snatching from children of youngsters and bullying in school or in the neighbourhood which with age gradually develop a criminal behaviour among them.

All these variables are highly interrelated whether they belong to psychological and behavioural pathology or social malaise. Even diseases found among the respondents are also in sync with other significant variables of this factor together they refer to criminality and delinquency in the locality as a direct or indirect result of the crowding.

Factor 2: Physical (Physiological) Disorders: As pointed out earlier, Factor 2 explains 19.39 per cent of the total variance of all variables in the locality. Among the categories, variables of physiological or health problems load significantly high in larger number than the variables of other categories. Therefore, this variable is designated as dimension of “physical (physiological) disorders”.

The variable that loads highest and positively on this dimension is hypertension (0.896). It is closely followed by respiratory problems (0.854). The third important variable on this factor with a loading of 0.814 is suffocation related complaints or feelings. The next important variable which loads significantly is health problems or complaints (0.696) closely followed by lack of complacency (0.659). It means that due to health problems caused by crowding, respondents or local

population do not find their life satisfactory and enjoyable. The other health related problem which load significantly is STDs with a loading of 0.559.

It is worth noticing that influence of crowding on these diseases is also expressed in behavioural patterns as irritation (0.543), but these families in spite of showing irritating behaviour are not quarrelsome as variable of quarrelsome family load moderately negative on this factor with loading of -0.406.

Table 1.3: Factor 2: Physical (Physiological) Disorders

Sl. No.	Variables	Loadings
1.	Incoherent Speech Disorder	0.136
2.	Speech Disorder(stammering)	0.053
3.	Poor Family Communication (Adjustment Reaction)	-0.133
4.	Distraction	-0.309
5.	Forgetfulness (Scattered Memory)	-0.123
6.	Distrust (Low Self-Esteem)	0.109
7.	Improper Environment for Study	0.009
8.	Sense of Insecurity	0.024
9.	Family Behaviour Dissatisfaction	0.239
10.	Quarrelsome Family	-0.406
11.	Lack of Complacency	0.659
12.	Health Problems (Complaints)	0.696
13.	Suffocation	0.814
14.	Respiratory Problems	0.854
15.	Hypertension	0.896
16.	Gynaecological Disorders	0.793
17.	High Sex Drive	-0.104
18.	STDs	0.559
19.	Cantankerousness	-0.147
20.	Irritation	0.543
21.	Quarrelsomeness	0.113
22.	Offensive Behaviour (Foul Language)	0.343
23.	Troublesome Married Life	-0.313
24.	Child Delinquency	-0.273
25.	Respect to Women in Locality	0.395
26.	Crimes against Women (Decadence)	-0.163
27.	Incest Behaviour (Pervasive Depravity)	-0.131
28.	Child Immorality	0.331
	Per cent of the total variance explained	19.39

All these health problems such as feeling of suffocation, respiratory problems, hypertension, complaints of health problems, real or imagery, and dissatisfaction with life clearly indicate that due to stress generated by various degrees of perception of crowding and congestion as well as noise in the locality. Sometimes in young or school going children, suffocation or respiratory problems may result from pollution due to high traffic flow on the roads and lanes (galis). Vehicular pollution may also produce an effect on women as outdoor pollution generally makes inroad indoors by reason of

narrow lanes and nearby roads with high traffic flow. It resides there for quite some time owing to lack of proper ventilation. Since houses are generally one-side open that let the outdoor pollution come in from front open side in the lane, street or road, but outlet for it to go out is mostly absent.

Factor 3: Ethical Degeneration: Human ethics is not only product of upbringing and ethical as well as religious values of a community alone. Environment play almost an equal role in shaping individuals' or communities' ethical values. Under stress ethical values are metamorphosed. Crowding generates enough stress to change human value system from their original ones.

This factor is related to ethical values of respondents- theoretically consequent upon stress generated by crowding. Ethical system metamorphosed under this stress is not agreeable in civilized society and can be described as degenerated ethics. It is called “ethical degeneration” as most of variables that load significantly on it belong to disagreeable ethical behaviour.

The most significant variable on this factor with a loading of 0.847 is offensive or foul language used within family and in public places. The loading of this variable is much higher on it than that on the first factor (0.507). The variable that follows it with some lag is child delinquency (0.759) i.e. children are reported to indulge in immoral activities as fights, bullying, use of abusive language even sometimes molestation in the locality.

Table 1.4: Factor 3: Ethical Degeneration

Sl. No.	Variables	Loadings
1.	Incoherent Speech Disorder	0.136
2.	Speech Disorder(stammering)	0.045
3.	Poor Family Communication (Adjustment Reaction)	-0.008
4.	Distraction	-0.337
5.	Forgetfulness (Scattered Memory)	-0.136
6.	Distrust (Low Self-Esteem)	0.253
7.	Improper Environment for Study	-0.077
8.	Sense of Insecurity	0.026
9.	Family Behaviour Dissatisfaction	-0.008
10.	Quarrelsome Family	-0.743
11.	Lack of Complacency	0.171
12.	Health Problems (Complaints)	0.099
13.	Suffocation	-0.246
14.	Respiratory Problems	0.176
15.	Hypertension	-0.223
16.	Gynaecological Disorders	-0.346
17.	High Sex Drive	-0.253
18.	STDs	0.093
19.	Cantankerousness	-0.277
20.	Irritation	0.456
21.	Quarrelsomeness	-0.128
22.	Offensive Behaviour (Foul Language)	0.748
23.	Troublesome Married Life	0.847
24.	Child Delinquency	0.495

25.	Respect to Women in Locality	0.759
26.	Crimes against Women (Decadence)	0.339
27.	Incest Behaviour (Pervasive Depravity)	0.477
28.	Child Immorality	0.692
	<i>Per cent of the total variance explained</i>	<i>19.39</i>

Again, loading of this variable on this factor is higher than that (0.473) on the first dimension of criminality and delinquency. This variable is closely followed by quarrelsome behaviour with a loading of 0.748 that closely belongs to dissatisfaction with family behaviour which loads as high and positively as 0.743. The child immorality i.e. children's misbehaviour with parents, elderly, teachers, siblings and friends also loads positive and high (0.713). The variable which loads significantly, but not as high as previous variables is incest or pervasive depravity (0.692). Other variables which load less than 0.5, but significantly belong to the other variables on this dimension and signify ethical degeneration are troublesome married life (0.495), crime against women or decadence (0.472) and cantankerousness (0.456). All these variables refer to unethical or immoral characteristics of respondents. All these behavioural variables indicate some stress on the back of mind and stress of crowding can generate such an immoral behaviour.

Factor 4: Behavioural Disorders: Unlike ethical values which are consciously inculcated from childhood, behaviour evolves generally as a learning process. Mostly, behaviour evolves through immersion in the socio-physical environment of a community. However, behavioural patterns change quickly if a person or community is relocated in a different socio-physical environment. Therefore, behavioural patterns are highly transformable by the crowding.

It should be noted that the dimension of behavioural disorders in general includes those variables which indicate behavioural disorders deviating from what may be described as normal. The variable that loads highest and positive on this dimension is quarrelsome family with a loading of 0.892. Equally high loading of 0.833 is shown by distraction. It means that crowding stress makes people quarrelsome and people cannot concentrate on their work. Poor family communication is also a significant variable on this dimension with a loading of 0.728. It is to note that being quarrelsome family, use of foul or offensive language load as negatively and high as -0.708. The variable of respect towards women in the locality loads negative and significantly (-0.566). People generally do not care for women in their households and outside as it can be observed when boarding buses or walking in lane, men do not care for women, puss and pull them or pass by them rudely without caring that women whether old or young may fall or hurt by their careless hurried movement or boarding. Apart from these instances as reported by women of the locality such behaviour can be seen in other walks of life even shopkeepers misbehave with women if they try to bargain. Other lower, but significant loadings on this factor are shown by irritation (0.667) and cantankerousness (0.616) i.e. people are generally angry and annoying and difficult to deal with or argue with.

Table 1.5: Factor 4: Behavioural Disorders

Sl. No.	Variables	Loadings
1.	Incoherent Speech Disorder	0.136
2.	Speech Disorder (Stammering)	0.012
3.	Poor Family Communication (Adjustment Reaction)	0.119
4.	Distraction	0.728
5.	Forgetfulness (Scattered Memory)	0.833
6.	Distrust (Low Self-Esteem)	0.088
7.	Improper Environment for Study	0.044
8.	Sense of Insecurity	0.041
9.	Family Behaviour Dissatisfaction	0.084
10.	Quarrelsome Family	-0.447
11.	Lack of Complacency	0.892
12.	Health Problems (Complaints)	-0.117
13.	Suffocation	-0.156
14.	Respiratory Problems	0.081
15.	Hypertension	0.061
16.	Gynaecological Disorders	-0.136
17.	High Sex Drive	-0.302
18.	STDs	0.094
19.	Cantankerousness	0.032
20.	Irritation	0.616
21.	Quarrelsomeness	0.667
22.	Offensive Behaviour (Foul Language)	-0.455
23.	Troublesome Married Life	-0.708
24.	Child Delinquency	0.085
25.	Respect to Women in Locality	-0.008
26.	Crimes against Women (Decadence)	-0.566
27.	Incest Behaviour (Pervasive Depravity)	-0.038
28.	Child Immorality	-0.058
Per cent of the total variance explained		15.33

They are not ready to listen in logical arguments. Obviously such behavioural patterns in themselves develop irritation when they do not agree with other persons, they show irritation. On the other hand, these people though are irritating and cantankerous and have poor family communication, but they are not dissatisfied with the behaviour of their family members. As family behaviour dissatisfaction load moderately negative. They have also turned out not to be quarrelsome as the variable of quarrelsomeness on this factor load moderately negative (-0.455). Loading of all these variables in large number indicate that many people in the locality have developed behavioural trait which deviate from normal. It is also interesting that though their families are observed to be quarrelsome, but they, as individuals and family members do not quarrel with each other. Similarly they are in spite of the poor family communication and distraction which means that people are not concentrating whatever has been told they have not reported dissatisfaction with family members. It is possible that children and women in family are more well-behaved and their counterparts in the other families. As a whole this factor characterises behavioural disorder of respondents in locality.

Findings and conclusions: The findings discussed in the paper show the consequences of crowding based on the empirical study conducted in a highly crowded area of South Delhi. On the basis of results of the study, it is evident that there is a wide range of consequences found in the crowded area. Among the variables, Criminality and Delinquencies are high in the study area. Insecurity, least family behaviour satisfaction, lack of privacy and quarrel with one another among the family members are the main problems in the area. People feel irritated and quarrel with one another and they use abusive language in daily life. Married life always remains in trouble due to lack of rooms for their private affairs. Sometimes it creates depression and frustration. Besides these, in adverse conditions, they chose to divorce to their spouses. Including these, child delinquency and crime against women are very high in the locality. The study shows that consequences of crowding influence moral upbringings and fewer adolescents commit crime related to women and children. Apart from these, there are a number of other behavioural consequences in Batla House like speech disorder, low confidence in life etc. The findings reflect that insecurity, quarrelsome family and lack of complacency are major problems at Batla House in south Delhi. L.

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