

Health and Social Conditions of the Scavenging women in Bangalore Slum: an Analysis

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Abstract

Objective: To examine the Health states of the Scavenging women in the slum area. An effect has been made to reveal the socio-economic conditions of the Scavenging. A comprehensive healthcare and poverty survey households living in Bangalore slums has not been reported in the literature. Urban planning and poverty alleviation strategies call for study of demographics, health status and services, income, education and security.

Method: This was a pilot study. Data from 35 heads of household in the slums of Bangalore was collected by a 45-question survey, which included questions on migration, housing, rent, security, water, sewage, child and adult health, health care, mortality, contraception, nutrition, work and income.

Result: In this study, 55% of the women's are belonging to SC & 45% of women's are ST category. Majorities of the women's are doing scavenging work & they were living in slum. Because of their poverty, unemployment, lack of infrastructure & basic facilities. Women's are facing General, Nutritional, and Reproductive & Mental health problems in these women at the slum area.

Conclusion: Slum living has important social and health consequences. The majority described migrated to Bangalore for economic reasons, and once there had unacceptable levels of malnutrition, hygiene and health, deprivation of essential services, and financial instability. Meaningful data is required to inform public policy in order to formulate poverty alleviation strategies

KEYWORD: Poverty, Health status, Income, Nutrition, socio-economic conditions

Introduction:

Homelessness and poverty are an international crisis. Bangalore, with a population of 89,000, lives in some 241 slums of its capital city. The Bangalore Demographic and Health Survey (BDHS) is a periodic study of the population and although urban areas are surveyed, slums are not specifically investigated. Urban planning to accommodate increasingly large slum areas requires study to determine demographics and determinants of improved quality of life, such as health status, health services, financial stability, education and security.

In this pilot study, we describe more than 5000 families living in Bangalore slum areas. Migration, living conditions, social structure, child and adult health and health care, income, nutrition, and contraceptive practices are examined. Comparison is made to

the Survey of Urban Poverty in Bangalore, the BDHS, and to existing literature. Potential areas to target for intervention are also explored.

Objectives:

1. To study the social conditions of the Scavenging women's in the slum.
2. To explained the women's general, nutritional & Reproductive health in the slum.
3. To understand the women's social & Health related problems in the slum.

Methodology:

We undertook a 45-question survey, of a convenience sample of 35 heads of household living in a slum area of Bangalore. The questions were based on a survey administered to the homeless. The study was approved by the slum clearance board. Questions were mainly closed-ended. A consent and confidentiality statement was read aloud, and the interview conducted with subject consent. Interviews took place from April-July 2013.

Results

Social Conditions:

Age group: In this slum, 31.42% of the women's are belonging to the age group of 21-25 years; only 14.30% of the women's are belonging to within 16-20 years. Those who are early married.

Family system: 62.85% of the women are belonging to joint family & 37.15% of are belonging to nuclear family.

Education: 65.72% of the women's are educated & 34.28 of the women's are illiterate, all these women's have got some kind of vocational training like- making plastic flowers, bamboo things, beedi making, sewing & embroidery also. Few women's got training of soft skills like- computer & typing.

Marital status: predominantly, 91.43% of the women are married, because, they believe marriage gives security & completeness to a women as well as women hood. 2.86% of are divorced, 5.71% of the women's are deserted. In this slum, we cannot see any single women, it shows that, how much they give to important to marriage.

Caste & Religion: Majority 80% of the women are belonging to SC\ST, 20% of belonging to OBC. In this slum all people are following Hindu religion.

Migration: The majority (71%) of the respondents were coming from kneeboard state. (Andrapradesh, Tamilnadu & Kerala) Most described an economic migration, citing poverty (76%).

Number of Children's: 97.155 of the families are having less than 5 children's, but 2.85% of the families are having more than 5 children's.

Tenure of the Marriage: 5.71% of the women's are newly married, 48.59% of the women's are married for 2-10 years. 45.70% of the women's are married for more than 10 years, because of their early marriage.

Job: Majorities (90%) of the women's are working as scavenge. Other women's are doing part-time job like household work, washing, cleaning, sweeping etc.

Income: 68% of the respondents are earning 3,000-3,500 per month, and 32% of them earning 2,500-3,000 Rupees per month. Their yearly income was belonging to 8,000 Rupees.

Substance Use and Gambling

The respondents report household uses of betel nut (31%), cigarettes (4%), marijuana (4%), and alcohol (61%) most using daily. Of the 35 surveyed, 19 reported that substance use in self or family caused impediments in functioning. Gambling was reported in 11; all were husbands of women interviewed.

Health Conditions:

Visiting to PHC:

77.15% of the women are visiting to PHC sometimes, 8.57% of the women are visiting too frequently. While 14.28% of the women are visiting too rarely, because, they are busy in work & do not give importance to their personal health.

Physical disabilities of the interviewees were enumerated; vision or hearing loss was reported by 5, handicapped hand or leg in 5, and chronic back pain in 2; these disabilities were severe enough to limit daily activities. Common chronic conditions included headaches, arthritis, back pain and urinary incontinence. Pain prevented 19 from performing most activities. Acute/recent conditions were typically jaundice, worms, joint pain, and sexually transmitted disease.

Symptoms of visual impairment were reported. 23 were farsighted (hyperopic) and 17 were nearsighted (myopic), with 20 able to obtain corrective glasses. In self-report, 9 noted cataracts and 31 had glaucoma. Hearing difficulties were noted by 24%. Five people reported needing the help of another person to walk, and another 12 required a cane.

Memory was appraised and 24% responded that they were unable to remember anything/most things, and 54% remembered most things. It was not felt to be culturally sensitive to ask questions regarding psychosis, depression or suicide.

Dental health was reported as poor or very poor in 20 and 15 reported problems with their mouth or gums. Eleven had received dental services in the past year, and 30 had 1-6 missing teeth.

Nutritional Health

Rice and vegetables were consumed daily by all but foods with higher protein content were consumed daily by less than 20%. Meals were consumed three times per day in 89% of families. When asked: "Do you feel that your family eats a balanced diet

and receives proper nutrition?" 94% responded negatively. Subjects were asked if they or their family ever go hungry; 90% responded "sometimes" and 10% said "never."

Reproductive Health

Contraception was used by 64%. Methods are cited Reasons for not using contraception as well as hygiene during the menstrual cycle were also noted.

Access and Information's of contraceptives: majorities (100%) of the women gets information through the PHC, on the access of contraceptives through – social workers, media, friends, relatives and other sources.

Adopting Methods of contraceptives:

57.15% of the women are adopting sterilization methods, because, who they are uneducated, 14.28% Of adopting condoms methods, 22.85% of them are adopting copper-t.

Awareness of family planning method:

57.15% of the women are aware of FPM, because, they are educated, while, 42.85% of the women are not aware of FPM, lack of awareness can be attributed to their illiteracy, ignorance & absence of awareness rising programmers by govt & NGOs.

Notion of adopting the sterilization: 37.14% of the women believe that the sterilization might affect their health. Surprisingly, 62.86% of the women believe that sterilization do not have any effect on their health.

When adopting these contraceptive methods, women' s were facing some health problems like- fluctuation in menstrual cycle, over bleeding, back pain, leg pain, headache, eating disorder, no satisfaction in their intercourse, anemia, allergies

Suggestions:

1. Services to promote infrastructure facilities.
2. Services to promote child survival.
3. Nutritional services for vulnerable groups
4. Reproductive health services for adolescence.
5. To give information about contraceptive methods.
6. Gender sensitization of reproductive health for husband and wife.
7. To improve the status of women in this slum
8. To give more importance to girls education.

Conclusions and Areas of Future Research

By all counts, urbanization in Bangalore is projected to increase, with an estimated 80 million living in urban areas by 2020, 40-60% of whom will be in the slums. This study and others show that these people are human capital greatly contributing to the economy and work force of the country. The majority migrated to Dhaka for economic reasons, and once there suffer unacceptable levels of malnutrition, hygiene and health, deprived of essential health services, financial stability, education and security. Bangladesh was slated as most corrupt in the 2002 Corruption Perceptions Index. Evidence in the slums is in payment by slum dwellers to land owners or managers for rent, utilities and security. This and ongoing costs for food and health services prevent economic advancement. Violence, coercion and extortion are part this system. Slum living is an unavoidable reality of the future; efforts must be made to build the slums of Bangalore into sustainable communities. To accomplish this, a strategy involving government authorization to use the land and the creation of infrastructure and sustainable development with the elimination of corruption is crucial at all levels of government, police and individual slum leaders.

References

1. Joshna Agnihotri gupta (2000), New Reproductive technologies women's health and autonomy, Delhi, Sage publications.
2. Kumar (2006), Health and nutritional status of Indian women, Delhi, Anmol publications.
3. Slum population in India- census of India 2001, publication- office of the register general and census commissioner India- New Delhi.
4. Housing atlas of India (2001), Publications- General commissioner of India, New Delhi.
5. S. Saroja (2000), Mahile Mattu Arogya, hampi, Prasaranga mudranalaya.
6. C.N. Shankar Rao (1995), Bharatada samajika samsegalu, mangalore, jai bharath Prakashana.
7. Accessed on 26th April 2008- www.contraception and its Risks about women's reproductive health.htm