ISSN 2349-0241

RCUES

Regional Centre for Urban and Environmental Studies
All India Institute of Local Self-Government, Mumbai

Vol.9 No.3 July - September 2016 (Private Circulation Only)

Quarterly Publication

The Urban World

RCUES

Regional Centre for Urban & Environmental Studies (RCUES), Mumbai

(Fully supported by Ministry of Urban Development, Government of India)

Established in 1926, the All India Institute of Local Self Government (AIILSG), India is a premier autonomous research and training institution in India. The Institute was recognized as an Educational Institution by Government of Maharashtra in the year 1971. The Institute offers several regular training courses in urban development management and municipal administration, which are recognized by the Government of India and several State Governments in India.

In the year 1968, the erstwhile Ministry of Health, Family Planning and Urban Development and (now known as Ministry of Urban Development), Government of India established the Regional Centre for Urban & Environmental Studies (RCUES) at AIILSG, Mumbai to undertake urban policy research, technical advisory services, and building work capabilities of senior and middle level municipal officials, and elected members from the States of Goa, Gujarat, Maharashtra, Rajasthan and UT's of Diu, Daman, Dadra & Nagar Haveli in western region and Assam and Tripura States in North East Region. The RCUES is fully supported by the Ministry of Urban Development, Government of India. The Ministry of Urban Development, Government of India has formed National Review and Monitoring Committee for RCUES under the chairmanship of the Secretary, Ministry of Urban Development, Government of India. The Principal Secretary, Urban Development Department of Government of Maharashtra is the ex-officio Chairman of the Advisory Committee of the RCUES, Mumbai, which is constituted by Ministry of Urban Development, Government of India.

In the year 1991, the RCUES was recognized by the Ministry of Urban Development, Government of India as a National Training Institute (NTI) to undertake capacity building of project functionary, municipal officials, and municipal elected members under the earlier urban poverty alleviation programme-UBSP. In the year 1997, the Ministry of Urban Affairs and Employment recognized RCUES of AIILSG as a NTI for capacity building under SJSRY, the centrally sponsored poverty alleviation programme in the States and UT's in the western region, Madhya Pradesh, and Chattisgarh.

In 2005, the Ministry of Urban Employment and Poverty Alleviation (MOUE&PA), Government of India and UNDP have set up the `National Resource Centre on Urban Poverty' (NRCUP), which is anchored by Regional Centre for Urban and Environmental Studies (RCUES), All India Institute of Local Self Government (AIILSG), Mumbai under GOI – UNDP, project titled `National Strategy for the Urban Poor'.

In 2009, the RCUES, AIILSG Mumbai was recognized as a `Nodal Resource Centre' on SJSRY (NRCS) by Ministry of Housing and Urban Poverty Alleviation, Government of India.

Since 2000, the AIILSG, Mumbai houses the Solid Waste Management (SWM) Cell backed by the Government of Maharashtra for capacity building of municipal bodies and provide technical advisory services to ULBs in the State. In 2008 Mumbai Metropolitan Regional Development Authority (MMRDA) established Solid Waste Management Cell to provide technical advise for development of regional landfill sites and capacity enhancement in Solid Waste Management for urban local bodies in Mumbai Metropolitan Region (MMR).

On 13th January, 2010 Water Supply & Sanitation Department, Government of Maharashtra established Change Management Unit (CMU) in AIILSG, Mumbai which was supported by Government of Maharashtra. The CMU was anchored by AIILSG, Mumbai for Water Supply and Sanitation Department, Government of Maharashtra from 13th January, 2010 to 30th June, 2014.

In 2010, the AIILSG, Mumbai is selected as a Nodal Agency by Water Supply and Sanitation Department, Government of Maharashtra in preparation of City Sanitation Plans for 19 Municipal Corporations and 15 A Class Municipal Councils in Maharashtra State, under the assistance of Ministry of Urban Development, Government of India.

On 3rd September, 2011, Water Supply & Sanitation Department, Government of Maharashtra established Waste Management & Research Centre in AIILSG, Mumbai, which will be supported by Government of Maharashtra and MMRDA.

The RCUES, AIILSG, Mumbai is recognized in October 2011 as a Nodal Resource Centre (NRC) for RAY by Ministry of Housing and Urban Poverty Alleviation, Government of India.

The AIILSG, Mumbai is empanelled in November, 2011 as National Resource Institution for North, East, West and South Regions for `Social Development & Community Mobilization by RAY Directorate, Ministry of Housing and Urban Poverty Alleviation, Government of India.

In August, 2013 the AIILSG, Mumbai is empanelled as Agency by Ministry of Urban Development, Government of India, for providing technical support to the Cities / Towns of States / Urban Local Bodies (ULBs) in the field of Water Supply and Sanitation, Sewerage and Drainage systems.

In July 2015, the RCUES & AIILSG, Mumbai is empanelled for Municipal Solid Waste Management project under Swachh Bharat Mission (SBM) programmes undertaken by the Ministry of Urban Development, Government of India.

The Urban World - Quarterly Publication of Regional Centre for Urban and Environmental Studies of All India Institute of Local Self Government, Mumbai

(July - September, 2016)

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Printed at **Copytronics** Bandra (E), Mumbai.

The Urban World
Quarterly Publication of the
Regional Centre for Urban and Environmental Studies of
All India Institute of Local Self-Government,
Mumbai

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No. - 3
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1. Urban Development.
2. Urban Planning.
3. Solid Waste Management - Resource Material.
4. Hospital Medical Waste Management.
5. Planning for Urban Informal Sector in Highly Dense Cities.
6. Study of Municipal Schools with Special Focus on Drop-outs, Standard of Education and Remedies.
7. Rainwater Harvesting.
8. Institutionalisation of Citizen's Participation in Urban Governance.
9. Gender Budgeting.
10. Gender Equality in Local Government - Comparative Study of Four States in Western Region in India.
11. Mapping of Basic Services in Urban Slums.
12. Basic Services to the Urban Poor.
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15. Resettlement and Rehabilitation.
16. Mumbai Human Development Report, 2009. (UNDP / MOH & UPA, GOI / MCGM).
17. Resource Material on Urban Poverty Alleviation.
18. Laws of Meetings.
19. Resource Material on Preparation of City Sanitation Plan (CSP) & Capacity Building for Urban Local Bodies.
20. Implementation of 74th CAA, 1992 in Urban Local Bodies and Impact Assessment of Training of Women Elected Members.

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Editorial

How Long Will Our Water Last?

By 2030, the world is projected to face a 40% global water deficit under the business-as-usual scenario as per UN World Water Development Report 2015. Water is critical to sustainable development and has direct linkages with various aspects of human well-being including health, sanitation, food security, natural disasters and the environment.

Water related issues have come to the forefront in the last few decades in the face of relentless urbanisation and population growth. Water conservation and management have invariably been part of the discourse. Water is essential for human/domestic use, industrial use and for agriculture. These demands are often in conflict with each other and in times of limited availability, the needs of one sector may be curbed to meet another's requirement. The use of water particularly by domestic and industrial users causes release of used water which if not handled appropriately presents significant dangers of pollution and other damage. Climate change results in droughts, i.e., shortage of water in some regions while causing floods or excess in other regions. Water related natural disasters are among the more common and impactful ones.

Unsustainable practices and sometimes distorting policies are putting enormous strain on ground water resources. Aquifers the world over are depleting at a faster rate. Withdrawals are well in excess of natural replenishments. In both rural and urban settings, borewells for all purposes are being sunk to deeper and deeper levels each year resulting is rapid fall of reserves. In India, for example, as per the World Bank, renewable internal freshwater resources per capita fell from 3089 cu. mtrs in 1962 to 1116 cu. mtrs in 2014. There is thus an urgent need to reform water use to enable progress towards a sustainable and equitable future.

In India, agriculture accounts for nearly 80% of all fresh water use. Hence the sector presents opportunity for big savings. Use of drip irrigation and sprinkler systems has improved crop productivity prospects while resulting in big savings in power and water usage. Improved cropping patterns and distribution along with appropriate choices can improve farm incomes while conserving water. Oilseeds and pulses for example in place of water guzzling crops. Many such initiatives are already underway.

On the domestic front, global standards specify per capita consumption of about 150 litres per day. This may be too high or too low depending on the context. However, there are vigorous efforts in various parts of the world to bring down the actual consumption well below this level and success is evident. Appropriate plumping technologies and fixtures are deployed to minimise shower and flush water usage, for example.

But more needs to be done. SDG 6 has the goal to “Ensure availability and sustainable management of water and sanitation for all”. Among the sub-targets are, “By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity”. Thus it is a clarion call for drastically improving water use patterns with a view to conservation and efficiency through sustainable practices.

In the words of UN Secretary General Ban Ki-moon, “People with the least access to water and sanitation often also lack access to health care and stable jobs. This perpetuates the cycle of poverty. …….. The basic provision of adequate water, sanitation and hygiene services at home, at school and in the workplace enables a robust economy by contributing to a healthy and productive population and workforce”.

To ensure that all have access to clean water, those of us who already have access must ensure its rational and responsible use, promote conservation and preserve all sources of water. For, we can no more afford to use tomorrow's water today.

Globalization and Women: Issues and Concerns

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Professor & Head, Department of Economics, SNDT Women's University, Mumbai.

Introduction

Globalisation (G) has accentuated inequality and poverty and has had massive influence on the urban, rural and dalit /tribal poor women as paid, underpaid and unpaid workers of the economy.[1] As homemakers, the poor women have shouldered disproportionate (triple) burden of G due to commercialisation of day-to-day survival needs such as drinking water, degradation of environment and erosion of public health services[2] and cash controlled privatised education by corporate driven G.[3] Expensive transport, dismantling of public distribution system that provided grains, cooking fuel, cloth material, soap, etc. have made lives of millions of workers, especially poor women full of hardship. Neo-liberal policies guiding economic G have reduced chances of quality education, nutritious diet and healthy growth of poor people's children. Laissez-faire in the labour market has threatened the employment opportunities of the adult men workers and married women. During the last one decade, there has been drastic increase in the child labour.

The Impact of Globalisation on Men and Women Workers in India

Workers of the developing countries are seen as the most flexible of the world's labour force. The lower supply price of these workers provides a material basis for the induction of poor working-class urban labour into export industries such as electronics, garments, sports goods, toys and agro-industries.[4] In the export-oriented industries, the production of leather goods, toys, food-products, garments, diamond and jewellery, piece-rate female labour is employed, working from sweatshops or from home.[5] Outsourcing is name of the game. The relationship between the formal sector and the decentralised sector is a dependent relationship where the formal sector has control over capital and markets and the 'informal' sector works as an ancillary. In India, 93% of the urban and rural poor work in the decentralised sector, this has a high degree of labour redundancy and obsolescence. These workers have less control over their work and no chance for upward mobility because of temporary, routine and monotonous work.[6]

Only 7 % of the total workforce in India is in the organised sector. Women constitute only 14% of the total employment in the organized sector. It is concentrated in Maharashtra, Delhi, West Bengal, Uttar Pradesh and Tamilnadu. In the urban areas, work participation rate of women in tertiary sector i.e service sector increased, from 37.6 % in 1983 to 52.9 % in 1999. (Economic Survey, 2002, GOI). Even here, majority of women workers are employed in domestic work.

Wage Differential (WD)

Perpetuation of Wage Differential by economic G is such that for identical tasks done by both men and women, women are paid less. And women are also confined to relatively inferior tasks and casual work. The Trans National Corporations (TNCs) and Multi National Corporations (MNCs) are cashing on patriarchal attitude and myths about women's low productivity. Effects of WD have

been subordination of women, son preference, man being treated as a "bread winner" and a Head of the Household (HoH). Affirmative Action to remove these prejudices is a need of an hour. Both, the state and the social action groups need to join hands to provide gender justice in the labour market. Labour, factor and product markets also differentiate on the basis of race, religion, caste and ethnicity. Women are given low and unequal wages. Sexual harassment is common but unarticulated due to fear of loss of employment. There is no question of paid leave and maternity benefits. The use of cheap labour in the unorganised sector is the major source of profit for employers and contractors who exploit the workers' lack of collective bargaining power and state regulation.

Primitive Accumulation of Capital for Expansion of World Capitalism

Marked feature of neo liberal policy is enlightened self- interest activated through market forces in the era of economic Globalisation (G). G rides on the back of cheap labour of the minorities, women and children. Landscape of urban and rural informal sector in dozens of South Asian (India, Pakistan, Bangladesh, Srilanka, Nepal) and South East Asian (Thailand, Indonesia, Philippines, Malaysia) countries, Indochina (Laos, Kampuchea and Vietnam) and China is flooded with sweatshops, ghetto labour markets and stigmatised migrant workers.

ASEAN countries have discussed establishment of 200 Special Economic Zones (SEZs) that would ensure flexibalisation of the labour force to attract Foreign Direct Investment (FDI).

During the 1990s, employment of middle-aged men and women decreased and employment of adolescent girls and child labour increased. Women were and are given less skilled and underpaid jobs. Budgetary cuts for balwadis and crèches enhanced the burden of poor working women. FTZs and EPZs thrive on young women's super-exploitation. The employers overlook occupational health hazards.

Arjun Sengupta Committee Report (2006)

The Report is a stark reminder of the huge size and poor conditions in the informal sector. The Report has revealed that in India, almost 370 million people - more than 85% of the working population in India- work in the unorganised sector. Of these, at least 120 million are women. They contribute around 60% to the national economic output of the country. Around 28 crore work in the rural sector, of which an estimated 22 crore are in the agricultural sector. Around 6 crore are in urban areas. Women make up 11-12 crore, of which around 8 crore are engaged in agriculture.

In terms of overall employment, the Committee's report estimates that over 92% of the country's working population is engaged in the unorganised sector, and that the majority of women workers also work in this sector. Yet, in spite of their vast numbers, and their substantial contribution to the national economy, they are amongst the poorest sections of our population. It is therefore imperative that urgent steps are taken to improve their condition -- this is the Constitutional obligation of those who govern the country.

So far as service sector is concerned, official jubilation focuses on Indian women in the workforce experiencing the third stage of U shape curve phenomenon. This needs serious examination as the increase in work participation of women in the service sector is mainly due to highly demanding care work done by less educated women in domestic work. Women in these expanding sectors are "paid for at extraordinarily low rates. Women are also over-represented among the more vulnerable categories of informal casual work."[7]

Labour Processes in the Unorganised Sector

Informal sector work is characterised by low wages that are often insufficient to meet minimum living standards including nutrition, long working hours, hazardous working conditions, lack of basic services such as first aid, drinking water and sanitation at the worksite, etc. Even a cursory glance will identify several such occupations, including agricultural labour, construction workers on building sites, brick-kiln workers, workers in various service industries ranging from transport and courier services to the hospitality industry.

A large 'invisible' section of workers are employed in what is called 'home-based work' where, typically, workers use their own premises to do piece-rated work. This not only includes traditional crafts, handloom weaving, beedi rolling, but also more modern industry such as electronics.

Both formal and informal surveys reveal that on an average, unorganised sector workers do not earn more than Rs 30-50 per day. Some may appear to earn more but the work is often seasonal and the total earnings amount to roughly the same. In order to earn more, workers work longer and harder. This is particularly the case for self-employed persons such as vendors, rag pickers, and petty traders, who make their services available from the early hours of the morning to late at night, in all types of inhospitable working conditions.

The NSS 66th Round Survey revealed significant reduction in work participation of women in 2011. Working Group of the National Advisory Council (NAC) on *Unorganised Workers Social Security Act 2008* stated unorganised sector workers, a large chunk of which is women, constitute 93 per cent of the workforce. The sector contributes to an estimated 60 per cent of GDP, 55 per cent of national savings and 47 per cent of all exports.[8]

Officially much applauded recommendations of the Second Labour Commission, 2002 grant increased freedom to the employers to hire and fire workers at their whims and fancies. Moreover, there are massive cuts on financial allocations made for the social security measures by the state or employers. Recently, movement for pension for unorganised sector workers has been launched by social organisations.

By and large, there are three types of issues of unorganised sector workers that need to be addressed. One is the regulation of their working conditions, the second is provisioning for conditions in which they are unable to continue to work, such as old age and disability, and the third is measures to help them overcome situations of insecurity, such as major illnesses and the liability of losing employment or being laid off at the will of the employer, for which they have no legal remedy.

Forced Eviction to Accommodate Mega Projects:

Capital driven G has perpetrated tremendous human miseries by resorting to forced eviction of poor people from their dwelling place and work-place. Majority of the victims happens to be migrant informal sector workers.

"Women...and other vulnerable individuals and groups suffer disproportionately from the practice of forced eviction. Women in all groups are especially vulnerable given the extent of statutory and other forms of discrimination which often apply in relation to property rights (including home ownership) or rights of access to property or accommodation, and their particular vulnerability to acts of violence and sexual abuse when they are rendered homeless." (UN Committee on Economic, Social, and Cultural Rights, Sixteenth Session, 1997)[9]

The most disturbing aspect of G is displacement in the name of economic development. The very space to live and work is withdrawn from the urban poor in favour of shopping malls, car-parking spaces, commercial hubs and flyovers. Throughout the 20th century, the urban poor have been employed in food, beverage, tobacco, textiles, construction and wood / bamboo /

cane and ceramics industries. Here too, they have been targets for retrenchment and forced to join the unorganised sector. The self-employed poor are squeezed out of the marketing, vending spaces because global traders have made local labour and skill obsolete.

Unequal Relationship between the Formal and the Informal Sector

Sizeable section of the informal sector goods and services are produced, frequently by means of contracting and subcontracting, which are paid for on piecework rather than a time-rate basis. Much of the economic activity in the informal sector is founded on capital from the formal sector and given the low cost of labour and taxed minimally or not at all, return to where it came from with tidy profit. Primitive accumulation in its classical form included plunder, slavery and colonialism, while primitive accumulation in the contemporary period includes sweat- shops, labour concentration camps and criminalisation of the working class. In 1998, the world economy had 1.2 billion poor i.e. population with an income of less than 1 dollar per capita per day.

Gender division of labour results in women and children working in household units as it allows "Flexible work", as per the ILO study of 74 small and micro enterprises in 10 industrial clusters- engineering, ceramics, brass, carpets, bone and hoof, metal, block-printing, handloom- of North Indian states.[10]

As a result of Structural Adjustment Programme, sacked/retrenched formal sector workers and employees are forced to work in the informal sector. Victims of Voluntary Retirement Scheme have downward economic mobility. Rationalisation, mechanisation and automation have had labour reducing implications. Introduction of contract system in public sector has institutionalised neo-liberal dual economy model. A sectoral profile shows that most women workers in rural areas are in occupations such as weaving, handicraft, tailoring, forestry, sale of fish, silk and poultry farming. In urban areas, the majority of women workers are either in the construction sector or in the nursing and teaching professions, working either on a contract-basis or self-employed. The rise of work participation rate is not a sign of empowerment but a sign of sheer helplessness and economic distress. Subcontracting, home-based production, family labour system, and the payment of wages on a piece-rate basis, are jobs earmarked for women. According to the 2001 census, 19% of the total female workforce constitutes unpaid family labour. Even in a state like Kerala, only 17% of the women are gainfully employed.

Labour Standards

The labour Standards as set by the ILO under the impact of economic globalisation have been violated resulting into erosion of workers' rights and collective bargaining process due to informalisation, casualisation and marginalsation of the working class as a result of economic liberalisation policies adopted by the nation states in the region. Trade union workers from all Asian countries have expressed their anxiety about countries competing with each other to cut costs by compromising labour standards. In the name of labour flexibility, exploitation of the workers is enhanced and feminisation of poverty has been accentuated. The workers organizations are demanding uniform labour standards for all countries that are part of World Trade Organisation so that the nation-states stop competing for cutting the cost by violating workers rights.

Co-existence of high wage islands in the sea of pauperised working class has enhanced human misery and social conflict in the context of massive reduction in the welfare budgets of the nation states in South Asia and South East Asia. Massive urban unemployment and rural underemployment and disguised unemployment have resulted into social tensions in terms of ethnic and religious chauvinism in several Asian countries. Women pay the heaviest price due to communal and ethnic

conflicts. Incidents of economic crimes have risen drastically. With rising ethnic and communal tension jeopardising economic activities, visible and invisible activities of underground extra-legal economy is displaying a tendency to expand.

Immigrant workers face job discrimination in pre-entry phase & wage discrimination in post entry phase. They remain the first to be fired and the last to be hired. They are the major victims of casualisation of the labour force. Dualistic Models in the urban India promotes differentiation based on language, caste, religion, ethnic background and exclusion from informal network for upward economic mobility. Majority of the toiling poor rot in the external sector in which real wages change at disparate rates. In this context only institutions like extended family, caste and village nexus play an important role in providing safety nets to migrant workers.

Girl Child Labour and Globalisation

Nearly 10 % of girls were never enrolled in schools due to paid and unpaid work they had to do in homes, fields, factories, plantations and in the informal sector.[11] Sexual abuse at the work place is a hidden burden that a girl worker endures. The child labour policies, however, do not spell out anything specific to girl child workers. There is no implementation of prohibition of girls working in the hazardous industries.

Parents often take the help of children to supplement their own earnings, and this is a major reason for the widespread prevalence of child labor in the unorganised sector. Living in abject poverty, most girl child workers in the unorganised sector barely manage a subsistence existence. There is no question of saving, particularly for times when they are unable to work. Hazardous work conditions often cause accidents, loss of limbs, etc. Such disability is disastrous because there are no other sources of income for these households.

Nearly 1/3 of Indian women and 1/6 of Indian girls are a part of the labour force. In the low productivity segments of the economy, the choices before the girls have been child-marriage, child-prostitution or child-labour (CM, CP, and CL). Grooming of girls in different parts of the country determines whether they would be part of the SS side of the CM, CP or CL or grow as empowered women. Studies on this process from the political economy perspective are handful but they throw light on the areas of active intervention by the state, civil society and the social movements. National Campaign against Child Labour has carved out phase-wise programme of rehabilitation of child-labour and integrating them into the formal/ non-formal educational institutions. Homes for street-children have been established in the cities like Delhi, Banglore, Bombay, Ahmedabad, and Calcutta. Public interest litigations against inhuman conditions in the rescue homes, by social organisations have forced the iron wall of secrecy fall. Employers with modern outlook have realised that without healthy and educated\skilled labour-force, they can't attain high productivity. But, in spite of this awareness, condition of girl child labour is deplorable. In match industry in Shivkashi, out of 45000 children, 90 % were girls.[12] Highest numbers of girl-children are sold either as child-brides or as bonded labourers or as child-sex workers in the drought-prone areas.[13] Brutalisation of girl-victims of CM-CP-CL is more pronounced because their male counterparts have to face control of their labour and sexuality while girl children have to bear multiple burdens of control of sexuality, fertility and labour and consequences of teenage pregnancy are faced by girls alone.

Due to globalisation, work participation of women and young unmarried girls as the cheapest labour has increased drastically in the industrial sector. Recruitment of women in the electronic, garment, diamond – gems and jewelry, dairy, food processing, horticulture and floriculture sectors have multiplied. Availability of home-based work for women has opened more avenues for women of all class backgrounds to use their abilities, skills

and education more productively. Home-based work ensures flexitime, secured environment and freedom from travelling to the mass of women with domestic responsibilities such as child-care, nursing of the old, sick and disabled members of the family. At the same time, home based workers are exploited by the agents who control supply of material and distribution of the finished products.

Work Condition of Women in the Informal Sector

The law of jungle prevails in the informal sector market in which 94 % of women workers work.[14] This sector is marked by the lowest wages, uncertainty of work, seasonal variations, interpersonal and state violence and backbreaking work, occupational hazards.[15] Double standard of sexual morality coupled with utter helplessness of women make them more vulnerable in the informal sector market and forces them to seek an illusionary protection from men.[16] Culture of sex-segregation and limited access to familial and societal resources force them to remain in female ghettos.[17] Most of the political parties have neglected this sector. The state apparatus has brutalised and criminalised this sector. Only social movements sphere headed by non-party political formations have done careful examination of their problems with participatory action research perspective.[18] Their advocacy on the plight of women workers and girl-child labour has helped build public opinion in favour of social justice. Large NGOs (Non-government Organisations) of women such as Self Employed Women's Association (SEVA- Ahmedabad), Annapurna (Bombay), Working Women's Forum (Madras) and Sakti (Banglore) have been able to provide employment generation activities in a subsistence sector, micro-credit facilities and defense mechanism to combat day-to-day harassment from petty officials and the local bullies.

Women artisans' cooperatives networking under the umbrella of DASTKAR has ensured craft-women in the subsistence sector to pursue their traditional art and crafts without harassment and control of the local and the city-based male-agents. Women artisans involved in family-based work of production of leather-goods, pottery, handicrafts, handloom, bamboo products, wood-work, ready-made food-items, dairy products, live-stock-raising, floriculture find themselves increasingly vulnerable because men have total control over the cash nexus in the context of erosion of kinship-based support network. To some extent, the women's organisations tried to fill in the gap on an adhoc manner. For the long-term and sustained support to the artisan class proper networking between the dependent sector and the mainstream market is needed.[19] There is a need for special focus on the deplorable condition of women-headed households as contract workers who are controlled by men of the community.

Handloom and Khadi units have enjoyed the patronage from the state since independence. The pattern of power relations in this sector is not different from the rest of the unorganised sector where the caste-based kinship-networks play predominant role to maintain statuesquo. Report on Socio-economic Conditions of Women Workers in Selected Handloom and Khadi Units in Gujarat, 1994[20] reveals that 25% of them were unmarried\ widowed\ divorced\ separated. 58% of them were illiterate. As compared with Handloom industry, Khadi industry provided more opportunities for home-based work for women. In the handloom units, majority of women weavers were from S.C., while in the cooperative sector, only 39% of women weavers were from S.C. Unlike in the North-East, tribal women of Gujarat don't do weaving in the handloom units. Pattern of women's employment is not different in the Khadi Industry of Gujarat. Predominantly SC women are employed as weavers but women from all communities are employed as spinners, weavers and pooni-makers.

None of the evaluation reports on KVIC and handloom industry has made a systematic critique of highly labour intensive, low productivity and

low-income model of women's development which is averse to science and technology (S & T) and Research and Development (R & D). This economic model can be termed as Development model for the helpless lot. Abolition of license-permit raja, multilateral trade agreements, management cadre with modern outlook and pool of scientifically and technologically advanced human resource can help the process of humanization of KVIC and other occupations in the informal sector.

There is no recognition of the fact that women's involvement (as owner cultivators, agricultural workers and unpaid family workers who augment resources of the household by collection of fuel, fodder and water and looking after the live-stock, poultry and kitchen-garden) in the economic activities of the agrarian sector is the highest.[21]

Women constituted 15% of the workforce in the public and private sector establishments. 1/8th of the workforce in the public sector and 1/5th of the workforce in the private sector are composed of women, majority of whom happen to be in the lowest rung of the hierarchy. More and more women are joining public and private sectors as accountants, computer operators, administrators and public relations persons. Only 6% of the women workforce in these sectors is part of the organised sector workforce i.e. only 6 women employees out of 100, in the public and private sector enjoy benefits of the labour laws. The rest are casual/ contract workers who face insecurity of job. In a highly segmented private and public sector labour markets, women with connection, recommendation or qualification only, can manage to enter, as in these sectors women are expected to handle equipment / property of the establishments. In other words, these are employers' markets. One or two women with efficiency + and with readiness to work in the midst of extremely adverse circumstances manage to acquire top positions in these sectors.

Need for Social Protection and Affirmative Action

Social protection for informal sector women workers is a need of an hour. More importantly, they need a provision of old age security such as a pension. The lack of savings and support systems also mean that there is no fall-back in other emergencies, especially major illnesses or the death of an earning member in the family. The rising costs of private healthcare and the systematic dismantling of the public health system in these times of liberalisation are a major reason for the huge indebtedness of households in the unorganised sector. There is a pressing need to provide insurance, especially health insurance cover to the workers.

New approach towards recruitment, where on the job training for skill up gradation is provided to the new entrants, is conducive for human resource development. Domestic work and waste management is the only area where deskilling and cabbagification of the workforce is the highest because the domestic worker loses her verbal skills, traditional skills of her occupation and at the same time, does not gain any new skills for upward mobility. These activities don't require any investment for human resource development. Moreover, due to its lowest opportunity cost in the economy, the labour concentration camp approach can be effectively utilised to control the workers. It is the most feudal sector of the economy that needs wage-labour-contract relations aided by development inputs of education, skill development, assertiveness training and the government initiative.[22]

The National Renewal Fund must be extended to cover the unorganized sector and a substantial part should go into the retraining of workers.

Creches must be provided for children of all workers and not merely women workers irrespective of the number of employees. There could be a common fund for each industry.

Implementation of the Unorganised Sector Social Security Act (2008) is the most crucial step for ensuring basic human rights of informal sector workers and for humanizing employment relations for women workers.

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21. Country reports of the developing countries to the UN-INSTRAW reiterate this fact.

22. Domestic Workers' Union of Sevaniketan, SPARC (Bombay) and Molkarin Sangathana (Pune and Nagpur) have done pioneering work of articulating needs and demands of domestic workers. Documentary evidences based on the survey reports on the domestic workers have appeared in Labour File, Delhi, 1998.

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Urban Sanitation and Women's Empowerment in India

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Introduction

Access to clean toilets and the consequences of inadequate sanitation facilities for women and girls is a serious issue in India. Although lack of access to water and sanitation harms men as well, its consequences are disproportionately felt by women and girls. Women and girls without water supply or toilets in the home are more vulnerable to sexual violence, diseases and discrimination.

According to the World Health Organization, 626 million people defecate in the open in India.[1] Around 60% of Indians do not have access to safe and private toilets.[2] Diarrhea is one the most common causes of child mortality. In India, more than 1,40,000 children younger than five years of age die of diarrhea.[3] The health consequences of lack of toilets are worse for women / girls -holding back the urge to relieve oneself due to lack of privacy or a clean toilet leads to urinary tract infections, kidney stones, constipation, and psychological stress.

On 15th August 2014, the Prime Minister of India, Shri Narendra Modi, while making the Independence Day speech made a very important declaration - all schools in India would have separate toilets for boys and girls. The Swachh Bharat Mission was launched on 2nd October 2014. Since then, a total of 1.92 crore toilets have been created since and 4,17,796 toilets added in government schools for girls.[4] This is no small achievement. Yet, construction of toilets on its own will not lead to women's empowerment without corresponding measures for ensuring cleanliness and sustainability. Behavioural change and involvement of the corporate sector in partnering with the government are required.

1. Violence against Women/Girls in India and its link to Sanitation

India ranked 130 in the Gender Inequality Index in 2014, which is lower than the GII of Ethiopia, Bangladesh and Pakistan.[5] According to the National Family Health Survey (NFHS) – 3 (2006), 47.4% of women aged 20-24 were married by the age of 18. According to the 2014 NCRB data, a total of 13,766 incidents of rape on children were reported.[6] Cases of rape on women have shown an increase of 35.2% in the year 2013 (33,707 cases) over 2012 and 9.0% in 2014 (36,735 cases) over 2013.[7]

An analysis on nearly 600 sexual assault cases in district courts in Delhi in 2013 noted that following elopement cases and breach of promise to marry cases, men prying on young children in slums is the most common type of offence.[8] Certainly, poverty on its own is not a reason for rape. Violence against women cuts across class and caste. Yet the lack of privacy in a crowded environment with no toilet exacerbates sexual violence against impoverished women / girls.

A study conducted in three slums of North East Delhi on sexual violence against women linked to water and sanitation notes that women were fearful of sexual violence when using public toilets, when defecating in the open and in public spaces in general.[9] The toilets are associated with fear. In the slums, boys were said to loiter around the toilets at

night. Cases of boys hiding in the cubicles at night waiting to sexually violate those who entered were reported. Women were also scared of drug addicts who were said to hide in the toilets at night.[10]

The conditions in which a woman/girl has to travel in order to access a toilet is equally important to her safety. Street lighting has been demonstrated as being effective in reducing sexual harassment against women.[11] Poor street lighting and ill maintained roads, open usage of drugs and alcohol in public places contributes to the insecurity a woman feels when stepping out to use a toilet at day break or at night time.

Sexual violence is not the only form of violence women/girls experience as a result of lack of access to toilets. Inability to continue with education with the onset of menstruation stunts the potential of girls, leads to drop out rates and child marriage. For many women and girls, managing menstrual hygiene with lack of toilets and water is a constant struggle.

Managing Menstrual Hygiene and Education for Girls

According to a UNICEF study, 60% of girls miss schools on account of having started their period.[12] Missing school on account of menstruation over a length of time leads to poor performance and drop outs.

The following table provides data on female and male literacy rates in the States / Union Territories of Goa, Gujarat, Maharashtra, Rajasthan, Assam, Tripura, Diu, Daman and Dadra Nagar Haveli:

States	Female	Male	Total
Assam	66.3	77.8	72.2
Dadra and Nagar Haveli	64.3	85.2	76.2
Daman and Diu	79.5	91.5	87.1
Goa	84.7	92.6	88.7
Gujarat	69.7	85.8	78.0
Maharashtra	75.9	88.4	82.3
Rajasthan	52.1	79.2	66.1
Tripura	82.7	91.5	87.2

Source: Census of India, 2011

Inability to afford sanitary napkins, lack of separate toilets for boys and girls, lack of a hygienic disposal method, lack of water and soap are primary reasons for underprivileged girls dropping out of schools. 87% of Indian women use old cloth to manage menstruation, and not sanitary napkins.[13] If the cloth is dirty, it can lead to infection and reproductive diseases. Not washing the cloth properly, or not drying the cloth properly in the sun – out of shame and the stigma associated with menstruation - means the cloth does not get disinfected.

Moreover, due to the cultural beliefs that menstruation is 'dirty' and 'impure', channels of getting accurate information on menstrual hygiene remain limited. Due to the shame and stigma associated with menstruation, there is a lack of space for discussion on menstrual hygiene.

2. Sustainability

The construction of toilets in itself is insufficient unless the toilets have running water, are regularly cleaned and maintained. There are insufficient studies at present providing an overview of the maintenance and usage of toilets newly constructed.

Attitudes conflating work in toilets as dirty have to be challenged. Women's natural bodily functions, including menstruation, should be

discussed in an open and healthy environment. Washing hands after going to the toilet or handling a sanitary napkin, and frequent changing of a sanitary napkin are good practices. The Ministry of Drinking Water and Sanitation has brought out National Guidelines on Menstrual Hygiene Management (2015), which must be widely disbursed amongst State government officials, district level authorities (zila parishad, district education, health and ICDS officers, public health engineers) and schools and the community.

Caste based discrimination, wherein only dalits are considered responsible for cleaning of toilets needs to be overcome. Manual scavenging is prohibited under Indian law.[14] Insanitary latrines which require human excreta to be cleaned manually, must be phased out in accordance with law.

Environmental sustainability of the project will lead to challenges. Lack of water is a primary challenge in urban India. Urbanization is taking place at a rapid pace. Technical innovation may provide the long term solution to the problem of water shortage.[15] Technologies developing urine separating dry toilets, to sophisticated electric and vacuum toilets may ultimately provide the solution.

Sanitary napkins – although a life saver for many women – are non biodegradable and a hazard to the environment. Menstrual cups, which are reusable, reduce the amount of waste generated. Yet, few women, even amongst the urban elite, are aware of the existence of menstrual cups or are hesitant to use them as they have not been promoted. Development of low cost, biodegradable sanitary napkins must be accorded priority.

Involvement of the corporate sector: Finally, the task of maintaining clean toilets and providing sustainable alternatives is a mammoth task which needs support from the corporate sector. Corporate responsibility, or responsible business, is a necessity to protect the interests of society by corporates taking responsibility in relation to customers, suppliers, employees, shareholders, communities and other stakeholders, as well as the environment. As corporates have a legal obligation to spend 2% of their net profits on CSR initiatives, this must be fully utilized by the government.

Involvement of NGO's, religious groups, and political parties is important in order to mobilise the community is equally important. In the absence of support from the community, there is a danger that the constructed toilets may lie unused, become dirty and lead to a waste of government resources.

3. Conclusion

The right to use a clean toilet is as basic a right as eating or sleeping. Women and girls in urban slums in India face the brunt of the lack of a safe and private space to relieve themselves. Urban sanitation requires a multiple responses – i.e., construction of toilets, maintaining cleanliness, long term sustainability, a change in attitudes and involvement of all stakeholders in the process.

Acknowledgments:

I am grateful to Women Power Connect for technical and logistical support in writing this paper.

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Role and Relevance of 'Extension Education': Retrospect and Prospects

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Twenty first century has brought about changes and challenges never envisaged in the history of human societies. Onset of Information and Communication Technologies (ICTs) in daily life has impacted trade patterns, migration, gender relations and everyday life. Home Science education celebrated 100 years of its existence at Home Science Association of India 30th biennial conference at Vadodara in 2013. Intellectually sharp and rigorous discourses are taking place within various disciplines of home science to make the extension education component capable of meeting the challenges of knowledge economy.

Introduction

This paper attempts to examine journey of Extension Education, Home Science Extension Education and provides analysis of existing Home Science extension programmes in traditional universities (excluding agriculture universities), retrospect the past and evaluate the growth prospects. The methodology adopted is content analysis of websites of selected institutions offering Home Science Extension Education (HSEE) programmes, personal observational analysis and material from secondary sources. It borrows from diverse disciplines and sources to debate about role and nature of 'extension education' as an area of study within HSEE. Another objective also is to explore disciplinary boundaries of HSEE as a subject of specialization. 'Home Science Extension Education' is becoming more and more important aspect of human societies with added impetus of technology since the discipline is centered around premise of 'technology transfer' and 'community development'.

This paper limits itself to Home Science Extension Education unlike other branches of extension education. It examines evolution and status of extension education within Home Science. Unlike other branches of extension education, HSEE is defined as branch to extend knowledge of Home Science specializations to individuals/groups/community.

The Journey

Home science as a science about home refers to fundamental basics of human existence- food, shelter and clothing. Globally the term that described Home Science is Home Economics, pioneered by American Chemist and founder of Home economics movement in United States, Richards Ellen Swallow (1842-1911). She is credited with building of bridge between scientific analysis and household management through series of conferences at Lake Placid, New York.

Number of scholars elaborates the journey of Home Science in India as an academic area of study (Shukla and Rajlakshmi 1980, Parlikar 1983, Chandra et.al. 1989, Vibhu 1998, Malaviya 2007). Home Science education traces the origin of the discipline in pre-independence era. Vibhu (1998:10) notes, “Initially Home Science was introduced by social reformers, to dislodge Britishers 'Carte-blanche'. Opening of 'Zanana schools' was the starting action for the emancipation of Indian women”. Chandra et.al.

(1989:10) notes, “Between 1920 and 1940, under British Administration Home Science was referred as domestic science, house craft or domestic economy”.

Shukla and Rajlakshmi (1980) note that the first schools to introduce Home Science were the Convents, the Mission schools and Anglo Indian schools. The subject originated at school level and eventually grew into graduate and postgraduate academic discipline. Vibhu (1998: 10) remarks that in the second milestone was introduction of Home Science in 1927 by educational planners at All India Women's Conference. Later on in 1966 Report of Education Commission (Kothari Commission) recommended that Home Science in addition to giving education should equip its students on a scientific basis for work in the professional fields. In National Policy of Education (NPE) 1986 Home Science gained status of a subject. University Grants Commission created two separate model curriculums for Undergraduate as well as postgraduate courses in Home Science in 2001, unlike was done in other subjects.

Extension Education: An Academic Discipline

Extension education has mainly two connotations. One is about adult and continuing education where universities or academic set ups extend the knowledge to societies. Another is rooted in agriculture sciences. The objective mainly is to 'reaching out' to individuals, groups or communities in terms of innovation, practice or idea. There is also the dimension of scientist/researchers' 'lab' product/process to be 'delivered' to 'land/people/society'. Unlike Social Work, it is about 'helping people to help themselves' by creating awareness (knowledge) or changing their behavior (attitude and practices) or providing them skills.

In addition to several traditional universities, almost all the State Agricultural Universities (SAUs) and four National Institutes/Deemed Universities of the Indian Council of Agricultural Research (ICAR) offer Master's and doctoral programmes in different branches of extension education like agriculture, fisheries, dairy, veterinary, rural development, and so on. Indian Agricultural Research Institute (IARI), New Delhi offers programmes in M.Sc. and PhD in Agricultural Extension Education. Indian Veterinary Research Institute (IVRI), UP offers courses in Master of Veterinary Science (M.V.Sc.) and PhD in Veterinary Extension Education. National Dairy Research Institute (NDRI), Haryana has courses in M.Sc. and PhD in Dairy Extension Education. Central Institute of Fisheries Education (CIFE), Mumbai offers courses in Master of Fishery Science (M.F.Sc.) and Ph.D. in Fishery Extension Education.

Extension Education (EE) refers to varied definitions by different scholars. Sharma S R (1998) notes it as 'teaching rural people how to live better by learning ways that improve farm, home and community institutions'. Singh U K and A K Nayak (1997) remarks that EE started in India to bridge the gap between scientists and farmers. Its main thrust is to solve problems faced by farming community to increase agricultural production. Dhama and Bhatanagar (1991) remark that Home science extension and agricultural extension are complementary and mutually dependent upon each other. They list down five types of extension education- agriculture, agriculture engineering, veterinary and animal husbandry, home science and industry extension and further it with health and sanitation extension.

Tracing the history of agricultural extension Dhama and Bhatnagar (1991) remark that it has been the most important concern of extension since its commencement in 1952 and by 1955 took form of community development programmes. Joshi (1989: 225) states that HSEE was launched in colleges and agricultural universities after community development programme was launched in 1952. Dhama and Bhatnagar (1991: 30) states that the general aim of extension education

discipline is to provide body of organized facts and generalizations that will enable teachers, researchers, extension workers and administrators to increasingly realize both cultural and professional objectives. Joshi (1989) focuses more on homemakers' awareness as a function of HSEE and uses the term as Home Science Extension rather than Home Science Extension Education.

Evolution of HSEE in India

There is not enough analysis on how specializations within home Science evolved except that food science and nutrition, human development and textiles and clothing seem to be the lead specializations wherein resource management and extension education remained subsidiaries. At the same time Jaswal and Gill (1998) while examining entrepreneurial avenues within Home Science specialization do not discuss HSEE at all. If the evolution of HSEE departments at Home Science institutions is examined, that can give clue to evolution of HSEE in India.

At the Lady Irwin College, University of Delhi, the Department was established in the year 1964 as Rural Community Extension under the aegis of the Ministry of Food and Agriculture, Government of India and was later taken over by the University of Delhi. Later, the course was restructured and the nomenclature Community Resource Management and Extension (CRM&E) came into being in 1983. The Department was renamed as Development Communication and Extension in 2007.

At Maharaja Sayajirao University, Vadodara the Department of Extension and Communication was started in 1953 in the name of "Home Science Extension and Communication" which has been retained even today.

Dr. Bhimrao Ambedkar University at Agra has The Institute of Home Science located at Khandari was established in 1968 and was initially christened as Institute of Household Art and Home Science. In the beginning B.A. [Household Art] and B.Sc. [Home Science] courses of two years were pursued. In 1970, M.A. [Household Art] and M.Sc. [Home Science] courses were introduced. Department of Home Science Extension Education at Bachelors Degree level was established in the year 1972-73 under the Directorate, Ministry of Agriculture, Govt. of India. The nomenclature of discipline of 'HOME SCIENCE' was adopted in accordance to the common pattern suggested by the UGC visiting committee. In 1980 the institute was renamed as INSTITUTE OF HOME SCIENCE. Accordingly the faculty of Home Science was created in Agra University with the new statutes in 1980 with the five departments having Department of Home Science Education and Extension as one specialization which was in 1995 renamed Department of Home Science Extension Education.

Unlike Home Science Extension Education in public universities, most agriculture universities under Indian Council for Research in Agriculture have strong departments in extension education. For example the College of Home Science at Dharwad has Department of Extension and Communication Management. Table 1 shows how HSEE Department at Avinashilingam Institute at Coimbatore transformed over the years. The pattern in a way shows how HSEE has become more of 'Social Work' discipline than Home Science specialization at Avinashiligam.

Calcutta University has Home Science department established in 1944 under Faculty Council for Post-Graduate studies in Fine Arts, Music and Home Science but does not offer extension specialization till date. Also at Banasthali Vidyapith (http://www.banasthali.org) at Jaipur and Shri. Padmavati Mahila Vishvavidyalayam (http://www.spmvv.ac.in/HomeScience.php) at Tirupati offer Home Science specializations mainly in Nutrition and Human Development but not in HSEE. University of Rajasthan has Department of Home Science under faculty of Science being headed by Extension Education teacher but interestingly the website provides no detail about inception of level of courses in Home Science.

Table 1: Evolution of Home Science Extension at Avinashiligam-Coimbatore

Year	Courses
1961 -1962	Home Science Extension – Elective
1969 - 70	M.Sc. Home Science Extension Education
1978 - 1980	B.Sc. Rural Development / Sociology / Economics
1978 - 79	M.Phil. and PhD
2006 - 2007	B.Sc. Extension and Communication
2007 - 2008	Rural Development and Sociology
2009 - 2010	Master of Social Work

Source: (http://www.avinuty.ac.in/hse.htm)

Magadh University at Bodh Gaya in Bihar offers bachelors and PhD programmes in Home Science. Interestingly their website (http://www.magadhuniversity.org/courses-phd.asp#) shows 'Development communication and Extension', 'Food and Nutrition', 'Human Development and Childhood Studies' and 'Home Science', all as different links without more details. Dibrugarh University in Assam (http://dibru.ac.in/) offers Home Science as subject in undergraduate but does not have degree or Department.

Status of HSEE today

There can be debates about Home Science as a subject or discipline or faculty and so is HSEE is a department, specialization or discipline in itself. Extension Education is a discipline by itself which has been offered as a specialization within Home Science as HSEE.

Table 2:Evolution of HSEE at selected Institutions across India

Institution	Year	Dept Nomenclature	Place	Level Website
NORTH				
Institute of Home Economics, University of Delhi	2004	Communication and Extension	Delhi	UG and PhD http://www.ihe-du.com
Lady Irwin College, University of Delhi	1964	Development Communication and Extension	Delhi	PG and PhD http://www.ladyirwin.edu.in/dce.aspx
Institute of Home Science, University of Kashmir	1982	Extension and Communication	Kashmir	PG and PhD http://homescience.uok.edu.in/

Institution	Year	Dept Nomenclature	Place	Level Website
NORTH				
Institute of Home Science, Dr Bhimrao Ambedkar University	1972	Home Science Extension Education	Agra	UG, PG and PhD http://www.dbrau.ac.in
WEST				
Department of Extension and Communication, MS University	1953	Extension and Communication	Vadodara	UG, PG and PhD http://www.msubaroda.ac.in
University Department of Extension Education, SNDT Women's University	1984	Extension Education	Mumbai	PG www.sndt.ac.in
SVT College of Home Science, SNDTWU (Autonomous)	1959/1977	Mass Communication and Extension	Mumbai	UG and PGD http://www.svt.edu.in
SOUTH				
Department of Home Science, Bangalore University	1961	Extension Education and Communication Specialization	Bangalore	UG, PG and PhD http://www.bangaloreuniversity.ac.in/faculties/sci_dept_home_science.aspx
Institute of Home Science and Higher Education, Avinashilingam University	1961	Home Science Extension	Coimbator	UG, PG and PhD http://www.avinuty.ac.in/hse.htm
EAST				
Department of Home Science, Berhampur University	1983	Extension Communication and Rural Development	Berhampur, Orissa	PG and PhD http://www.bamu.nic.in/index.htm
Assam Agricultural University	1992	Home Science Extension Education	Jorhat, Assam	UG, PG and PhD http://www.aau.ac.in/fhsc/index.html

Table 2 illustrates the diversity of nomenclatures, inception and level of study of HSEE at few of the institutions across India based on data provided on the institutional website. The number of Home Science institutions in North of India offering Home Science are higher compared to other parts of India may be due to status of women and gender relations. Also in spite of inception of Home Science in the given institution is much older the specialization of HSEE is not very old and is as recent as 2004 at Institute of Home Economics at Delhi. SVT College of Home Science at Mumbai offers courses under 'Mass communication and Extension' like Audio Visual Production, Still photography and so on.

Retrospect

In spite of the fact that Social Work education and Journalism and mass communication education has shorter history than Home Science education as well as HSEE, the specialization still has not gained visibility.

Vibhu (1998: 10) notes the earlier efforts of Home Science was not very successful due to lack of funds for specialized schools with special demands, shortage of lady teachers, low marriage age, majority of orthodox society, distance of schools from home etc. Today Home Science has been recognized field of study but it is still a feminine discipline and many debates on nomenclature and change of nomenclature by M.S. University to "Family and Community Sciences" is a step in the direction to move away from 'Home'.

The analysis of HSEE across sampled institutions in India suggests that the disciplinary interpretation of HSEE has varied. While the growth trajectory for HSEE has been varied across geography and institutions, there is no denial that it is much needed scope and applications makes it important area of study within as well as outside Home Science. From its older affiliations to rural and community development, HSEE today has become much more tech-savvy and communication centric rather than community centered.

Vibhu (1998) remarks that in women from high income families opted for Home Science in 1930s and it was more of a 'status symbol' "as it was incentive for parents who subsumed the same deeds that girls learnt from elders at home" (Parlikar, 1983). According to Vibhu (1998:11) looking at middle income men studying the subject the vocationalisation of subject was attempted. Today fall in enrollments in higher education in general and Home Science in particular is concern beyond the purview of this paper. At the same time Assam Agricultural University enrolled male students in Home Science way back in 1999-2000 and so now M S University at Baroda. But most institutions offering Home Sciences programmes are 'only for women' institutions with little scope of gender integration of the discipline.

UGC in its model curriculum of 2001 for postgraduate courses provided two sub-specializations for 'Extension and Communication'. They are Development project management and Media development. Analysis reveals that none of the existing Home Science colleges/departments are offering it as a specialization. Probably the present faculty situations across HSEE departments/institutions do not agree to such focus but undoubtedly to retain its 'disciplinary' location HSEE need to examine its orientation and future direction.

Disciplinary Boundaries

Home Science is in some institutions a faculty, whereas in others, Department. It is situated under faculty of Arts or faculty of Science or even clubbed like at University of Calcutta under Faculty "Council for Post-Graduate studies in Fine Arts, Music and Home Science". There are degrees with Arts as well as Science. Indian Council of Social Science Research lists down 20 subjects where 'communication' as well as 'journalism' are listed as separate subjects but Home Science is not even named. University of Kashmir website has 'Institute of Home Science' and 'Food science and technology' listed as two separate Departments.

Figure1: Disciplinary location of Extension Education

		Extension Education	
Social Sciences	Political science Anthropology	Economics Sociology	Social Sciences
Earth sciences	Geology Geography	Aesthetics Psychology	Mental sciences
Celestial sciences	Astronomy Meteorology	Physiology Zoology Botany	Biological sciences
	Physics	Chemistry	Physical sciences

Source: Dhama and Bhatnagar (1991:33)

Dhama and Bhatnagar (1991:33) remarks that Extension Education has long and distinguished history as discipline, profession and applied behavioural science. They map the discipline of Extension Education within Social Science space. Communication is also behavioural science.

It needs to be understood that there have been newer disciplines not represented in Dhama and Bhatnagar's analysis like Social Work, Development Communication and Journalism and Mass Communication. Also they consider HSEE as complementary to agriculture extension but today HSEE has become specialization offered within agricultural universities.

Bangalore University website states that Home Science is part of faculty of Science and eligibility for M.Sc. in Home Science - Extension Education and Communication Specialization is- B.Sc., Integrated I Composite Home Science, B.Sc., or BA with Home Science as one subject, Bachelor of Home Science from Agricultural University, B.A., B.Sc., Honors' in Home Science, BBM, Economics, Environmental Science, Journalism, Psychology, Sociology and Women Studies.

The above eligibility criteria clearly indicate inclusive nature of HSEE by which social science and even Arts graduates can enter into HSEE. But is it true other way round? Today at least at SNDT many Home Science graduates are going into Education Technology and Journalism and Mass Communication or even Social Work but other way round is less observed. The idea is not to keep disciplinary boundaries watertight rather the intention is to explore mutual inclusiveness. Personally author has occasionally seen students from other disciplines entering HSEE whereas many HSEE graduates do not enter into PG degree of HSEE. What are the factors responsible for lack of loyalty amongst home science students about their own discipline needs to be examined.

Analysis of teacher qualifications of HSEE indicates many non-HSEE teachers teaching HSEE. Many of them come from other specializations of Home Science or even from allied disciplines. Probably that has been one of the factors responsible for lack of expansion of HSEE as a strong specialization within Home Science. Many institutions like SNDT Women's University who pioneered Home Science education in India even today do not have Bachelor's programme in HSEE leading to challenges to enrollments at postgraduate level.

Today communication for social change or Development Communication is an accepted subject of study. HSEE within Home Science still does not have visibility except at few of the institutions. The growth has been hampered partially because of the need for media laboratory, trained teacher, more visibility of agricultural extension and agriculture university setups, medium of instruction (extension demands local language proficiency whereas most PG degrees are offered in English. Vernacular students do not want to opt for English medium and English medium students do not want to work in local languages), are some of the factors responsible.

Prospects

FAO (1993) in its manual on Extension training suggests that there are five particular aspects of local culture that the extension agent should be aware of: the farming system, land tenure,

inheritance, ceremonies and festivals, and traditional means of communication. There can be larger project in terms of mapping status of HSEE across India and curricular aspects within the specialization. HSEE programmes within university system, unlike agricultural universities, cover agriculture or farming system in their syllabus.

HSEE can focus on Social and cultural change happening in the society and expand the scope of extension to urban areas. It can include technological and economic influences on family-community and society. Interestingly FAO (1993) in extension training module limits Communication (factors in change) to "Contact between different cultures is far more widespread than it used to be. New methods of communication bring societies throughout the world relatively easily into contact". Within HSEE communication can broaden itself to language, semantics, symbols, transaction, outcomes, role and many other dimensions of communication.

Information and Communication Technologies (ICTs) and development are vibrant areas of research. HSEE can contribute immensely to the area of ICT4D. Even with the new legislative norms in Corporate Social Responsibility (CSR) when stakeholders like community-employees-government-corporate need a facilitator in form of Extension Educator.

There is a scope for HSEE to expand as EE specialization and relocate itself outside HSEE space. By doing that graduates can be trained in message delivery mechanisms rather than nutrition or development content concentration. At the same time HSEE can actually make it possible to reach out to remotest corner of India without the need for laboratories and expensive infrastructure. Low cost aids and interpersonal methods of communication like theatre for development or folk media can be incorporated within HSEE curriculum to make it geographically relevant and technology independent.

Considering privatization of health and education, extension appears to be an exciting area to develop even as medical extension where medical professionals can be mediated with patients or pharmacists by extension professionals in similar way as farmers and agriculture scientists. There could have been technologists mediated by educationists.

Conclusion

Home Science is recognized as a field of study and Extension Education today has its own theoretical frameworks borrowed from multiple disciplines. It is much more relevant in the context of liberalization, privatization and globalization. HSEE in the process to transform itself seem to have entered into other disciplines like Development Communication and Communication Management. In twenty first century HSEE need to consolidate its position within Home Science and innovate into newer areas of academic discourse. The communication aspects within HSEE, in place of getting into mass communication domain, need to focus on educational and development communication direction. Another alternative can be to strengthen the stream of interpersonal methods or technology mediated methods of communication.

Let us all hope that the next 100 years of Home Science in India would have newer stories to share and it gains gender neutral identity in the coming century unlike its past. HSEE expands its horizons in the newer directions and we all contribute to the growth of this fascinating branch of knowledge in human history. It was a privilege sharing my thoughts with you all. Thank you for your time and patience.

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Gender and Health: A Case Study of Raffiq Nagar Slum, Mumbai

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Abstract

This study mainly tries to understand the gender and health conditions of slum dwellers in Raffiq Nagar slum, Mumbai. It was an attempt to understand the situation of Raffiq Nagar residents using the concept of 'the Precariat' by Guy Standing (Standing, 2011). Through this study the researcher tried to gain insights into the lives of slum dwellers by studying their background, the problems they encounter in their day to day lives, the struggles they undergo in the poor living conditions, the factors affecting their health and their health seeking behavior. It looked into the role of the government towards slum improvement, the lack of provision of basic amenities and health care services for the community. In-depth interviews of the slum residents and the staff of a private community health centre in the slum were done. Private health centre was run by a nonprofit organization, Niramaya Health Foundation which was the only health centre in the community. In total twenty three respondents were included in the study using purposive sampling. It was found that people in Raffiq Nagar live in vulnerable and unhealthy conditions. Being an illegal slum settlement, people live a considerably unfortunate and neglected life. They are oppressed and neglected by the government. There were incidents of forced demolitions and evictions in the past and also at present. There are unfavorable situations like poor housing conditions, low educational status, polluted drinking water, unsanitary living conditions, poor personal hygiene; inadequate and poor quality food, high occurrence of morbidities, poor health seeking behavior, worst social security, poor status and health of women in Raffiq Nagar, which make residents of Raffiq Nagar the precariat.

Introduction

Health is a multidimensional concept. Health implies a complete well being of a person. There are factors like class, caste, political, social and economic which are integral to an individual's or group health status. In addition to this, what is the topic of concern is the gender aspect of health (Karlekar, 2000). Gender has been identified as one of the important indicators of health (Malhotra & Schuler, 2005). Women and men share many similar health challenges; the health of women deserves particular and more attention. Women generally live longer than men because of both biological and behavioural advantages. But sometimes these advantages are overridden by gender-based discrimination. Women's longer lives are not necessarily healthy lives. There are conditions that only women experience and bear the negative impact in particular. Some health conditions affect women and men more or less equally, but women face greater difficulties in getting the health care they need. Gender based inequalities in decision making, education; income, employment and health care limit the ability of girls and women to protect their health (WHO, 2009).

In the last decade, a considerable amount of research has been conducted in the area of gender and health. Gender has been shown to influence how health policies are formed and implemented, how medical and contraceptive technologies are developed, and how the health system responds to male and female needs (Vlassoff & Moreno, 2002). Gender analysis in health has been undertaken mainly by social scientists who observed that biological differences alone cannot adequately explain health behaviors. Health outcomes also depend upon social and economic factors that are also influenced by cultural and political conditions in society (Basu, 1993). Thus, medical poverty may not trap women and men to the same extent or in the same way. Gender and health determines people's health and health seeking behaviors whether they perceive anything as an illness, whether they need and seek treatment, what treatment they seek and how the quality of the health services affect their health and health seeking behaviour (Sen & Ostlin, 2008).

Women and men living in the poor urban sections of society face differential health impacts (Ostlin, Eckermann & Mishra, 2006). Those who are living in the developing countries are more at the risk. Africa and Asia are urbanizing faster than the rest with the minimum infrastructure and facilities available to support the rapidly increasing urban population. There is high proliferation of slums in the cities of developing nations in the last few years (United Nations, 2014). In the developing world, urbanization has become synonymous with slum formation and poor health of urban poor (Kahn, 2006). Cities are the biggest centre of economic growth in any country. But they also have become the source of slum proliferation, poverty, inequality, degrading environment and health hazards (Sheuya, 2008). The unchecked urbanization leads to poor urban environment that results in the spread of communicable and non communicable diseases. The health of the poor urban resident gets affected due to difference in the exposure to health damaging physical and social environments like location of residence, community bonding, social mobility, health damaging and promoting behaviors, access and use of health care services, access to basic amenities, and exposure to different environments at home and at work (Krupat, 1985).

Like other developing countries, India has also seen rapid urbanization in the last few years. According to census of India, urban population of India was 377 million in 2011 with an increase in percentage share of urban population since the year 2001. India is projected to add 404 million urban dwellers by 2050 (Census, 2011). India has witnessed a rapid economic growth over the last two decades due to a fast growth of industrial and service sectors. There is a large scale migration of the rural poor to the cities and towns in search of a better standard of life and employment opportunities. Due to lack of infrastructure to support heavy migration, there is the growth of slums or squatter settlements, which are linked with poor health of men, women and children living in the slums of India (Kamalapur & Reddy, 2013). The main pull factor for the poor who migrate to the city is the want of better livelihood and standard of living (Manecksha, 2011). There are around 63 percent of people living in slums in India as per Census, 2011 (Census, 2011). India has witnessed a heavy burden of diseases like communicable, non-communicable and infectious diseases in last few years (Mahadevia, 2001). There is a huge pressure on existing infrastructure and public services in the cities results in poor health. The migrants have no options but to live on pavements, beside railway tracks, pipelines, under bridges and on any vacant land available. Their vulnerable living conditions

and the absence of amenities such as safe and adequate water supply, sewerage, toilets, clean environment, clean air and good working environment is leading to a deterioration in their health (Ramanathan, 2006).

The mega cities in India like Mumbai which is considered as the financial capital of India is also a slum capital of India. Mumbai with a population of 12,442,373 in 2011 is ranked as third mega city on the population index in the world (United Nations, 2014). Greater Mumbai is the largest urban agglomeration in India. Greater Mumbai is divided into 6 zones, each consisting of 3 to 5 wards. From Ward A to Ward T there are 24 municipal wards (Wridt, Atmakur & Hart, 2015). M-Ward, where Raffiq Nagar exists has an area of 52.26 Sq. Km. and population of 806433 which is 77.50% slum population compared to 54.10% in Mumbai. The infant mortality rate is 66.47 per thousand live births which is 34.75 per thousand live births in Mumbai and with a literacy rate of 66% compared to 77% in Mumbai (TISS, 2011). According to the census 2011, 41.3 % of the total urban households in Mumbai live in the slums. The major problem faced by the slum dwellers in Mumbai is housing, sanitation, pollution, and physical space, as well as access to water, electricity and health services which make communities more prone to ill health (Deshmukh, 2013). Demolition of illegal settlements is another big issue in the Mumbai slums. In the last few years rampant demolitions have taken place all over Mumbai in the name of removal of 'illegal' encroachments. In the process, lakhs of poor people are being uprooted from their homes and livelihood. Alternative sites, if provided, are without amenities and uninhabitable. Illegal settlers are treated very badly and they undergo forceful evictions very often. They are given least attention in the process of slum redevelopment and improvement (Nijman, 2008). Thus, the immense urban growth, the process of migration, shortage of space, poverty, absence of basic amenities, health services, unplanned and ineffective government policies are some of the major indicators of slum development in Mumbai.

Study Area- Raffiq Nagar Slum, M-Ward (East)

The area selected for the study is Raffiq Nagar, Govandi which has been declared as urban slum of Mumbai, situated in the area beside the eastern Express Highway near Vashi in the eastern suburbs of Mumbai. This is situated about 3 km from Govandi railway station. It comes under the jurisdiction of M (east) Ward of Municipal Corporation of Greater Mumbai. It is situated in the close proximity to the Deonar dumping ground, which receives around 4,000 metric tonne garbage every day (Bhavsar, Hemant, & Kulkarni, 2012). M-Ward is Mumbai's most underprivileged municipal ward with the lowest Human Development Index among all municipal wards in Mumbai. A number of chemical factories and refineries are situated in the same ward affecting health of people through industrial waste. Dumping ground is full of industrial waste along with the other hazardous wastes. Dumping ground is surrounded on the eastern and northern side by a branch of the Thane creek which overflows during the monsoon season (The Hindu, 2012). Raffiq Nagar has a large Muslim population with migrants from States like West Bengal, Uttar Pradesh, Bihar, Madhya Pradesh and various parts of Maharashtra. People here live in non permanent or semi permanent structures. Due to the proximity to the dumping ground, a majority of the residents were waste-pickers and also were involved in other unskilled low paid jobs (Bhavsar, Hemant and Kulkarni, 2012). There is no government health centre in Raffiq Nagar. Niramaya Health Foundation which is a non-governmental organization runs a private health centre which is

the only health centre in Raffiq Nagar. As per Niramaya estimates, approximately a total of 12000-14000 households are there in the area. Raffiq Nagar is a non-rehabilitated and non-notified slum area.

Methods

The qualitative research methods were used in the research. Qualitative research helped to explore the attitudes, behavior, experiences and in-depth opinion of the participants during the research. Case study research and in-depth interviews as research methods were followed to structure the study objectives and each case study presented a single respondent who was interviewed in depth by the researcher. In-depth interviews were used as the researcher wanted to get the in-depth and new insights of the study area by having face to face contact with the residents living in the slum. This method was useful to get the detailed information about a person's thoughts and experience towards their health in the slum community. It allowed the researcher to explore the research topic thoroughly. Case studies of the individuals helped in providing intensive description and analysis of the research topic. It helped to make the data collected richer and of greater depth, and to understand the research topic through multiple angles and lenses. The researcher has employed purposive sampling for the selection of respondents. Ten women and ten men were selected from community health centre's register which were of different age groups, different occupational groups and different religious backgrounds, out of whom there were 8 Muslim and 2 Hindu men and 7 Muslim and 3 Hindu women. The researcher visited each selected respondent's house for interactions and interviews. Doctors and health staff from the private health centre were also interviewed in the study.* So in total 23 individuals were interviewed.

As this study used the concept of Precariat to understand the condition of Raffiq Nagar residents, the next section sheds lights on this concept by Guy Standing (2011).

Understanding the concept of "The Precariat"

The world economy is in the middle of a global change that is producing a new global class structure. A new mass class is emerging which is known as 'the Precariat' – characterized by chronic uncertainty and insecurity. The concept of "The Precariat" was given by Standing in his best known book "The Precariat: The New Dangerous Class", published in 2011. In it, he blames globalization for having forced more and more people into the precariat group, which he analyses as a new emerging social class. The globalization era has resulted in a division of class structures in the society. Precariat forms one of the lowest classes in this structure. Standing argues that although the old class structures still continue in most parts of the world, we can still identify five groups (Standing, 2011). At the top is an 'elite', below that come the 'salariat', next to the salariat there is a smaller group of 'proficians'. Below the proficians is the 'old working classes. Below those four groups there is the growing 'precariat' a large army of unemployed group of socially detached people living off the edge and remains of society. "The Precariat" is a new global class structure which emerged due to globalization and there are increasing numbers of people who are falling into this Precariat group. Precariat is a very unique socioeconomic group forms one of the lowest in the hierarchical structure of society. There are several insecurities and uncertainties created by globalization which overshadowed any benefits to these people. They are the class affected by uncertainties, unpredictability and insecurity in all the realms of life. Thus, the precariat has characteristics of a lower class that have minimal trust relationships

**One doctor, one health programmer and health worker of the Naramaya health centre.*

with the capital or the state. No labour securities were provided in exchange for subordination and loyalty of the precariat. It is a unique class without a trust or security in exchange for subordination (Standing, 2014).

The precariat group is likely to develop the following characteristics that Standing described as the four A's (Standing, 2011).The precariat lives with ***anxiety*** and chronic insecurity. It is a major characteristic of this group's condition. Uncertainty creates uninsurable risks for them. The satisfaction and fulfillment known to others, through career, is unknown to the precariat. The idea that a job gives an identity and happiness is empty to the precariat. People are insecure in the mind and stressed due to underemployment. They are alienated from their labour and work, uncertain and desperate in their behavior. People have constant fear of losing what they have. Another increasing problem for the precariat is ***anomie***. There is a misery in the group that escape to a better life is not possible. Prospects are low in the precariat, social mobility is rare, and the possibility of improved and secured material living standards is not possible. Thus the group is increasingly excluded from the mainstream of society. Members of the precariat are forced to do too many things which they do not want to do in the employment which arises the feeling of ***alienation***. Aspirations of being an autonomous entity are torn away in the everyday lived experience of lower paid job and economic insecurity. Members of the precariat are not able to undertake roles and activities which help to produce the possibility of an autonomous individual. The precariat are over employed, working long hours in low paid insecure jobs in the struggle to make ends meet. Thus the precariat are alienated from themselves, from each other and from others outside the precariat. Alienation arises from knowing that what one is doing is not for one's own purpose it is simply done for others, at their command. The combination of the above factors is causing increasing ***anger*** among the precariat towards their works and miserable lives. The precariat feels frustrated not only with the uncertainty done with the flexible jobs but also because those jobs involve no construction of trusting relationships built up in meaningful structures or networks. The precariat consists of people living insecurely, with uncertain access to housing and public resources. They experience a constant sense of uncertainty. It lacks access to community benefits, in the form of strong family and local support networks. The state treats the precariat as necessary but as a group to be criticized, pitied, demonized, sanctioned or penalized in turn, not as a focus of social protection or betterment of well-being. (Standing, 2014).

Among the precariat group, Standing argues, women form the worst precariat group. In the globalization era, it became apparent that women were taking a growing proportion of all jobs, in a global trend towards the feminization of labour. Today there are more women working in low paying, informal jobs and more jobs being of the flexible or casual nature that are typically taken by women. But it did not mean that women everywhere were improving their incomes or working conditions. Gender-based wage and social income differentials remained inequitable almost in every part of the world. Women are also involved in high non-wage costs, because they might become pregnant or withdraw to look after children, so there is no fixed wage or tenure of employment for women. Women face mainly the “Triple Burden”- they are expected to do most of the care work for children and 'the home', they are expected to labour in the market in order to afford 'the home', and they are expected to care for the growing number of elderly relatives and family members (Standing, 1989).

Living Conditions in Raffiq Nagar

During the study, various facets of poor living conditions, deprivation, poverty, ignorance and exclusion came to light in the study area. Among many, adverse environmental conditions, lack of security in terms of housing, land ownership; absence of basic facilities like water and sanitation, inadequate access to healthcare and education, extremely poor health conditions, uncertainty of livelihoods and state ignorance towards slum dwellers are the most important. The living conditions in Raffiq Nagar slum are extremely dismal and not suitable for the human habitation. Raffiq Nagar is among the most polluted regions in Mumbai. People living in this slum are illegal settlers. Residents are struggling to get a legal status of the place since the past few years. Government interventions for providing civic and health amenities to the residents in Raffiq Nagar are extremely few and far between. Although there are some government health centers, health posts and clinics in the M ward they are not in the vicinity of Raffiq Nagar or nearby area. Expenditure on healthcare and education is also often out of their own pocket which compels them to ignore their health and education.

People in Raffiq Nagar talk about the times when the area was nothing more than a marshy land. It was they who made the temporary structures to live with the help of mud, stones and other materials to turn it into solid ground. It was after months of hard labour of the people that the area became fit for habitation. Due to the illegal status of the slum, government ordered demolitions have been a frequent occurrence in the area. Residents provide many horrific instances of large bulldozers coming into their locality and reducing their homes into rubble. With the help of some political leaders in recent years these demolitions have gone down. Now, information about the demolitions, when planned by the municipality reaches the residents in time for them to save their belongings from the damage. The frequency of demolitions has also got reduced in the slum. But, whenever it happens entire families spend nights out in the open, waiting for the dust to get settled. After this they come back and rebuild what was destroyed again with a lot of hardships.

The illegal status of the slum affects the basic amenities available in the area. The government ignores the needs of the people residing the slum with regard to making provisions for water, sanitation, electricity, fuel or food. Electricity, too, is of weak intensity and highly expensive. Some of the private operators who are themselves residents of the slum often tap into official lines of water and electricity to supply it illegally to the residents to gain what they could not access legally and challenge the state.

In terms of sanitation, the slum is situated between the garbage dump and the Thane creek into which the effluents of the city are poured. During the rainy season, the creek often overflows flooding the entire slum and the houses with black polluted water contaminated with the feacal matter and industrial waste that is extremely injurious to health. In these flood waters many children take bath and play and people are forced to use this contaminated water for household purposes thus causing unchecked spread of water borne diseases. BMC trucks come every day to dump the garbage on the dumping ground and go back ignoring the inconvenience caused to the residents. Even the garbage on the dumping ground is burnt many times in the summer season causing chronic health issues to the people living in slums and nearby areas.

There is one single paid toilet for the entire community. Cleanliness condition of the toilet is too poor. People have to pay rupees 2 for each visit.

Other toilets are far from the area and they are also paid. Most of them use dumping ground or creek for open defecation. It's very difficult for the people to pay every time they want to use the toilet due to the poor financial condition. For women it is very difficult to use dumping ground to relieve themselves. They have to go there in the early morning or in the evening in the group as they have the fear of getting attacked. Women try to control and avoid using toilets as much as possible which affects their health badly. The single paid toilet is in very dirty condition and do not have proper water and electricity, thus women find it difficult to use the toilet.

There is no water pipeline in the area. Tanker trucks from the private water suppliers from Shivaji Nagar come to supply the water. People have to pay rupees 50 for a small can every day. Those who have large families they purchase two to three cans every day, which is a big financial burden for the people. But for this they have to stand in queues for long hours. After standing in long queues, it is not sure that whether they are going to get their portion of water or not. Water which tanker trucks supply is very bad in quality, color and smell. These people use this water for drinking, cooking, bathing and washing. They do not use any water treatment methods to make it pure. Women are the one who mostly collect water from the tanker as male members mostly go out for jobs and are less supportive in household chores. Residents of this place also collect rain water and use it for their household and drinking purposes without treating it. People cannot take bath every day; most of them take bath once or twice in a week due to insufficient water. Also due to lack of water, they cannot follow proper hygiene practices and maintain cleanliness.

As people cannot afford LPG or Kerosene at the market rate so the only option left to the women here is to use firewood and other combustible material found at the dumping ground as fuel for cooking which affects their and children's health badly. In terms of education for the children of early age groups, the state seems to be doing a decent job through Anganwadi centers and primary education accessible to the children of this slum. However, as children grow older, afford ability and accessibility of secondary and higher education is tough. There are no public secondary schools or colleges in the vicinity thus ensuring that girls drop out after the 8th grade. Private educational institutions though available are extremely costly and rarely affordable. The quality of education is very low. This is why most parents believe that their children would be better off working from an early age than going to school, thus adding to the family income.

The social ties among the residents are not very strong and they fight among themselves to avail the limited available resources. The police also never intervene in any of the criminal activities. Thus the place is the centre of many illegal activities and crimes. Women are the one who have to suffer more in the adverse situation of the slum. They mainly remain at home and have less social mobility. They look after household chores and children. They are the one who stand in long queues to get the water from the tanker trucks. They have to suffer a lot during menstruation and to maintain hygiene in the limited availability of water and poor toilet conditions. Girls mostly prefer to be at home due to security reasons, social restrictions and do not go to schools or on work. They prefer to do such jobs which can be done at home or within the area. Thus, girls get more affected due to the adverse situations in Raffiq Nagar.

Despite various issues with livelihoods and income generation, most of the families in the slum who had moved from rural areas to the city in search of a better quality of life, but ended up living in a slum near the dumping ground; For them this

slum is their only home in the city and its location provides them with various advantages too. Firstly its proximity to the garbage dump not only offers them a source of livelihood in terms of their rag picking work, but the things for household use like building materials, firewood, clothing, furniture, bags, etc. The creek and dumping ground is used for open defecation because of the lack of toilets. Thus, despite its degraded environment, this location provides the residents many advantages. Therefore, people are struggling for the legal ownership of the place since the last few years.

Gender and Health Concerns in Raffiq Nagar

The health conditions in Raffiq Nagar are extremely poor. Women are affected more by the adverse living conditions, unavailability and inaccessibility of health care in Raffiq Nagar. The contaminated environment with the garbage on the dumping ground, dirty black polluted water from creek and poor living conditions triggers frequent illnesses among the residents, usually caused by airborne or waterborne pathogens. There are many communicable and infectious health diseases which have high prevalence in the area. Because of the presence of the dumping ground and the air pollution people mainly suffer from upper tract respiratory problems. They complain about breathing issues. Tuberculosis is a major health issue in the area. Skin infections, boils and lesions can be easily seen on the bodies of adults and children due to the constant contact with the waste from the dumping ground and the dirty water from the creek. People feel eye burning, throat infections and breathing issues very frequently in the area and it aggravate when the garbage is burnt on the dumping ground.

People use and drink unclean and untreated water from creek and tanker trucks which are the reason for diseases like gastro enteritis, diarrhea, worm and viral infections, typhoid, cholera, intestinal infections and so on. Patients of malaria and dengue can be found almost in every home. The malnutrition level is very high as people cannot afford to eat proper meals. Women are the major victims of low nutrition and anaemic conditions as they are the one who eat less compared to men and children and heavy household work. Children suffer from diseases like diarrhea and typhoid very frequently. They are mostly of very low weight and are suffering from extreme malnutrition.

Women remain in depression due to financial and household pressures, inaccessibility and availability of basic facilities and proper health care. Inaccessibility of toilet affects women's health badly. Given the meager availability of water and poor toilet conditions, menstruation is a tough time for women. Urinary tract infections; white discharge and lower abdominal pain are the complaints of almost every woman. Women have reported to Niramaya the incidences of domestic violence, sexual harassment and rapes which make them physically and mentally weak. Women and children cannot use the toilet after dark due to the absence of light. Also women cannot go out in open very late due to the fear of being attacked. Thus, they have to control the natural call as much as possible which affects their health adversely. Women mainly use unsafe fuel for cooking that too in the shelters without proper ventilation which affects their health. Many times women themselves avoid going to the hospital due to financial constraints until the situation becomes unbearable. At times even when women are willing to go to the health centre for their general health problems, checkups and tests and also they are keen to use family planning methods and want to be the part of health programs of the health centre, but most of them are not supported by husband or family members. Their general health problems are not

given enough attention In addition to this the restrictions on their social mobility, poor economic conditions and unavailability of proper health care are the major reasons for poor health seeking behavior of women. However as per the doctors in the health centre, women are better than men in seeking health care and being the part of community health programs even though their percentage is not very high in comparison to men.

Men completely ignore their health issues and don't want to spend money in going to the hospitals and purchasing medicines. Rather, they prefer waiting for their health problems to get cured or they consult a quack or untrained practitioner when their work gets affected. They remain in the pressure of completing the financial needs of the family, so try to save money what they earn rather than spending on their treatment. Men suffer from mental stress and depression due to family's economic burden and as they are mostly involved in low paid jobs or are unemployed. Men are less supportive of using contraceptive methods. Show less interest towards family planning programmes by health centre. Prevalence of HIV/AIDS among men is very high in the slum mainly because of poor contraceptive behavior and frequent contact with the sex workers in the area.

Men and women also suffer from occupation diseases like those who are working as jari workers they suffer from cuts and injuries on their hands, they have eye problems in very early age and the other low paid jobs causes various health issues . Women and men working as rag pickers on dumping ground due to low safety measures suffer from severe injuries, skin infections and lesions, eye infections and breathing problems while collecting waste. Men and boys are in the habit of smoking, drinking and even taking drugs which are easily available in the community affecting their health from an early age.

Here people have to depend upon private doctors or hospitals which are generally unaffordable for them. People take medicines from the many illegal health care providers and untrained doctors working in the area. Slum dwellers prefer them because of the cheaper medicines and low consultation fee. According to the residents, earlier they to use to go for their health checkups to the nearby government health centre in Shivaji Nagar ward no. 12 which was accessible to all. But it got closed a few years ago. The condition of that government health centre was also not good. There were very few doctors and nurses available. No proper medicines and checkups were done for the patients. Even after standing in long queues people didn't get the proper treatment and also the behavior of the staff was not very good.

Role of the state in Raffiq Nagar

During the study, it was found that there was an extreme government neglect towards the slum community, in terms of income poverty, uncertainty of livelihoods, lack of security in terms of housing and land ownership; absence of basic facilities like water and sanitation; inadequate access to healthcare, education and social security. Women are the major victims of the ignorance of the state towards the extremely poor conditions in the slum.

The state is significantly absent in terms of providing basic facilities like water, electricity and sanitation in the area. State is also missing in providing proper food and shelter to the citizens and in its failure to make healthcare and education available and accessible to all, it also showed helplessness in equipping people with securities, risks and vulnerabilities. There are rare faceoff of residents of this place with the state authorities for any good reason. Most of the time, people encounter the government people as municipality

staff members that order and execute the demolitions of their homes; as guards that prohibit their entry into the dumping ground for gathering firewood and other useful items for household use or for collecting garbage that can be sold for some income; as ignorant police officers who refuse to interfere in cases of crimes in the area, domestic abuse and other forms of violence; as corrupt politicians who appear only at the time of election campaigns with promises for providing basic facilities, health, education and soon after the elections they disappear.

The security conditions in the area are poor and there is no police intervention in the criminal activities of the area. Rapes, murders, drug addictions are common in the area. There is no government hospital in the community for the large population of the slum. People have to consult the private doctors or some government hospitals in other wards like Rajawadi Hospital, Trombay BMC hospital, Shatabdi hospital or even quacks and unauthorized medical practitioners for their health problems. People living in the slum avoid travelling to these far off hospitals due to financial constraints and other reasons. The efforts of the state in making water, sanitation, health, education and other facilities available to the urban poor have also been nonexistent with elected representatives. Every election, legal ownership of houses, water and toilet is the major campaigning issue in the area. But most of the residents feel that they have been cheated and the politicians didn't complete their promises after elections. As Raffiq Nagar has the label of being an illegal slum, the state is ignoring it and its residents in matters related to delivery of public and health care services. They fight for their rights, contact municipality office and elected leaders for the provision of basic necessities. In the lives of the residents of Raffiq Nagar, the state is absent in terms of its welfare functions and appears mainly in its repressive or corrupt form.

Role of the private health centre in Raffiq Nagar

Niramaya Health Foundation is a non-profit and non-governmental organization, operating a health facility in Raffiq Nagar since the last 8 years. It is working as a nonprofit organization on different issues in different cities of India but it has health centre only in Raffiq Nagar, Mumbai. There is no government health centre in the slum. One government Aganwadi centre operates in the locality which mainly works for children's education and nutrition. The major health facets on which the centre works is related to general community health, reproductive health, HIV/ AIDS, family planning, waste pickers health, child health, water, sanitation and hygiene conditions and so on. Centre organizes special programmes to deal with the health problems of the rag pickers working on the dumping ground, organizes tetanus injection camps every third month. For the pregnant women, Niramaya provides facilities of the pregnancy related tests and other services related to antenatal and postnatal care but they don't have a delivery care unit. So women are referred to some other private or government hospitals for delivery. Non institutional deliveries are very high in the area, which are done with the help of local untrained dais. Thus, centre is planning to get more funding so that it can start one delivery care unit to increase institutional deliveries in the slum.

Working towards the water and sanitation conditions of the area, the health centre has made an effort for arranging the permanent water pipeline and toilets for the community but due to several unsupportive elements the initiative was not successful. But centre is in the continuous effort of arranging proper water and toilet facilities for the slum negotiating with the elected party leaders and BMC authorities. Doctors and health workers in the centre mention about the extremely poor health status of the community, due to extremely poor

living conditions. People in the area suffer from multiple chronic illnesses but they cannot spend much on their health due to their meagre financial conditions. Women and men mainly come to the health centre for their general health problems but the percentage is very minimal compared to the huge population of the place. People cannot afford to spend much on health so they avoid coming to the health centre. Most of the women come for health checkups mainly at the time of pregnancy for their tests and checkups to the centre. The general health problems of women like headache, white discharge, joint pains, heavy bleeding and pain during menstruation and other issues are ignored by the women and family members until it becomes unbearable. Men in the area visit the health centre in the least as they are mainly working all day outside. Most of them are not very supportive of the health centre's awareness and health programmes. They are not very keen towards the use of family planning methods and discourage their wives to do so.

Centre is trying to improve the health seeking behavior of the community with its health and awareness programs taking the help of community people making them as peers. These peers work for the centre, talk to the community about their health issues and provide knowledge about the different health aspects and health care practices. Women benefit from them as they talk more openly about their health problems with the peers. Peers help the centre to reach people in the community better as they are themselves the part of the community. They have good rapport with the residents and so it is easy for them to convey the health messages in a better way. These peers are first trained with the charts and educational tables by the staff of Niramaya health foundation which they later use during health sessions to make people aware. Some women from the community are also the peer of the health centre. Peers for working with the health centre in return get some special benefits like free medicines, health checkups and so on for them and their family.

According to the doctors, earlier men were least supportive of the health programmes and also of the family planning initiatives. So, they have introduced some women family planning programs. Women were provided with copper T, injections, condoms etc. In the opinion of doctors although change in the behavior and practices of residents towards their health is very slow, but they have seen significant changes in acceptance towards family planning methods. Also the health seeking behaviors towards general health issues has improved in the last few years. Men and women are slowly coming forward in support of the centre's health initiatives. Their numbers are increasing in the community awareness and health sessions. Health centre's efforts are on and will continue in the future for improving health practices of slum dwellers. Centre also has seen an increase in the percentage of institutional deliveries in the area in last few years. According to the doctors, women are better than men in seeking health care and attending health programmes of Niramaya, as they mostly remain at home rather than going out for work and they are keen to know about their health issues. They are the one who bring their children to the health centre. But the percentage is low. For women going to the hospitals and clinics outside Raffiq Nagar or far off places is least possible due to restrictions on their social mobility. Absence of delivery care unit in the slum makes their lives more difficult.

Conclusion

During the research, it was found that in Raffiq Nagar people live in vulnerable and unsupportive conditions. People live in extreme unhygienic and

unhealthy situations. As it is an illegal slum settlement, people live a considerably unfortunate and neglected life in meagre socio-economic and poor environmental conditions. They are oppressed and neglected by the government authorities. There were incidents of forced demolitions and evictions in the past and also at present although it has got reduced with the help of some elected party leaders. There are unfavorable circumstances like poor housing conditions, low educational status, polluted drinking water, unsanitary living conditions, poor personal hygiene; inadequate and poor quality food, high occurrence of morbidities, poor health seeking behavior, worst social security and poor status and health of women. All these conditions of struggle, disaffection and exclusion led to the development of characteristics among the slum dwellers which are similar to characteristics of the Precariat mentioned by Standing, i.e., 'Anomie', 'Anxiety', 'Alienation' and 'Anger'(Standing, 2011).

Standing argues that, “the Precariat” is a new global class structure which emerged due to globalization and there are increasing numbers of people who are falling into this precariat group. Precariat is a very unique socioeconomic group and forms one of the lowest in the hierarchical structure of society. There are several insecurities and uncertainties created by globalization which overshadowed any benefits to these people. They are the class affected by uncertainties, unpredictability and insecurity in all the realms of life (Standing, 2014). Those who are living in slums like Raffiq Nagar also form one of the lowest strata of the urban society with lowest socio-economic status. They also emerged as a result of the rapid urbanization and globalization. They are mainly migrants who have come to the city in the search of better employment opportunities and an improved living standard. But end up living into the places like slums, squatter settlements and dumping ground which is unfit for human habitation. Their lives are in extreme uncertainty and insecurity. Living in illegal settlements makes the situation worst as the chances of improvement and resettlement becomes doubtful. Thus, when the slums are illegal they are targeted for demolitions and evictions without resettlement. Thousands of households and entire neighborhood which are illegal are excluded from improvements and resettlement. Slum redevelopment and resettlement gets affected by the several uneven practices influenced by the neoliberal slum policies and politics (Doshi, 2013).

During the field work, many experiences shared by the respondents bring them into the category of 'the Precariat'. They are in the most deprived and neglected conditions in terms of health. For example, a women respondent who has lost her two children due to the stomach infection and asthma attack, a man who couldn't recovered from his breathing issues and eye problem from many years due to lack of money and proper treatment, many others who complained about cold, cough, fever, throat infection, diarrhoea, cholera, typhoid, malaria and dengue in the family, people who suffered from serious health hazards and skin infections due to constant contact with the garbage on dumping ground and dirty water. People also faced problems of eye burning and difficulty in breathing when the waste was burnt on dumping ground, rag pickers who suffered from injuries and infections while working on dumping ground. Thus, these chronic health issues in the extremely poor living conditions make the residents of Raffiq Nagar extremely precariat.

Standing elaborates that among the precariat group, women form the most precariat group. In this globalized world, women face the “Triple Burden”, they are expected to do most of the care

work for children and 'the home', they are expected to labour in the market in order to afford the home, and to care for the growing number of family members. They are paid less compared to men and their household work doesn't get much recognition (Standing, 1989). In Raffiq Nagar, women are largely involved in housework or jobs that are casual, contractual and informal like tailoring, jari work, rag picking and so on. Women prefer to do jobs which can be done from home or which is limited to the boundaries of the community. Their contact to the wider society is restricted. Women face the higher impact of poor slum situations, poor access to toilets, lack of adequate water, insufficient nutrition, domestic violence, double burden of household and outside work and restrictions on their social mobility.

Women are compelled to adjust with the meagre supply of water at the community level and with the poor toilet facilities. They are forced to defecate in the open mainly on the dumping ground since toilets are in dirty condition with no water and electricity. They are restricted from going out to seek treatment for their health issues. Apart from the general health hazards arising out of the poor sanitation conditions women and girls are doubly affected by the privacy issues. Because defecation has to be done in the open women have to ease themselves only in the dark early in the morning or late night. This often requires their having to control themselves which over a long period of time has adverse health implications. Even when community toilets are provided, they are often at such a distance, that at night in the absence of electricity it is unsafe for women and girls to use them (Lingam, 1992; Sen, 2008).

In terms of their health as well, serious health issues that affect women, like white discharge, severe joint and back pain, heavy bleeding and acute pain during menstruation, anaemia and many other health problems are not given not given much attention. The focus is mainly on their reproductive health issues. Women go to the health centre for their pre-natal and post natal checkups at the time of pregnancy. Because of the absence of government hospital in the slum, for delivery they are referred to other hospitals. So either women have to spend a good amount of money in the private clinics or they take help of untrained dais. There are a large number of women who are in the need of health care who are neither pregnant nor lactating in India. Thus, women's health problems are not related to their motherhood roles alone but are related to all stages of women's life (Karlekar 2000).

Even though the physical environment of slums and other low income urban settlements is the same for both men and women, it is the women who spend almost the entire day within that environment. The men, employed in other areas, are away for the better part of the day whereas the women mostly remain at home with children. (Venkateswaran, 1992). For women this leads to continuous exposure to the polluted and unhygienic surroundings. The women along with their children therefore face a much higher susceptibility to the adverse impacts of such an environment. It is women who are responsible for providing water, food and other several requirements, cooking on inefficient stoves in unventilated homes affect women's health much more than anybody else. Men are also the victim of poor living conditions, health and other socio-economic issues. But in terms of family and community decision making, their role is preeminent.

Standing mentions that the globalization era has resulted in a division of class structures in the society. Precariat forms one of the lowest classes in this structure. They have fewer rights, poor employment security and opportunity, oppressed

by the upper sections and have less hopes of improvement or upward social mobility in the near future. At one end there is an elite group who are enjoying all the benefits and at the other end there are isolated and socially detached group of precariat in the society (Standing, 2011). If we talk about the urban structure, the scene is not very different. Due to unequal distribution of wealth, the entire city structure has changed into various divisions which comprise very rich, middle and very poor sections. Slum dwellers are thus the most marginalized and abandoned section of the urban society. Raffiq Nagar residents undergo the different accounts of deprivation and struggle everyday representing a precariat group. They seem to be the perfect example of a growing precariat class. People are insecure in the mind and are stressed (Standing, 2014). In Raffiq Nagar residents also have lesser political connections or say in front of government authorities. They never get any help from the state to get improved life status and better access to facilities in the slum. They see politicians only at the time of elections doing fake promises and cheat them after every election. They are also subordinated and oppressed at many fronts but do not get any incentive or special attention from the government. Rather they have to face demolitions and evictions from households and forced to leave the place of their habitation. There is no governmental support for even their essential rights. These people do not have the legal ownership of the place on which they are residing. Their lives are insecure and they are unsure about the span of staying at a particular place. They have to work long hours in low paid insecure jobs, in the struggle to make ends meet in their lives. The fear of losing everything what they have is a reason of big stress. Such situations break their physical and mental health totally. Prospects of social mobility are rare in such illegal settlements. Standing mentions that members of precariat are not able to intake roles and activities which help them to produce an autonomous individual and have lesser connections with the upper strata. People in Raffiq Nagar do not get many chances to interact and being the part of the larger society. They are trapped into their day to day issues of survival and livelihood. They are occupied with the fear of forced evictions, arranging food and water, fighting for their civic rights, struggling with the chronic illnesses, facing the social disturbances and so on. They do not live such lives nor involved in such job which can give them a separate identity as an individual or which can provide them recognition in society.

Thus, there is a need of immediate governmental intervention towards improved health, civic amenities and social security in the area. Health care programs are needed not only for women but also for men. The attention should be given towards the overall health of women in the area rather than focusing only on the reproductive health issues. The acceptance and involvement of residents especially women in community programmes is low which needs to be increased; especially women. Government water pipeline, government and private (free toilets) and proper sewerage line are the urgent needs for the improved health of the community. As dumping ground is the major source of their livelihood, safety measures must be taken to protect the residents from getting injured or infected during waste collection. Notification, rehabilitation or the legal ownership of the place will help in improving the living and health conditions in the area. Unnecessary incidences of evictions in the community need to be stopped immediately to give residents a stable life. Government schools with free education for boys and girls for primary and secondary level education is an urgent need of the slum for improved

educational status. Incentives should be given to the students to reduce the dropouts from the school, particularly girls. Specific policies and programs by the government for men and women will fulfill the gender specific needs. Women should be the main focus of the state while planning and taking any step for the area. Societal interactions and participations are necessary to start community level initiatives for health and basic necessities in the area. Health promoting interventions should aim at ensuring safe and supportive environments, healthy living conditions and lifestyles, community involvement and participation, access to essential facilities, provision of proper health services for both women and men, women empowerment and health care attention for not only their reproductive health but for the overall health is a must. Creating knowledge and awareness in the urban poor communities will make the health initiatives of the government and civil society organizations more effective in slums like Raffiq Nagar.

Acknowledgements:

This research would not have been possible without the invaluable support of various people to whom I owe my sincere gratitude. To the women and men of Raffiq Nagar, without whom this study would not have been what it is. They welcomed me into their homes and shared a part of their lives with me. I hope I have been able to do justice to their stories. To Dr. Kapil Patil, Nehal Bhatt and to the staff members of Niramaya Health Foundation, who gave me an entry into the world of Raffiq Nagar, supported me and participated in my study. To my guide, I am very thankful to my boss and mentor, Dr. Nobhojit Roy, who has encouraged me to do my job and research work simultaneously. I am grateful to all my professors in the department of Sociology for their valuable inputs.

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