

Health at a premium & not for all



Sociology

KEYWORDS :

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Introduction:

"Marginalized" literally means pushed to the brim for want of qualification to be on the better side.

WHO defines Health as "A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity".

A comprehensive understanding of health implies that all systems and structures which govern social and economic conditions and the physical environment should take account of the implications of their activities in relation to their impact on individual and collective health and well-being of all who participate in keeping the social economic fabric alive.

In most Indian cities the urban poor survive by working in the informal sector. Poverty and lack of gainful employment in the rural areas and in the smaller towns drive large numbers of people to the cities for work and livelihood. These people generally possess low skills and lack the level of education required for better-paid jobs in the formal sector. Besides, permanent protected jobs in the formal sector are shrinking, hence even those having the requisite skills are unable to find proper employment. For such people work in the informal sector is the only means of survival. For the urban poor, street vending is one way of earning a livelihood, as it requires minor financial input and minimal skills though the income too is low. A large section of street vendors in urban areas are those with low skills and who have migrated to the larger cities from rural areas or small towns in search of employment.

Broadly, street vendor is a person who offers goods or services for sale to the public without having a permanent built-up structure but with a temporary static structure or mobile stall (or head-load). Street vendors could be mobile and move from place to place carrying their wares on push carts or in cycles or baskets on their heads, or could sell their wares in moving buses. The Government of India has used the term 'urban vendor' as inclusive of traders and service providers, stationary as well as mobile, and incorporates all other local/region specific terms used to describe them.

Street vendors can be assets to the urban system if they are given the opportunity to contribute to its development. Being a part of the marginalized urban poor, they are treated as trouble-makers whose sole purpose is to create chaos on the streets. This attitude is prevalent not only towards street vendors but also towards the other sections of the marginalized.

Street Vendors, the real entrepreneurs have remained on the edge in spite of giving their heart-and-soul to the society they serve. While putting their one health into the hands & mercy of the creator they remain the ones to be finger pointed for any disease/epidemic that could come from anywhere on the planet.

Marginalized are not excluded from Article 14 & 21 of the Indian constitution & they too have as much a right as any other able & recognized human. All that is missing is a voice because of the unspoken unorganized sector that they belong. Street vendors have poor social protection and their working conditions on the streets expose them to a variety of safety and health issues. Studies indicate that around 85 percent of the street vendors complained of stress related diseases-migraine, hyper acidity, hypertension and high blood pressure. In general, there are more men vendors than women vendors in India. Women vendors earn less, on average, than men vendors: their earnings range from 40 to 60 rupees per day. The lack of toilets has an

adverse effect on women's health and many suffer from urinary track infections and kidney ailments. The mobile women street vendors also face security issues.

Studies also show that the average earnings range between Rs. 40 and Rs. 80 per day. These people work for over 10 hours a day under grueling conditions on the street and are under constant threat of ill health.

Millions of street vendors in India are without any rights and treated as a nuisance. Yet this vast body of people provides invaluable services in cities and adds to their earnings. The Supreme Court has taken a soft position. More than a decade ago, the New Delhi Municipal Committee evicted a common street vendor, Sodhan Singh, who sold garments at Janpath in New Delhi. He appealed to the Supreme Court through a public interest litigation claiming that the action violated his fundamental rights, more specifically his right to carry on business or trade (article 19(1)g of the constitution of India). In a very significant judgment, the court ruled that, 'If properly regulated according to the exigency of the circumstances, the small traders on the side walks can considerably add to the comfort and convenience of the general public, by making available ordinary articles of everyday use for a comparatively lesser price. An ordinary person, not very affluent, while hurrying towards his home after a day's work can pick up these articles without going out of his way to find a regular market. The right to carry on trade or business mentioned in Article 19(1)g of the constitution, on street pavements, if properly regulated cannot be denied on the ground that the streets are meant exclusively for passing or re-passing and no other use.' (Sodhan Singh versus NDMC, 1989).

The above extract from the Supreme Court judgment is significant because it emphasizes several important aspect of street vending and use of public space. The judgment notes the positive role of street vendors in providing essential commodities to common people at affordable prices and at convenient places. Moreover, the judgment notes that street vending, if regulated, cannot be denied merely on the ground that pavements are meant exclusively for pedestrians. The most important aspect is that street vendors are exercising their constitutional right to carry out trade or business hence it should be regulated properly and not abolished.

National Food Safety Bill passed by the Parliament in the last requires hawkers to have the same hygienic standards as 5 star hotels where the ground reality bites.

Street environment and the kind of the work or jobs they do, arise certain common problems for street Vendors. These problems are related to their living and working conditions. They inevitably suffer from consequences of lack of sanitation and clean water, occupational accidents, sexually transmitted diseases, drug abuse, crime and all other effects of striving to cope alone, resulting in deep sense of insecurity and emotional conflict. There seems to be no place for them in the present social system to seek support or fight for justice.

They are exposed to dirt, smoke, sun, rain and cold. As a result, they suffer from malnutrition, skin infections; Scabies, boils, Pyoderma, ear and eye infections, Diarrhea, Jaundice, Gastroenteritis, oral health problems, dental caries etc. Parasitic infections, Cholera, Tuberculosis, Leprosy and Rheumatic Fever; Problems like Malnutrition, Diarrhea, Jaundice and Gastroenteritis results from lack of money to buy even one square meal a day, lack of nutritious food as and when required. Unhygienic eating habits, access to potable drinking water. Other diseases

result from exposure to infection during vending due to constant exposure to pollution caused by traffic, inhalation of toxic fumes at garbage dumps and low immunity. Today there's a new threat of climate change impacting the vendors with unbearable heat & dehydration. Street vendors are succumbing to unknown and un-heard problems due to the drastic weather changes.

There are efforts that have been initiated to bring about a balance in living conditions Street. Street vendors have been promised benefits of cashless-based health insurance scheme. The insurance scheme under the Rashtriya Swasthya Bima Yojana (RSBY) intends to cover all the registered street vendors under RSBY by 2013-14. The premium for the insurance scheme will be paid by the Central and State Governments in the ratio of 75:25. For the North Eastern States and Jammu and Kashmir, the expenditure would be shared in the ratio of 90:10. The expected recurring expenditure for the said project in 2013-14 is estimated at Rs. 200 crores annually.

Beneficiaries under RSBY are entitled to a cover of up to Rs. 30,000 for most diseases that require hospitalization. The cover extends to five members of the family, which includes the head of the household, spouse and up to three dependents. According to the Labour and Employment Ministry the scheme has been seen to action in 24 States with more than 1.95 crores smart cards.

The All India Institute of Hygiene and Public Health has begun a campaign to instruct street vendors in India how to safely prepare food avoid inflicting disease due to unclean environment. Some tips include "Do not set up your stall in the middle of a rubbish dump, drain or sewage channel". The report recommends. "Wash your hands before cooking and do not let large swarms of flies settle on food displays." & also wear aprons to push for clean cooking.

Ill-health is has also other related problem that gulf the street vendors especially women vendors. For women their bodies are their wealth; if they fall ill they lose their income SEWA therefore started health schemes for its members in the form of group insurance and insurance during hospitalization. The women also find that illness among their children is a major source of expenditure. The union, therefore, organized crèches and schemes that ensure regular check-ups for children, especially infants in the 0-1 year age group. Regular checks of height and weight are carried out to detect malnutrition among children.

Some major causes for health concerns that haunt marginalized Street vendors the most vulnerable class in the business cadre are:

- Health hazards due to climate change
- Lack of safe drinking water
- Mal nutrition due to economic disadvantage.
- Un-healthy work environment
- Hazards from smoke & dust
- Lack of toilets
- Street due to selling pressure, harassment & poverty
- Unsafe working conditions
- Scare of accidents
- Open working fields & lack of protection from air & water borne disease
- Dust, Smoke, Fumes & Radiations (natural & man made)

The unions alone cannot render these services. It depends on support structures for carrying out the activities. Hence, SEWA has promoted NGOs and cooperatives that would be responsible for these activities. For example, SEWA initially started an NGO to take care of health related activities. This later was converted to a cooperative as; being a membership-based organization this would involve democratic participation in its functioning. The cooperative conducts regular training programmes for its members to educate them on problems relating to health, nutrition and childcare.

Similarly, the network of self-help groups (SHGs) has prompted SEWA to start a cooperative bank run exclusively by women

and only catering to women workers. This has enabled street vendors access to institutional credit through their micro credit groups. In addition to these activities, SEWA has organized schemes for provident fund and pension.

NASVI too has organized social security schemes for its members in some areas. NASVI is a federation; hence it cannot have a uniform policy for all its constituents. We will discuss one of its larger constituents, namely NIDAN in Patna. NIDAN is membership-based organization that has a sizable following among hawkers in Patna and other towns of Bihar. Group insurance is one of the more successful schemes of NIDAN. It has organized street vendors into groups so that they can avail of hospitalization costs and life insurance.

Initially NIDAN undertook extensive training programmes to acquaint street vendors with the different insurance schemes of Life Insurance Corporation of India (LIC) and General Insurance Corporation of India (GIC). It then helped its members to get involved in insurance schemes. Given the level of corruption in our society, they were uncertain whether they could recover any costs from the insurance companies as they were poor and illiterate. However, when members saw some others receiving their claims, their confidence grew. They knew that if their union stood by them they could recover costs from the insurance companies. As a result NASVI was able to organize several insurance groups among street vendors in Patna and other towns.

In August 2005, NASVI adopted a scheme that gives multiple benefits to its members. The scheme includes insurance coverage on health, house and property, death

(accidental and natural) and coverage for permanent and partial disability. This scheme was initiated by some of its member organizations in Bihar. The initially organized training programmes on 22 and 23 August 2005. One third of the participants were women. The members were given details of the programme, its claim procedures and how to enroll new members. The annual premium varied between Rs 100 to Rs70 which is very affordable for even the poorer street vendors.

The cases mentioned above are some of the successful attempts of street vendors to gain social security for themselves and their families with the help of the unions. These are scattered instances that undoubtedly have their positive side. However, what is needed is a broader and wider thrust that would include a larger number of street vendors from different parts of the country. This is feasible only if the government takes the initiative.

The National Policy for Urban Street Vendors that was adopted by the government on 22 January 2004 and later endorsed by the UPA government too has provisions on health for street vendors.

To respond to the vulnerable condition of pregnant women from poor families throughout the country, in October 2010, India's Cabinet Committee on Economic Affairs approved the Indira Gandhi Matritva Sahyog Yojana (IGMSY) programme for pregnant and lactating women.

The IGMSY is a conditional cash transfer programme that aims to improve the health and nutrition status of economically deprived pregnant and lactating women. There's also the extension of the Rashtriya Swasthya Bima Yojana(RSBY) to include street vendors. All registered street vendors would be covered under the RSBY by the year 2014,

Conclusion:

All said reality bites with a major part of the sample claiming not to be even aware of the provisions for a better health plan. The recommendations being the following:

- Involve the vendors more on possible welfare legislations
- Build awareness of the facility available
- Promote clean environments
- Educate on clean practices

Provide toilets & drinking water for free
 Regular medical check camps
 Some protective guard from radiations & inhaled gasses
 Free medicine & treatments in government hospitals
 Education for children & crèche facilities for kids of women vendors
 Unlike the past where the western world had greater empha-

sis on health facilities to all, today the entire world recognizes physical & mental Health as a fundamental human right, and correspondingly, all people should have access to basic resources for health. With the state responsibility & spiritual dimension of health getting increasingly recognized the hope is that health does not remain the privilege of the elite.

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