

Socio-Demographic Profile And Health Problems of Beggars in An Urban Area



Medical Science

KEYWORDS : Beggars, Socio – Demographic Profile, Health Problems, Urban Area

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ABSTRACT

The study was conducted on all beggars begging at Saibaba Temple located in Kalyan City, under Mumbai Metropolitan Region, Maharashtra. Total 113 (92 males and 21 females) beggars, were surveyed, clinically examined and treated. Of these 113 beggars, 70.80% were illiterate while 29.20% were literate. Surprisingly, one male beggar was commerce graduate. One female beggar had voter identity and ration card. 44.25% beggars were alcoholic. 85.84% beggars were having their family either broken or with problem. Of these 113 beggars, 110(97.35%) were having one or more health problems. Majority of them i.e. 81(71.68%) were suffering from musculo-skeletal problems. Upper respiratory tract infections (20.91%), tuberculosis (07.08%) and leprosy (06.19%) were also seen prominently among them.

INTRODUCTION

Beggar or Cadger is a person who lives by asking others for money or food.^{1,2,7} Beggars have existed in human society since before the dawn of recorded history. Begging has happened in most societies around the world, though its prevalence and exact form vary.⁴ This has been restricted or prohibited at various times and for various reasons, typically revolving around a desire to preserve public order or to induce people to work rather than to beg for economic and moral reasons.⁴ Begging or pan-handling is the practice of imploring others to grant a favour, offer a gift of money with little or no expectation of reciprocation. Begging may be found in public places such as transport routes, urban parks and near busy markets. Besides money, beggars may also ask for food, drink or other small items.⁴

Today begging is a major social problem. Begging has been with mankind since antiquity – anywhere in any city.³ Currently there are more than half a million of beggars in India. 10 Indeed begging has become a profession. According to planning commission, 1963, report, approximately two million beggars of all categories were there in India.⁷ Begging has not only psychological consequences such as the development of inferiority complex in the beggars family members and their network of kinship, but also will affect, as an unpleasant consequence, is of considerable importance in terms of the effects it will have on the face of the city especially in metropolises which are magnets for domestic and foreign tourists.⁵

The study done by Caroline et al 6 reveals, homeless beggars are victims of organized crimes and face exploitation such as physical torture. Female beggars face sexual exploitation and are manipulated into prostitution. Young beggars are manipulated and forced into drug abuse and drug dealing, pick pocketing, stealing and robbery.

There are various types of beggars. Some are blind, lame or crippled and so take to begging. Some people who lost their homes, become beggars. Child and orphan beggars are also very common. Some people are physically sound but undertake begging as their profession to enable to earn living easily. Some give up their family life and start begging. Poverty, loss of job, major diseases like tuberculosis, leprosy etc and other socio-economic problems lead to begging phenomenon. Kaur H. et al 8 observed, with lack of social support and self – confidence, some debilitated leprosy patients end-up as beggars.

Physically incapable of doing any work, religious sanction, training of children in the art of begging by some organizations are common causes of begging in our country. Also, some criminals when they come back from jails are not treated sympathetically by society. They are not given any chance to begin their life a

fresh. They become beggars and find shelter in this profession. The trade of begging is flourishing and beggars are earning their livelihood in a very easy way. Today, some beggars use mobile phones. That is why some people are entering this profession. Such beggars are increasing in number.

The rising number of beggars in metropolises, their tendency towards committing offenses, crimes and the lack of an organized and purposeful management in solving their social and health problems is indicative of the necessity of studying this issue.⁵

MATERIALS AND METHODS

The study was conducted on Beggars begging at Saibaba Temple, Kalyan City, Maharashtra. All the beggars begging in front of the Saibaba Temple on the day of study were included in the study group. These beggars gather every day in front of the Saibaba Temple for begging. The devotees after worshiping Saibaba give food, money, fruits, cloths etc to the beggars. The purpose of the study was explained to all the beggars. The data of the beggars regarding age, address, native place, education, mother tongue, ration card, voter card, begging since, habits, status of their family, health problems etc was recorded in the pre-tested formatted proforma. All the beggars were examined clinically, diagnosed and treated. Those who were in need of referral services were helped for the same. The data was analysed and discussed.

RESULTS AND DISCUSSION

All 113 beggars took part in the study. Of these 113 beggars, 92(81.42%) were males and 21(18.58%) were females. (Table – 1) H. Ahmadi 5 observed, of the 330 beggars surveyed in Shiraz city of Iran, 75.50% were males and 24.50% were females. In our study, it is observed, 17(15.04%) beggars were less than 20 years, 61(53.99%) were between 20 and 59 years while 35(30.97%) were equal to or above 60 years of age. H. Ahmadi 5 observed, 51% beggars were < 20 years, 33.50% between 20 and 59 years and 15.50% were aged 60 years and above in his study. He observed more than three times the number of beggars in < 20 years age group compared to our study. The difference is statistically significant. ($z = 3.79$, $p < 0.05$) While we observed almost double the number of beggars in the equal to or greater than 60 years age group.

Of the 113 beggars from Kalyan City, 47(41.59%) were staying in the slums, 26(23.00%) on foot path and rest were staying at state transport stand and railway station. In the city of Shiraz, Iran, H. Ahmadi 5 observed, 51.80% beggars were from suburban, 39.10% from poor areas of the city and rest were staying on streets or nomadic. As far as native of the beggars from Kalyan city is concerned, 37(32.74%) were from Mumbai Metropolitan Region, 66(58.41%) from rest of Maharashtra while 8.85% were from out of Maharashtra. It is observed, 70.80% beggars were illiterate

while 29.20% were literate in our study. 75% beggars from Shiraz city were educated up to primary level while 25% were educated up to middle school and above. Surprisingly, one male beggar was commerce graduate in our study. As far as the mother tongue of beggars from Kalyan city is concerned, 43(38.05%) were Marathi speaking while 23(20.35%) were Hindi speaking. All of them were able to talk in Hindi. Out of 113 beggars, one female beggar was having Voter Identity and Ration Card.

It is observed, 17.70% beggars were begging since more than 10 years while 45.13% were begging since 5-10 years. All the beggars were having one or more habits i.e. beedi / cigarette smoking, pan and tobacco chewing, alcohol consumption. In the present study, it is observed that 44.25% beggars were alcoholic. Thakker et al 7 observed, the beggars with psychiatric illness have high prevalence of addictions like smoking, tobacco chewing, alcohol consumption and others. In our study, we found, 97% (85.84%) beggars were having their family either broken or with problem. This social problem seeks attention.

As far as the health problems of the beggars are concerned 110(97.35%) beggars were symptomatic at the time of study. (Table- II) Many beggars were suffering from either one or more health problems. 81 (71.68%) beggars were having musculoskeletal problems. 08 (07.08%) and 07 (06.19%) were suffering from tuberculosis and leprosy respectively. Wamisho et al 3 surveyed 1237 street beggars in Addis Ababa. Of these 1237 beggars, 204 were suffering from musculo-skeletal disability. Of these 204 with musculo- skeletal disability, 47 were suffering from leprosy with its complications. We observed, 23 (20.91%) beggars were suffering from upper respiratory tract infections while 14(12.73%) were suffering from skin diseases of various kind. On the day of study 05(4.55%) beggars were having fever and 06(5.45%) were complaining of gastro-intestinal symptoms.

Thus, the beggars suffer from various health problems. They are source of various infections. If their health problems are not treated in time may lead to serious complications. It may harm the health of the society. It is a burden on the society as well as on the health care delivery system. Begging adversely affect socio - economic development. Begging itself is a complicated social problem. So, we will have to fight it from all the sides. First of all, public opinion must be created against it. Giving alms is common practice in the society. But indiscriminate alms-giving is neither good for the giver nor for the receiver. Instead it creates a number of social evils. One those who are crippled, helpless or homeless should be given alms.

Most of the times, beggars are victims of organized crimes. This requires immediate attention and the situation should be handled very carefully. For this, departments like Law, Social and Child welfare should work in coordination to tackle this problem effectively. Some beggars are struggling with a totally inhuman and devastating situation. The immediate need is to provide safe environment with some skills so that they can earn a living to be self sufficient. Care should be taken of those who are at risk of accepting this profession especially the children and the old people. Social security measures should be implemented effectively in the community and the same should be evaluated periodically.

The existing beggar homes should be upgraded and as per the requirement new beggar homes should be started with all facilities including comprehensive health care services, where orphans and other helpless people may find shelter. Thus they will be rehabilitated. This will prevent them from joining this profession. The anti- beggary laws like The Bombay Prevention of Beggary Act, 1959, 9 should be implemented strictly and amended regularly as when required. The laws should prevent people from

begging and will make beggary a punishable profession. Finally political and social support is extremely important in solving this problem. The efforts should be made to eliminate current beggars and to prevent further occurrence of this problem in the community. The beggars must have access to the health and social welfare services.

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TABLE – I
SOCIO - DEMOGRAPHIC CHARACTERISTICS

Characteristics	Male n=92	%	Female n=21	%	Total n=113	%
Age in Years						
<20	15	16.30	02	09.52	17	15.04
20-59	45	48.91	16	76.19	61	53.99
>=60	32	34.78	03	14.28	35	30.97
Residence						
Foot path	17	18.48	09	42.86	26	23.00
Slum	41	44.56	06	28.57	47	41.59
Railway station	22	23.91	04	19.05	26	23.00
State transport stand	12	13.04	02	09.52	14	12.39
Native place						
Mumbai region	30	32.61	07	33.33	37	32.74
Rest of Maharashtra	56	60.87	10	47.62	66	58.41
Out of Maharashtra	06	06.52	04	19.05	10	08.85
Educational status						
Illiterate	67	72.83	13	61.90	80	70.80
Literate	25	27.17	08	38.10	33	29.20
Mother Tongue						
Marathi	32	34.78	11	52.38	43	38.05
Hindi	17	18.48	06	28.57	23	20.35
Other	43	46.74	04	19.05	47	41.59
Begging since						
<05 years	31	33.7	11	52.38	42	37.17
5-10 years	44	47.83	07	33.33	51	45.13
>10 years	17	18.48	03	14.28	20	17.70
Habits						
Beedi / Cigarette	34	36.96	09	42.86	43	38.05
Pan and Tobacco	41	44.56	06	28.57	47	41.59
Alcohol	45	48.91	05	23.81	50	44.25
Family (Broken/with Problems)						
Yes	78	84.78	19	90.48	97	85.84
no	14	15.22	02	09.52	16	14.16

TABLE – II
HEALTH PROBLEMS

HEALTH PROBLEMS	n=110 (97.35%)
Musculoskeletal Problems	81(71.68%)
Tuberculosis	08(07.08%)
Leprosy	07(06.19%)
Upper Respiratory Infections	23(20.91%)
Skin Diseases	14(12.73%)
Injuries	09(08.18%)
Fever	05(04.55%)
Gastrointestinal Symptoms	06(05.45%)
Others	32(29.09%)

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