

City OF Waste By Amina Khatun

In Part 5 of the series on urban poverty in Priya Manna Basti, Kolkata, Amina Khatun recounts the absence of the most basic civic amenities: around 20 families share one toilet; excreta and waste flow into open drains; 38% of women get no healthcare during pregnancy.

It was only after the formation of the Howrah Municipal Corporation in 1984, and the initiation of slum development work thereafter, that septic tank latrines were built in Priya Manna Basti, a shantytown in the heart of Howrah, Kolkata, where 40,000 poor Muslims live. But today, virtually all of them are defunct. Not surprisingly, gastrointestinal and waterborne diseases are rampant.

In a study conducted in a section of Priya Manna Basti during 2005-06 for the government of West Bengal's Kolkata Urban Services for the Poor (KUSP) project, the New Delhi-based organisation TARU investigated civic infrastructure. It found that there was an extremely high load on water sources in the area. Most households reported that despite water sources being close to their homes, people had to spend a considerable amount of time collecting water. The high load resulted in long queues and frequent quarrels between residents. There was also a serious water pressure problem, resulting in a weak flow of water through standposts. Often, the water sources were situated close to drains, making them prone to contamination. Water pipelines were damaged and had a number of leaks, affecting the quality of water. This was reflected in the foul smell, and insects and other objects found in the water.

TARU found that approximately 86% of households in the surveyed area shared a toilet with their neighbours. Over time, most of the septic tanks had filled up, forcing people to link them to open drains. A typical hutment in the area had 15-20 families (approximately 70-80 people) living together and sharing a common toilet. Children defecated out in the open, by the side of drains and internal pathways. As a result, all the excreta and faecal matter found its way to the open drains which are frequented by stray dogs. The entire area stinks, with drains often clogged and overflowing.

Residents reported that the drains were cleaned every 8-10 days. Internal roads and pavements too became clogged with drain water. Residents added to the problem by throwing garbage and solid waste into the drains. Promoters and builders who build multi-storied apartments do not provide facilities for the disposal of waste water. Some apartments in the study settlement had no proper arrangements for the disposal of household waste water. In such apartments, waste water is discharged directly into open drains.

The open drains, the congestion, and the resulting waterlogging become unbearable in the monsoons when two to three hours of incessant rain cause the roads to flood. Rain water, waste water and faecal matter from open drains spread out over the surroundings. It takes a while (five to six hours) for the water to drain away, leaving garbage and waste on the streets of the settlement. The TARU study area had three garbage disposal bins that provided solid waste disposal space to 258 households. Less than 55% of households reported disposing of their solid waste in the municipal bins; the rest got rid of solid waste along roadsides, in open spaces, or in drains.

Residents were aware of the potential health impact of garbage and solid waste strewn all around the settlement. They reported that garbage removal by the Corporation was done very infrequently, sometimes at intervals of over 10 days. Besides the stray dogs, heaps of garbage breed mosquitoes and other insects, becoming breeding grounds for a number of diseases. This is how hundreds of thousands of people live in the heart of the metropolis. It is not at all surprising therefore that the Howrah Municipal Corporation's statistics on infant mortality show a disproportionately high death rate among Muslim infants.

In a recent paper titled 'The Politics of Urban Service Provision in Kolkata', geographer Sohel Firdos writes that civic services such as water supply, sanitation and lighting are extremely inadequate in

municipal wards where slums predominate. He cites the example of Ward 58 in Kolkata where only a third of households have piped water supply inside their houses. As far as light sources are concerned, about a tenth of households in this ward have no access to electricity; they use kerosene lamps to light their homes. Firdos concludes that even though the electoral outcomes in slum-dominated wards are entirely dependent on the votes of the poor, because of their electoral strength, elected municipal representatives seem to consistently ignore the requirements of slum-dwellers for civic services. He reflects on the nature of democratic functioning of the urban local body where, although the political participation of the poor in elections is ensured, the provision of municipal services to this constituency remains systematically neglected.

Given this civic apathy and decay, it is not surprising that women are worst-affected. In 2003, social scientist Rajashi Mukherjee conducted a survey of 80 women living in 15 pockets of Priya Manna Basti. The table below shows the averages of some key indicators:

Age 32.1 Marriage age 16.2 Years married 15.9 1st birth at: 17.8 Pregnancies 6.1 Miscarriages 1.0 Live births 5.1 Children alive 4.4 Dead children 0.7

The averages do not reveal the worst-case scenarios: one woman had 11 pregnancies, including two miscarriages, with two of the nine children subsequently dying. Or that four more women had nine pregnancies and again multiple miscarriages as well as child deaths.

The findings regarding medical care during pregnancy are given below:

Type of care % No care 38 Local doctor/ Local quack 30 Hospital 19 Dai 6 Homoeopath 3 Charitable dispensary 1 Nursing home 1 Local doctor and dai 1 Local doctor and traditional medicines 1

The women reported various problems during pregnancy. The responses are summarised below:

Problems faced % Hands and feet swell up 21 Feel dizzy/weakness/head reels 21 Anaemia 21 White discharge 10 Bleeding 4 Feet and legs ache 3 Backache 1 Recurrent fever 3 Worms 4 Vomiting 36 Food does not digest/ weak stomach 7 Lack of appetite 3 No problems 16

The table below summarises the findings regarding the nature of delivery:

Delivery done by % Dai (at home) 53 Dai and local doctor 3 Dai and nursing home 3 Dai and hospital 13 Hospital 24 Nursing home 4

How are miscarriages handled when they occur? The table below summarises findings from the survey:

Miscarriage handled by % No one/at home 26 Dai 0 Nursing home 20 Hospital 23 Marie Stopes 17 Local doctor/quack 11 Local doctor and homoeopath

Findings regarding the age of infants at death are summarised in the table below:

Age at death % of infant deaths 0-3 months 18 0- 6 months 33 7-12 months 16 13-18 months 10 19-24 months 6 26-30 months 4 31-36 months 2 37-48 months 6 49-60 months 4

Finally, the causes of infant death are summarised below:

Cause of infant death % Diarrhoea 14 Rickets 30 Tetanus 20 Pneumonia 16 Unknown illness 12 Fever 4 Accident 4

Rahul Banerji, an activist in Madhya Pradesh, wrote in his recently published book *Recovering the Lost Tongue*: "The primary cause of ill health in women is their low status in society, wherein they are relegated to a position of subordination from the moment of their birth. Girls eat last and least, are overworked and under-educated, and have to bear children from an early age. They receive inadequate medical treatment when ill and are often passed over for immunisation. Despite the biologically proven fact that women have a longer lifespan than men, in India the reverse is true in

rural areas where more girls are likely to die than boys, leading to a sex ratio skewed against women in the population. Lack of property rights contributes to the general preference for a male offspring as insurance in old age. Women often go through the rigours of repeated pregnancies and childbirths to produce sufficient male children who can survive through to adulthood. Malnutrition, lack of sexual hygiene, repeated pregnancies and overwork lead to most rural women being anaemic and therefore prone to other diseases in general."This describes the situation in Priya Manna Basti well.

The Howrah Pilot Project (HPP) has been working with poor women and children in Priya Manna Basti since 1997. Birth control and family planning has been an important part of the efforts of HPP's team of volunteers. Although there was a lot of resistance from people in the beginning, slowly, and through sheer persistence, there has been an acceptance. HPP also works with adolescent girls, promoting social, health, hygiene and personal awareness. Through linkages with other social organisations, visits by lady doctors and gynaecologists are organised. Changing people's outlook on the future of girls, and promoting family planning in a community of poor Muslims are huge challenges. But they are challenges that have to be faced squarely.