

CHAPTER :IV

RESEARCH SETTING

Baroda is the second most industrialized city in Gujarat State. It has a population of 7.33 lakhs (1981 census). A princely state, known for its culture, literary taste and talent, academic achievements - Baroda has enjoyed a special status in Gujarat State as well as in the country.

Large number of people have migrated from near and distant places. Migration is employment-oriented. Heavy industrialization has attracted people in large numbers from other states. Unchecked growth has created many civic and social problems and challenges. The fast growth of slum is a burning example. There are approximately 55 slum location in and around the city having 21,000 households. Slum population is estimated to be over one lakh. It is expected to be 1.81 lakh in 1992 growing at the annual rate of 9% (Patel 1986).

The city is divided into eight wards. Pensionpura slum is situated in Ward-7 located at Ahmedabad - Bombay highway; close to M.S. University of Baroda. This slum enjoys exposures of all kinds from all sides. On one side of the slums are the military headquarters and on the other side is cluster of institutions for handicapped persons.

The third side of the slum is consisted of the residential blocks having lower - middle or middle income group families.

The total slum has more than 300 households but the three pockets namely Harijan Was, Patel chowk and Sardar gram have 220 households in all - which are being attended by the 'Samaj Kalyan Kendra - faculty of Social Work. It is a field work agency which is concentrating on the over all development of this community.

This slum has got two openings; linking it to the main road through approach roads: One from Patel Chowk and the other one from Harijanvas. Sardargram, the third pocket also had one opening earlier which was blocked by E.M.E. authorities. Thus Sardargram residents have to walk either via Patel chowk or via Harijan vas to reach the main road. This slum was established twenty years ago by few migrants. All kinds of regional, religious and caste groups are staying here with occupational variations.

There is a huge pond almost empty in between Patel chowk, Harijanvas and Sardargram. The families are situated in a circular form around the pond. This pond has multiple purposes viz. play ground for children, waste corner etc.

Each pocket has two water points having 3 to 4 taps for drinking water. Water is available at fixed timings but there is not an acute shortage of water to the families.

Toilets are common and inadequate in number. There are public toilets two or more in number in each pocket but they are used and maintained unhygienically. No proper drainage system exist in the slum. Electricity is available both at roads and in houses.

Each pocket has got corners where children, youth and adult play, meet and chit-chat. Women sit outside the house and gather in small groups for interaction. Few families in each pocket have got T.V. set, a source of entertainment for all. Everybody is permitted to see it, especially in Harijanvas. Radios and transistors are plenty in households.

Some of the households run a small shop outside the house for vegetables, gracery and other eatables for slum dwellers. There are two balwadix in the slum. One is located in Sardargram and other one is in Harijanvas. A mobile health team occasionally visit the slum, otherwise the families visit general hospitals or private practitioners for their health problems. They spend considerably on health problems whenever needed.

This slum, being located at the centre has an access to all types of services. There is a primary school and a secondary school at the opposite side on the highway. Recently few buildings have come up which covers the slum sight.

The General impressions which the researcher gathered while interviewing the families, that these families were fairly enlightened and sharp in handling their day to day affairs and problems. Women were found to be open and frank about their attitudes and feelings on family relationships, parent child issue etc. They spent whole day in household care and childcare. Men folk were also cooperative and polite in most of the families. Children play all kinds of games. Older ones do help their parents. One does get a feeling that they do waste sufficient time meaninglessly.

The families are engaged in the routine chores of family life. Similar family dynamics and sentiments as seen in other families are found in these families. They are also influenced by superstitions and rituals which influence their family life and behaviour.

The continuous contact of students in this slum have made them used to all kinds of visitors and their questions. On the whole, this slum is also like any other slum with dilapidated houses, congested and narrow passages, illventilated and unhygienic surroundings, shanty hutments and vices like gambling and liquor. The outlook of most of the houses in sardargram and Patel chowk pockets is comparatively better than Harijanvas.

The researcher has gathered socio-economic and other background information of all the families from these three pockets in order to have a comprehensive view of these families. Following Tables and descriptions present an over all view of the socio-economic, health, educational background of these families, *pocket wise (HV-Harijanvas, PC-Patel Chowk, SG - Sardargram)*

Background and Socio-Economic Profile of the Families :

Table No.	Category	H.V.	P.C.	S.G.	Total	%
		Percentage				
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1.	<u>Religion</u>					
	Hindu	100	74.11	83.58	165	82.83
	Muslim	-	18.82	4.48	19	9.60
	Christian	-	4.71	11.94	12	6.56
	Any other (Sikh, Jain etc.)	-	2.36	-	02	1.01
<hr/>						
TOTAL :		100	100	100	198	100.00
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2.	<u>Mother tongue</u>					
	Gujarati	100	57.64	59.71	135	68.18
	Hindi	-	10.59	13.43	18	9.09
	Marathi	-	10.59	25.37	26	13.13
	Urdu	-	18.82	-	16	8.09
	Any other	-	2.36	1.49	03	1.51
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TOTAL :		100	100.00	100.00	198	100.00

3. <u>Family Type</u>	H.V	P.C %	S.G	Total	%
a) Nuclear family (Couple & children)	71.74	76.48	91.03	159	80.30
b) Extended family (nuclear but either of inlaws and either brother or sister inlaw staying together)	10.87	9.41	7.47	18	9.10
c) Joint family (Parents, married son & their chil- dren, unmarried children)	17.39	14.11	11.50	21	10.60
TOTAL :	100.00	100	100.00	198	100.00

4. <u>Family Size</u>					
Small (1-4)	45.65	40.00	31.34	76	38.38
Medium(5-6)	43.48	45.89	50.75	93	46.97
Large (more than 6 members)	10.87	14.11	17.91	29	14.65
TOTAL :	100.00	100.00	100.00	198	100.00

5. <u>Family Life Cycle</u>					
Begining families	6.52	7.06	1.49	10	5.05
Child Bearing families	2.17	9.41	7.46	14	7.07
Families with pre-school children	15.22	5.88	7.46	17	8.58
Families with school going children	23.92	31.76	29.85	58	29.30

	HV	PC %	SG	Total	%
Families with Adolescent children	21.74	24.71	40.30	58	29.30
Launching Centres (Middle aged Member's families)	28.26	16.47	5.97	31	15.66
Empty nest families (Families with old members)	-	3.53	2.99	5	2.52
Childless couples	2.17	1.18	4.48	5	2.52
TOTAL :	100.00	100.00	100.00	198	100.00

6. Occupation of Respondents :

Service	97.83	45.89	62.69	126	63.63
Artisans	-	20.00	13.43	26	13.13
Casual Labourers	2.17	11.76	10.45	18	9.10
Business (Small shops, hawkers)	-	16.47	11.94	22	11.11
No Job	-	5.88	1.49	6	3.03
TOTAL :	100.00	100.00	100.00	198	100.00

7. Monthly Income of families :

No Income	-	1.17	1.49	02	1.01
Upto Rs.500	32.61	37.65	22.39	62	31.31
Rs.501 to 1000	63.04	50.59	65.67	116	58.58
More than 1000	4.35	10.59	10.45	18	9.10
TOTAL :	100.00	100.00	100.00	198	100.00

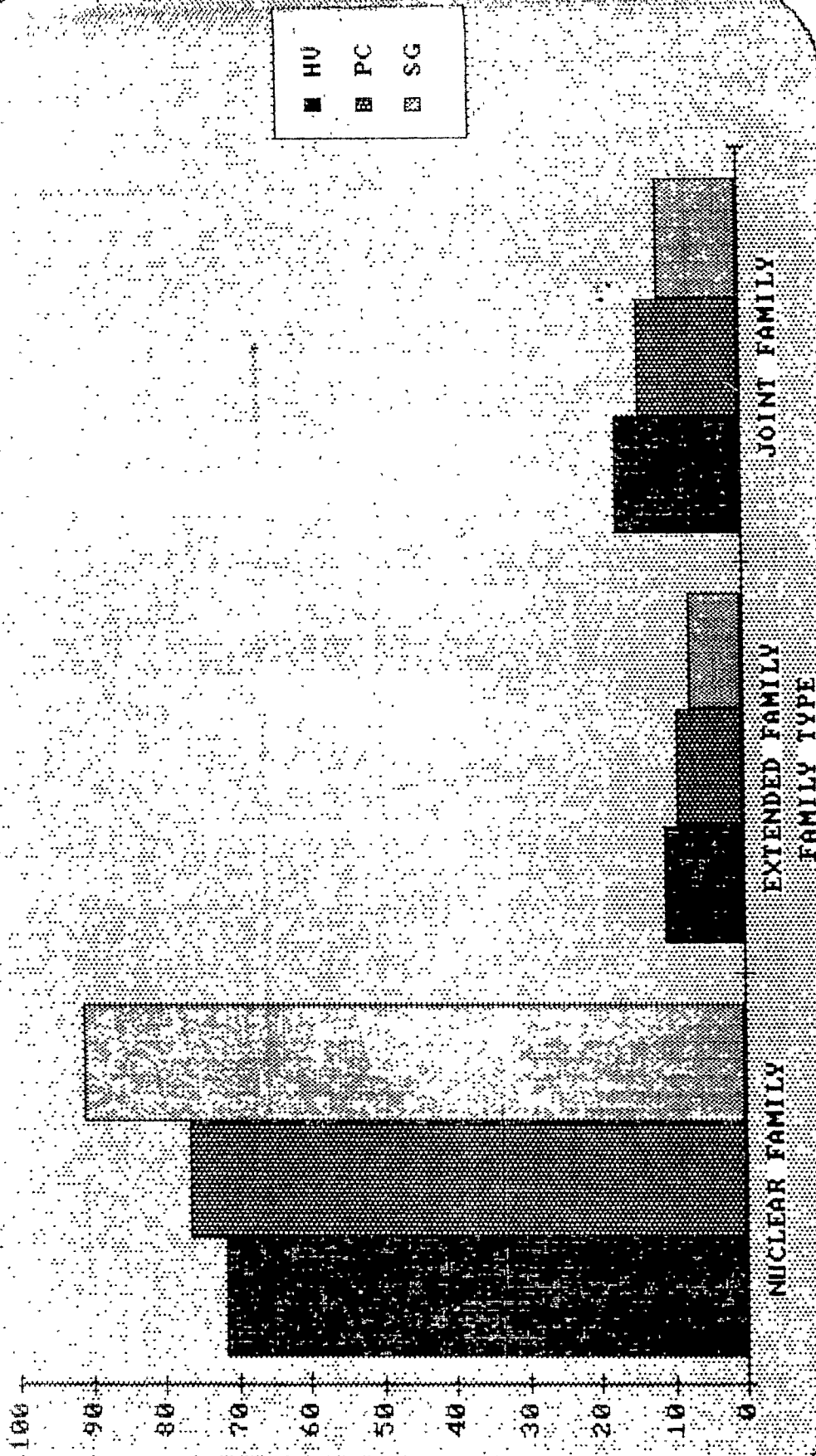
8. <u>Family Expenditure :</u>	H.V	P.C %	S.G	Total	%
More than income	10.87	29.41	16.42	41	20.71
Equal to income	32.61	52.94	50.75	94	47.48
Less than income	56.52	17.65	31.34	62	31.31
From social support as no income	-	-	1.49	01	0.50
TOTAL :	100.00	100.00	100.00	198	100.00

9. <u>Indebtedness in the Families :</u>					
No indebtedness	26.09	43.53	58.21	88	44.44
Upto Rs. 500	15.22	17.65	11.94	30	15.15
Rs. 501 to 1000	2.17	5.88	1.49	07	3.54
Rs.1001 and more	52.17	32.94	19.40	65	32.83
Did not tell the amount	4.35	-	8.96	08	4.04
TOTAL :	100.00	100.00	100.00	198	100.00

10. <u>Savings per month by families :</u>					
Upto Rs. 100/-	8.70	11.76	8.96	20	10.10
Rs. 101 and more	10.87	9.41	32.84	35	17.68
No savings	56.52	78.83	25.36	110	55.55
Did not tell	23.91	-	32.84	33	16.67
TOTAL :	100.00	100.00	100.00	198	100.00

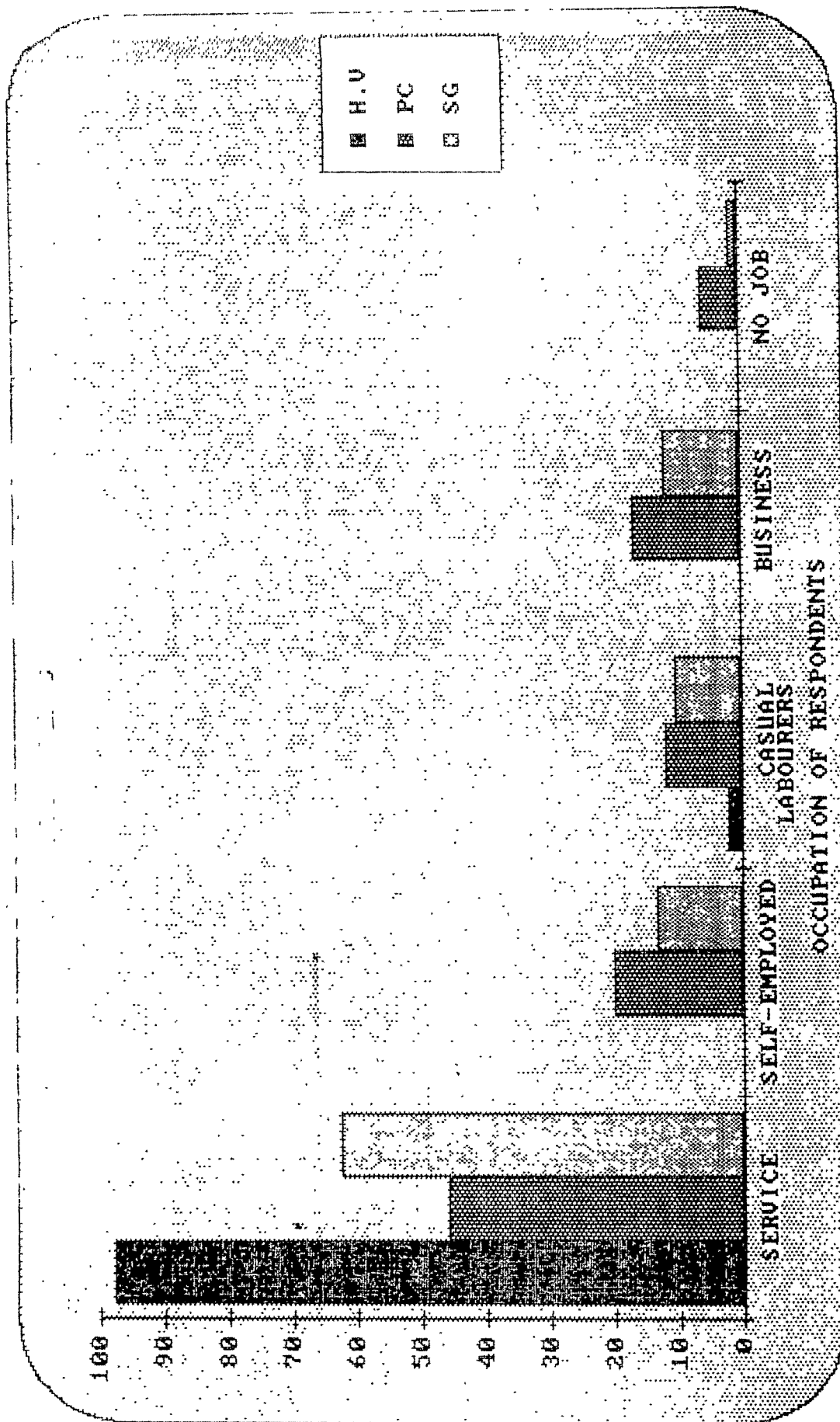
GRAPH - I

RESPONDENT'S FAMILY TYPE - POCKETWISE

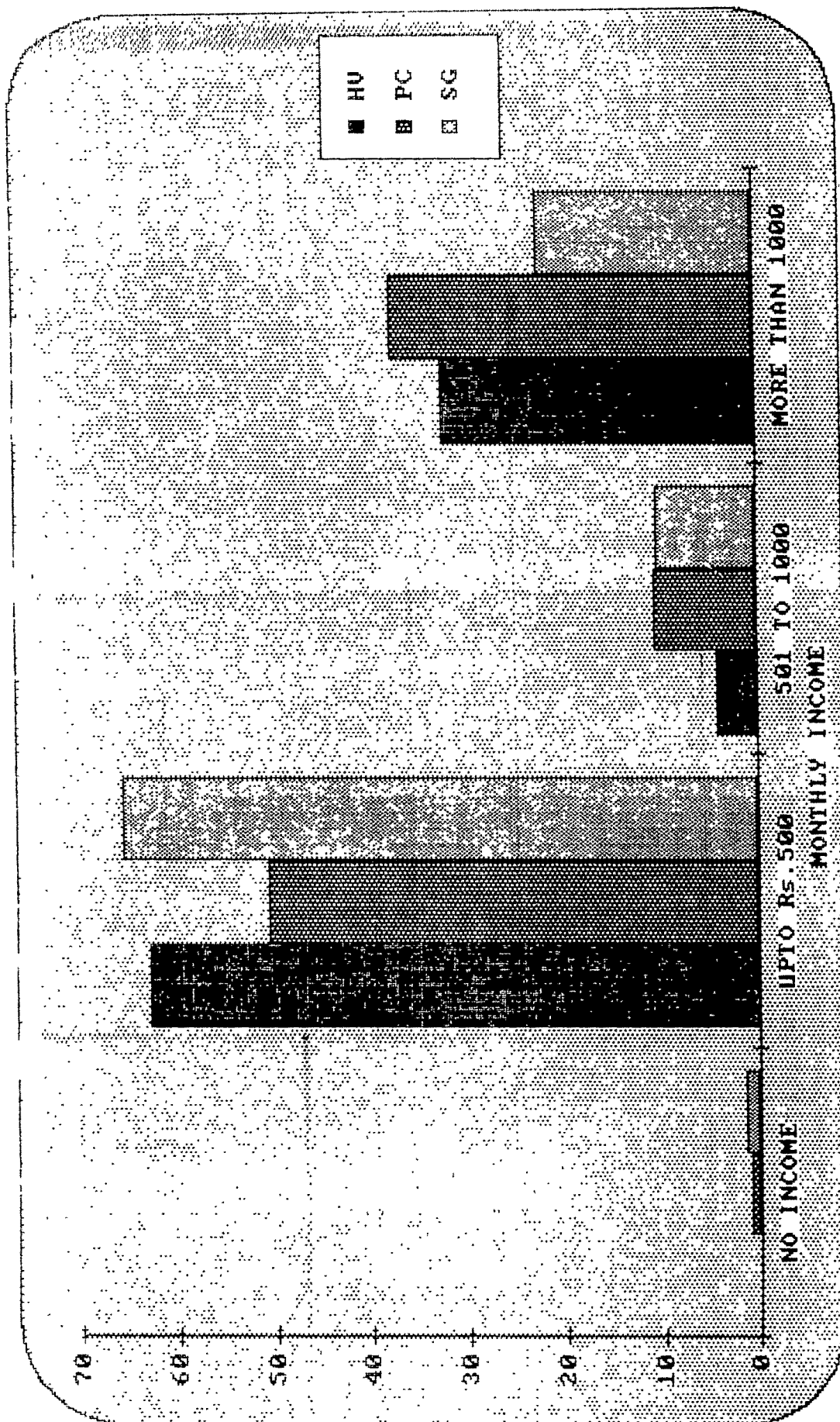


GRAPH - II

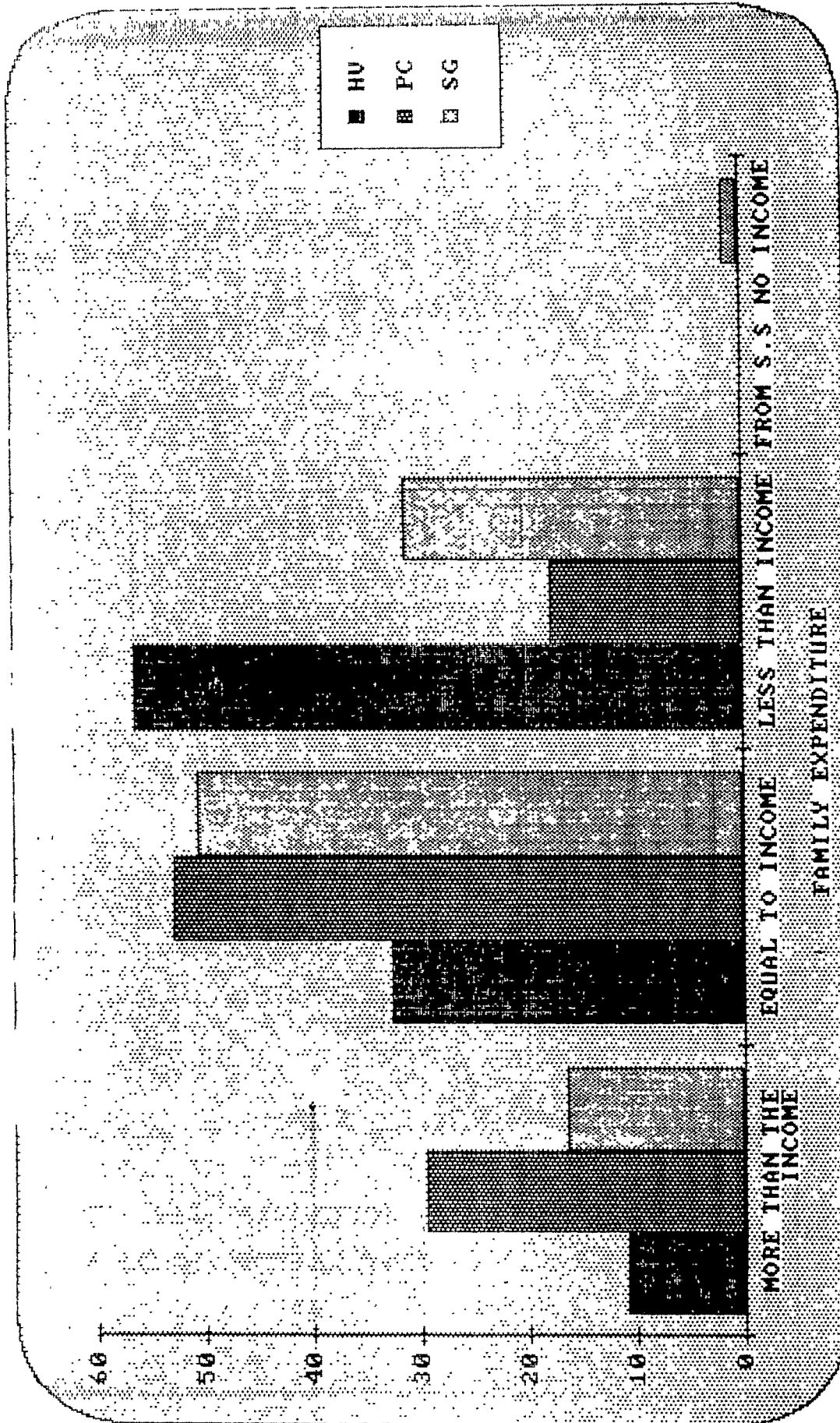
RESPONDENTS OCCUPATION - POCKETWISE



GRAPH - III
RESPONDENTS MONTHLY INCOME - POCKETWISE

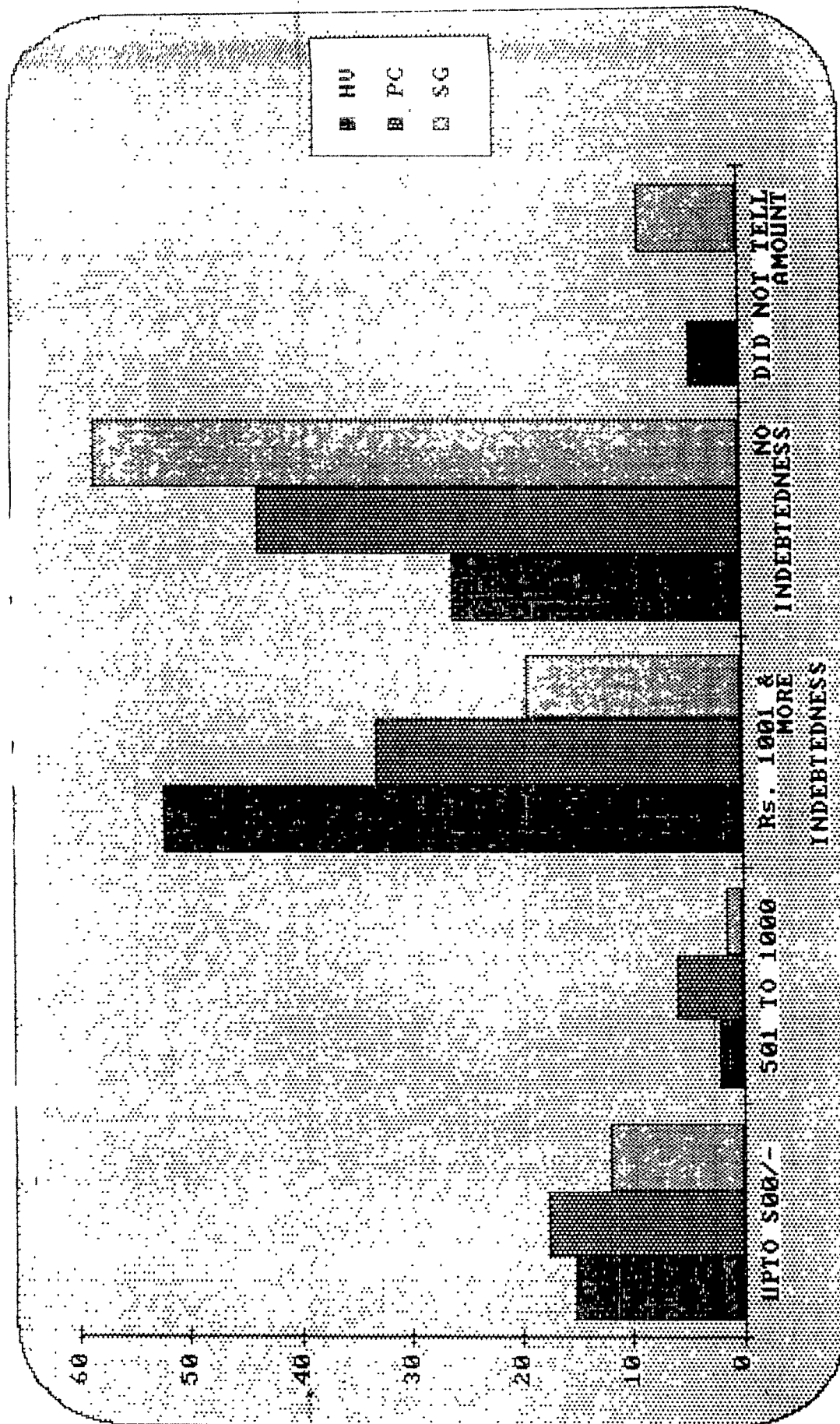


GRAPH - IV
RESPONDENTS FAMILY EXPENDITURE - POCKETWISE



GRAPH - V

RESPONDENTS INDEBTEDNESS - POCKETWISE



Majority of these families (82.83%) are Hindus while 9.66% families are Muslims, 6.56% christians and 1.01% belong to different religious groups. None of the families from Harijanvas (HV) is non-Hindu while some muslim families and christian families are clustered in Patel chowk (PC) and Sardargram (SG) areas. Hindus are comparatively less in Patel chowk group than the other two.

All the families in HV are Gujarati speaking, while in other two pockets namely PC and SG the percentage is less 57.64 and 59.71 respectively. The other language speaking groups are Hindi, Marathi and Urdu in PC and SG areas.

From the present study it is observed that on the whole 80% families are nuclear type while only 10% are joint families. About 10% are neither of the types but have a peculiar nature where either of inlaws or brother/sister inlaw stay with the family. Majority of Sardargram families 91.05% are nuclear types while the distribution of this type in other two groups HV and PC is 71.74% and 76.48%. The joint family type is almost non-existent in SG pocket as compared to the HV and PC (17.39% and 14.11%).

A survey conducted by Baroda Citizen Council (1985-86) on slum families in Baroda revealed that average size of urban slum families is 5 members. The present study also present the same picture. On the whole 46.97% families are medium

sized(5-6) and 38% families are small (1-4) and 11.65% are large sized families.

Pocket wise distribution of families in terms of family size gives a different picture. Small sized families are less in percentage 31.34 in SG group than in HV and PC groups i.e. 45.65% and 40.00% respectively. SG group has slightly higher percentage in medium sized and large sized families.

As mentioned in the previous chapters, viewing families in a developmental perspective, as in each stage of family life cycle, an attempt is made in Table No. 5 to classify families into different stages. Nearly 60% of families have school going or adolescent children indicating that the marital life of the spouses is more than 10 years. Secondly, the slum is 20 years old and good number of families are staying here since last 10 to 15 years. Out of total 198, 141 respondents marital life is more than 11 years old. Sardargram have higher percentage of families in these categories i.e. 69.85% as against PC and HV (56.47%/45.66%) Harijanvas has comparatively higher percentage i.e. 28.26 in the launching centre group where children start settling down and seperating from parents as compared to PC and SG 16.47% and 5.97%. From Social Work intervention point of view the empty nest families and childless couples (5) in each category are equally significant.

The families present a cross-sectional picture on the family life cycle. Each stage has specific and distinctive tasks and problems. The families pass through sequentially on this cycle undergoing variety of experiences and struggles, hopes, joys and sorrows and keep on changing as per the needs and demands of that particular stage.

A family which is on the beginning stage has inherent anxieties of settling down, adjustment to marital and family life and the initial stress and storms of a newly wedded couple. The second and third stage in the family life cycle give rise to additional responsibilities and tensions of child care and socialization. The fourth stage where children attain puberty and grow up, calls for specific strains of parents - child relationships, while the next stage indicates beginning of shifting responsibilities, and anxieties of loosing one's rights and power. The last stage creates emptiness and loneliness owing to the fact that the couple has reached to a stage where there is no going back, thus all the hustle and bustle of family life come to an end by the last stage of family life cycle. If their children are sincere and responsible, this stage might pass peacefully and happily, or it may turn into a depressive, anxious, insecure and a miserable experience for the couple.

ECONOMIC BACKGROUND OF FAMILIES :

Slum life is also characterised by poor job opportunities,

low graded jobs, low income, lack of economic resources, indebtedness, more expenditure and almost negligible saving. The economic conditions of any family is a powerful element in the life style of family. It ultimately affects the quality of life. Occupational level of the family decides the economic conditions of the family.

Referring to the total percentage of families in various categories of occupational groups, the majority of families 63.63% fall in the service group but pocketwise this distribution vary. Almost all 97.83% in HV pocket are in service group and it was discovered that they are doing sweeper's job. In case of PC and SG families 45.89% and 62.69% are engaged in service. Rest of the families are more or less equally distributed in other occupational categories. A significant feature of this table is that caste plays a dominant role in deciding the job as indicated in Harijan Vas group and secondly 5.88% families heads in PC and 1.49% in SG pockets are without job. Thirdly, a number of respondents in PC and SG areas are employed in the EME offices (Electrical Mechanical Engineering Unit of Armed forces).

4 respondent's families out of 6 who do not have any job, are surviving due to wife's employment. Thus they have some source of income while the two families are totally dependent on social support.

Economically, these families would be placed in the lower income group or lower middle income group. On the whole 31.31% families are in the lowest income group of less than Rs. 500/- per month, while 58.58% are still better (Rs. 501/- to Rs. 100/-) and only 10% families could be placed in the low middle income group. None from the HV group is unemployed or have no source of income. A relatively higher percentage of families from HV and SG are in the lower middle income group i.e. Rs.501 to Rs. 1000/-. It may be said that Sardargram families are economically better as more than 75% families income is Rs.500/- and above. The second in order is HV group having 67.39% and PC group have 61.18%.

The total picture of the table reveals that only 20.71% families find their monthly expenditure to be more than the income. The percentage of PC group families is higher 29.41% than the other two groups HV and SG i.e. 10.87%, 16.42% respectively. This is understandable as in income group, Patel chowk families percentage is less in the category more than Rs.500/- families from Harijanvas (89.13%) find their expenditure to be either equal to the income or less than it. This is due to the fact that most of respondents are holding Government's jobs and the salary of a sweeper is fairly reasonable.

This indicates that the economic condition of these families is not very weak and they are able to meet their

basic needs. Though on the other items of Interview schedule, they did reveal that economically they are not satisfied with whatever they have. They do want to improve and progress further. The exposure to urban life do make them more ambitious towards materialistic possessions.

It is a common belief that slum families and low income group families often run in debts because of scarcity of resources, low income with higher expenses and poor management of finances. They hardly save regularly. The data from these families revealed that 44.44% families are not in debt but 32.83% families have debts of more than Rs.100/-. Areawise indebted families are more in Harijan Vas, 58.21% families from SG group have no debt in comparison to 43.53% in PC and 26.09% from HV groups. The percentage of families having debt of more than Rs. 1000/- is higher in HV group (52.17%) in comparison to families in PC and SG groups i.e. 32.94% and 19.40% respectively.

Families from Harijanvas either do not save or save very little in comparison with other families. 26 (56.52%) of respondents from this pocket felt that they can not save anything and only 9 (19.57%) families have ^{saved} regularly. Out of these 9 families, 55.55% save more than Rs.100/- and 44.4% save less than Rs.100/- per month. On the other hand 18 (21.17%) from Patel chowk and 28 (41.80%) from Sardar Gram save regularly every month. Among these 28 families from

Sardargram, 78.5% save more than Rs.100/- per month which is fairly higher than the Harijanvas group. Among 18 families from Patel chowk who save every month, 44.4% save more than Rs. 100/-.

Hence it is seen that less number of families from Harijanvas save every month but the percentage of families that save more than Rs.100/- is higher while more number of families from Patel chowk and Sardargram save but their saving amount is less than Rs.100/-. However families from Sardargram that save regularly are more in these families. It can be concluded that families from Sardargram are relatively better off in occupation, income and in saving as well.

Migration and Native Place :

Historically, the origin of slum can be traced back as an outcome of growth of industries and cities, seasonal unemployment and lack of opportunities in rural areas, lack of resources and various other pull and push factors which attracted people to cities. The process of shifting begins from one person to spouse and children to brothers for education or jobs and finally parents. Gradually other relatives are also called and they form a cluster of their own by staying closely. This reduces the anxieties and pains of struggles and creates an atmosphere of community living like their native place.

Following tables present the migrations data of these respondents.

TABLE : 11

Native Place of Respondents :

Sr. No.	Category	HV	PC Percentage	SG	Total	%
1.	From Baroda only	8.70	23.53	16.42	35	17.68%
2.	From Baroda District	78.26	20.53	13.43	65	32.83%
3.	From other District in Gujarat	13.04	21.18	34.33	47	23.73%
4.	From other states	0	30.58	34.33	49	24.75%
5.	Other country	0	1.18	1.49	2	1.01%
		46(100%)	85(100%)	67(100%)	198	(100%)

Referring to Table 10, only 17.68% families belong to Baroda, rest of them have migrated. 32.68% have come from different villages of Baroda district while 23.73% have migrated from other districts of Gujarat State. A sizeable percentage of families i.e. 24.75% are the migrates from other states than Gujarat and 2 families belong to other country i.e. Nepal.

The pocket wise distribution of these families give a different picture. HV group families are from Baroda district in majority (78.26%) and none from other states. It is dominated by families belonging to various places in Gujarat, while a more or less similar percentage of families (30.58 and 34.33) have migrated from places outside Gujarat state and settled in Patel chowk and Sardargram. It seems Harijan families have their own regional boundaries and they may not like to cross it.

TABLE : 12

TOTAL STAY IN BARODA (IN YEARS)

Sr.No.	Category	HV Percentage	PC	SG	Total	%
1.	Less than 5 years	6.52	9.41	7.46	16	8.09
2.	6 to 10 years	15.22	14.12	29.85	39	19.70
3.	11 and more	69.56	45.88	46.27	102	51.51
4.	<i>Not applicable</i> (Since birth)	8.70	30.59	16.42	41	20.70
TOTAL :		100%	100%	100%	198	100.00%

TABLE : 13TOTAL STAY IN PENSIONPURA (IN YEARS)

Sr.No.	Category	HV	PC	SG	Total	%
		Percentage				
1.	Less than 5 years	8.70	22.35	29.85	43	21.71
2.	6 to 10 years	30.43	22.35	32.84	55	27.78
3.	11 and more	58.70	47.06	31.34	88	44.44
4.	<i>Not applicable</i> (since birth)	2.17	8.24	5.97	12	6.07
TOTAL :		100%	100%	100%	198	100.00%

30.59% families in PC group and 16.42% in SG group are staying in Baroda since birth in contrast to HV group where we have comparatively a small percentage of families (8.70%). Majority of the families have been staying in Baroda for more than 5 years from all the three groups i.e. HV (84.48%) PC (76.12%) and SG (92.54%).

So far as their stay in this slum i.e. Pensionpura is concerned, majority of families (58.70%) in Harijanvas have been staying since more than 10 years and their percentage is higher than the PC and SG group families 47.06% and 31.34 respectively. A greater number of families in

PC and SG groups have come to this slum recently (22.35% and 29.85%). Very few families 6.07% are as old as this slum is. Hence this indicates that the slum is expanding day by day.

Physical layout : Another significant characteristic of slum is the haphazard, unplanned, untidy and congested hutments reflecting upon inadequate housing structures, poor sanitation and unhygienic conditions with no or inadequate basic amenities. The families initially encroach the area, build their huts and later claim the land to be their own. Following table presents an overall view of the slum.

TABLE : 14

HOUSING CONDITIONS OF RESPONDENTS

Sr.No.	Category	Percentage			Total	%
		HV	PC	SG		
1.	Pucca House	15.22	18.82	32.84	45	22.73
2.	Semi Pucca	43.48	55.30	64.18	110	55.55
3.	Kachha	41.30	25.88	2.98	43	21.72
TOTAL :		46	85	67	198	100.00

Only 45 (22.73%) of the families have pucca houses made of bricks and cement. 32.84% are from Sardargram, 18.82% are from Patel chowk and 15.22% are from Harijanvas having pucca houses. 43 (21.72%) families residing in Kachha houses, made of mud, bamboo etc. Majority of families in HV and PC group live in Kachha and Semi Pucca houses i.e. (84.78 and 81.18)%.

Hence it can be said that families in Sardargram are relatively in better houses than Harijanvas despite the fact that heads of families of this pocket are employed as sweepers in Govt. or Private organizations and are drawing good salary. In Patel chowk area, majority of houses 55.30% are of bricks and mud but roof consist of a tin sheet or bamboo and grass.

Other Basic Amenities and needs

TABLE : 15

Sr.No.	Facilities	HV	PC	SG	Total N-198
		Percentage			
A.	Electricity	69.56	62.35	82.08	70.70%
B.	Adequate household equipments	76.08	61.17	83.58	72.22%
C.	Food	All have 2 time meals except 1 family in H.W. and 2 in P.C. take 1 time meals.			
D.	Adequacy of clothes	47.82	36.47	65.67	52.02%
E.	Woolen clothes	45.65	49.41	53.73	50.00%

70.70% families in the three pockets have electricity; though the percentage of families in Sardargram is more 82.08% while in Patel chowk less number of families have electricity in comparison with Harijanvas as well i.e. 62% and 69% respectively.

Water facility is not adequate in all the three pockets since it is to be used from common taps. However, as reported by the leaders, the number of taps are fairly adequate to meet the needs of families in all the three pockets due to community's participation and social work students intervention. Common toilets are to be used by all the families which mostly remain dirty and unhygienic.

24% respondents in Harijanvas, 39% in Patel chowk and 17% in Sardargram did feel that they have inadequate household equipment, families from Patelchowk are relatively more dissatisfied.

All the families get two time meals while 1 family in Harijanvas and 2 in Patelchowk eat one meal a day only. These three families require immediate attention and relief. Almost all the families have fixed food habits. They eat full meal (Rice, Dal & Roti) in the morning and Khichdi-sag in the evening. This is a common practice in all the families. Though dietary practices are influenced by several factors (likes & dislikes, cultural factors) but it seems

that the tight strings of their purses lead them to have same food everyday.

In terms of adequacy of clothes, 47.62% from Harijanvas, 36.47% from Patelchowk and 65.67% from Sardargram felt that they have adequate amount of clothes for all the family members. The dissatisfaction is more in Patelchowk families. On the whole only 52% families feel that clothing is adequate. The woollen garments are not found in 50% of the families, but the percentage of families having woollen clothes in Sardargram is more 53.73% in comparison with other two pocket i.e. 45.65 and 49.41 in HV and PC respectively.

Hence it is seen that same trend of findings continue pocket wise i.e. Sardargram families are relatively better; but concentrated efforts are needed to improve the basic amenities, though they are not in the worst conditions. Concrete, well designed efforts to improve water and toilet facilities are required.

TABLE : 16MILK AND FRUIT CONSUMPTION

Sr. No.	Category	H.V.		P.C.		S.G.		Total		% F	
		M	F	M	F	M	F	M	F	M	F
Percentage											
1.	Daily	6.52		29.41	11.76	37.31	5.97	53	14	26.77	7.08
2.	Sometimes	34.78	45.65	27.06	63.53	41.80	73.13	67	124	33.83	62.62
3.	Never	58.70	54.35	43.53	24.71	20.89	20.90	78	60	39.40	30.30
TOTAL ;		46		85		67	198			100%	

M = Milk

F = Fruit

The daily consumption of milk and fruits is less in these families. Only 26.77% have daily milk consumption and 7.08% have fruit consumption, while 39.40% and 30.30% families never use milk and consume fruits respectively. Families from Harijanvas were more in percentage 58.70, 54.35 in the "never" category (for milk and fruit) in comparison with PC and SG groups 45.53, 24.71 and 20.89, 20.90. Sardargram families are again better in consumption of nutritious items.

Health Status of Families :

If WHO's definition is extended to family unit i.e. the total state of well being and not merely absence of disease is

that what everyone will cherish. Any kind of disturbance (physical, psychological, social) will affect the family's peace and happiness. Primary health care is one of the basic needs of people. It is one of the pre-requisites of healthy living. It encompasses (a) promotion of proper nutrition and an adequate supply of safe water; (b) basic sanitation (c) Maternal and child care including family planning (d) immunization against the major infectious diseases (e) Prevention and control of problems and the methods of preventing and controlling them (g) appropriate treatment for common (minor) diseases and injuries (Alma data Declaration 1978).

The health needs and problems will be properly responded if the families/community participate maximum to reach self-reliance in health services. These services should include promotive, preventive, curative and rehabilitative programmes. Based on the above mentioned guidelines, an attempt is made to study some of the crucial components of health of these families.

Immunization :

Immunizing every child for every disease of public health importance is a basic need of the child and the community. India declared to immunize all children by the end of decade - a challenging task indeed. The aim of a

national immunization programme is to translate the direct effect of immunization in protecting individuals to its indirect effect of controlling diseases, sometimes called "Hard Protection". U.C.D. and I.C.D.S. programme in Baroda and various voluntary efforts alongwith Primary health services all are geared to this endeavour.

TABLE : 17

IMMUNIZATION

Sr. No.	Category	H.V. Percentage	P.C.	S.G.	Total	%
1.	All	84.79	74.12	83.59	158	79.80
2.	Few	2.17	11.76	7.46	16	8.08
3.	None	2.17	5.88	2.98	08	4.04
4.	N.A.	10.87	8.24	5.97	16	8.08
TOTAL :		46	85	67	198	100.00%

It reveals that 79.80% families have immunized all children while 8.08% families have immunized few and 4.04% families have not immunized a single child. Harijanvas and Sardargram families have immunized maximum no of children 84% and 83% than Patelchowk 74% families. 12.12% families call for immediate intervention from all the three pockets

pockets as there are few children immunized or none.

Family Planning : Development of a nation can be hampered if the growth of population is not controlled, is an established fact. Small size family norm is an ideal situation for the well being of families in all respects (Economically, physically, Socially, & psychologically).

	HV	PC	SG	Total
No. of couples sterilized	26/46 56.52%	43/85 50.58%	36/67 53.73%	105/198 53.03%
Use of contraceptives	0	2	1	3

Data from this slum reveals that 53.03% of the couples are sterilized. There is slightly higher percentage of sterilized couples in Harijanvas (56.52%) and Sardargram (53.73%) then in Patelchowk 50.58%. Very few couples, almost insignificant (3 in number) use contraceptives. More efforts are needed in this direction in order to make this programme acceptable and accessible to the doors of common man.

Maternal Health & Child Care :

It is said that inspite of the impressive array of health facilities, the maternal and child health programmes as a whole is yet to produce any remarkable change in the mortality rates of mothers, infants and pre-school children or for that matter in the population growth rate.

Women and children represent 2/3 of India's population and the greater adversities are faced by mothers and children in the tribal areas, rural interior and the urban slums (UNICEF 1986).

According to official definition in 1985 (UNICEF) - less than 15% of children below 5 years may be in a normal state of nutrition. 85% (remaining) suffer from varying degrees of malnutrition; 30,000 children are turning blind each year due to Vitamin A deficiency. About 40 million people, more female probably than males, suffer iodine deficiency disorders. About 63% of the children below 3 years of age and 45% between 3 & 5 years; atleast half the pregnant women suffer from iron deficiency and anaemia.

TABLE : 18

MATERNAL HEALTH AND CHILD CARE

No. of Pregnancies Spouses of the Respondents had

Sr. No.	Category	HV	PC Percentage	SG	Total	%
1.	1 Pregnancy	6.52	11.76	8.95	19	9.60%
2.	2 Pregnancies	23.91	17.65	13.43	35	17.68%
3.	3 Pregnancies	36.95	28.24	23.89	57	28.79%
4.	4 Pregnancies	10.87	17.65	22.39	35	17.68%
5.	5 Pregnancies	8.70	0	13.43	13	6.56%
6.	6 and more Preg.	8.70	7.05	10.45	17	8.59%
7.	N.A.	4.35	9.41	1.49	11	5.55%
8.	Could not give correct information	0	8.24	5.97	11	5.55%
TOTAL :		100	100	100	198	100

No. of Abortions, children lost and still born children

	<u>HV</u>	<u>PC</u>	<u>SG</u>	<u>Total</u>
Families had such disturbances and casualties once <i>only</i>	20	27	21	68
Families had more than one casualty	10	11	8	29

All women felt they were healthy while being pregnant except 7 in HW, 5 in PC, and 6 in SG did not feel well.

Table 18, point at the poor health conditions of the mothers in these families, it reinforces the findings presented by UNICEF report mentioned earlier. 61.61% of the female in these families have conceived more than 2 times. The number of women who became pregnant thrice (28.79%) 4 times (17.68%) 5 times (6.56%) and 6 and more times (8.59%). This does indicate lack of awareness and lack ^{of} motivation for use of contraceptives in these families. Multiple pregnancies contribute in frequent abortions and high infant mortality. 68 mothers had suffered such casualties more than once, while 29 mothers had experienced this casualty at least once. Thus 97 mothers (48.98%) have undergone suffering of this nature which is fairly alarming. The pocketwise distribution of these families in terms of more than two pregnancies is that SG group females have higher percentage (70.16) than HV (65.22) and PC (52.94) groups.

In terms of feeding the children, all women in this slum had breast fed their children except 3 who could not get adequate milk and they had to introduce bottle feeding. 43% of women breast fed their children for 6 months or above. Another 47% fed for more than one year and 1.01% were still continuing as their children are very young, 41.41% of mothers introduced solids after 12 months. There is sufficient emphasis on mother's milk in these families while they need to be better educated in terms of child care and dietary habits as they introduce solids at a late stage only. (After 12 months) 49% of the mothers fall in this category.

Sickness and Disability in Families :

Among all 198 families, 100 cases were detected to be having minor or major health problems. 30 cases have been suffering from major ailments or handicap which is permanent in nature while rest of 70 cases had reported minor physical ailments. The minor physical ailments include skin diseases, seasonal fever, headache or stomach ache, weakness and anaemia and Mucorrhoea. The most common complaints pointed out frequently were Mucorrhoea, skin diseases and seasonal fever.

The 30 cases having major sickness or a severe disability were found to be suffering from following diseases.

TABLE : 19

Major Sickness in Families

Sr.No.	Disease	Frequency
1.	T.B.	6
2.	Polio-resulting into handicap	3
3.	Physical handicap due to accident or illness	6
4.	Mental sickness Mental Handicap	3
5.	Epilepsy/Encephalitis	3
6.	Diabetes	2
7.	Arthritis.	1
8.	Diphtheria	1
9.	Meningitis	1
10.	Swelling in uterus	1
11.	Gangrin to be operated	1
12.	Cardiac problems	2
		<hr/> 30 <hr/>

Pocketwise distribution of major sickness cases is 7 from HV, 13 from PC and 10 from SG groups.

Among the minor illness group, more cases reported to be suffering from seasonal fever, skin diseases, leucorrhoea among women and visual difficulties.

20 cases out of all 100 cases were not taking any treatment while another 3 were exclusively dependent upon indigenous medicines. Rest of 77 cases were either undergoing treatment at Govt. dispensaries and hospitals or from Private practitioners. Some of them i.e. 11 cases have tried out both.

Among 77 cases, 42 reported improvement while 52 cases did not find any improvement. The 3 members who are not taking treatment from outside sources did not reply. One woman in Harijanvas died of cancer during data collection phase.

Those families having sickness (major or minor) have felt the pinch of financial expenses. Those who have permanent nature of sickness or relatively serious type feel both financial constraints as well as physical and psychological burdens on the families. The families where mental sickness, mental retardation, fits, and physical handicap cases are found, the female heads or mothers reported to be in severe physical and psychological strain owing to the responsibility and care that they had to undertake. All these families will require individualized intervention alongwith community care and network intervention, may be on long term basis. It is clear that having been exposed to urban living and to a network of services, they are used to go to medical professionals than to any other practitioners. Though they did confess, their faith in certain

superstitions and indigneous practices to cast away the influence of evil eye or evil spirits; but they do seek professional treatment later if not immediately.

Educational Status of Children :

There is a Balwadi run under I.C.D.S. scheme close by to Pensionpura slum and 2 balwadies in two pockets of the slum. Secondly, the Govt. primary school is just opposite the slum complex and also Secondary school which is very close. 46 children from Harijanvas, 91 from Patelchowk and 112 from Sardargram are going to school and these children are within school age group. Children who are in the school age group and do not go to school are 68 in number. The number is fairly high. Reasons for not going to school were probed and following data were obtained.

Reasons for not going to school TABLE : 20

Sr.No.	Reasons for not going to school	Frequency
1.	Not interested, looking for vocational training or job.	13
2.	Help parents in household work or their small business.	18
3.	Do not have birth certificate or came in between the session from other place.	09
4.	Bad Company	01
5.	Parents are busy, can't force them	08
6.	Economic reasons	18
7.	Any other	01
TOTAL :		68

11 childrens are from HV

34 childrens are from PC

23 childrens are from SG

Thus to conclude, occupationally, majority of them are service class families involved in lower level of jobs; 67% of families earn more than Rs.500/- every month. They are not regular in monthly savings and number of them are in debts. Families from Sardargram are economically better both incomewise, expenditure wise. They also save more. The physical conditions of Sardargram families is also better. Besides this in terms of basic amenities and general basic requirements these families have better facilities. The health status of families is almost similar in all pockets.

Thus it could be said that all the three pockets in terms of their physical lay out and civic amenities, health status and their socio-economic conditions do not enjoy a significantly higher or greater state of well being; but minimum basic necessities for survival are available to them.