Quality of Life of Slum Women: A Case Study of Mangalore City

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Abstract:

The present investigation tries to study the Quality of Life of slum women of Mangalore city, Karnataka state, India. The sample consists of 200 slum women belonging to four slums namely Kudukorigudda, Bhavanthi Street slum, Vivekanagara and Urava Store slum. The age range was between 18 – 45 years. Hindi version of World Health Organization Quality of Life scale (WHOQOL Group, 1995), developed by Sexsena was used to assess the Quality of Life. The scale provides separate scores of 24 facets under to domain namely, physical, psychological, level of dependence, social relationship, environmental and spiritual religious and personal beliefs domains. The data was statistically analyzed and Mean and Standard Deviations were obtained for each of the 24 facets and 6 domains. All the domain scores were below average, the scores on environmental and social relationship Domain which were very low. Result reveals a very poor quality of life of slum women because of being under the shadows of neglect, sufferings and ignorance or alienation.   It is recommended that quality of life of these women be explored at grass root level and necessary measures be taken to improve it both by governmental and non-governmental agencies.

Key Words: Slum, Domain, Facets, Quality, Mangalore

1. Introduction

Quality of life is a comprehensive and holistic concept psychologists generally consider it as individual's satisfaction, well being and happiness (Andrews and Withy, 1972). Quality of life is defined as individual's perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (WHOQOL Group, 1995). People at the bottom of the socio-economic hierarchies make their own make shift arrangements in the types of dwellings known as slum of squatter settlements.

UNESCO document "a slum is a building, a group of buildings or area characterized by overcrowded, deterioration, unsanitary conditions or absence of facilities or amenities which, because of these conditions or any of them endanger the health, safety or morals of its inhabitants or the community". According to Environmental Improvement of Urban Slums, 1972, "a slum means any area where such dwellers predominate, which by reason of dilapidation, over crowding, faulty arrangements of streets, lack of ventilation, light or sanitation facilities inadequacy of open space and community facilities or any combination of these factors are determents to satisfy, health or morals",

Since slums display symptoms of urban disintegration, they are believed to signify social phenomenon in which attitudes, ideas and practices play an important role. Slums therefore are an important reflection of the social structure of a particular society (Hunter, 1969).

The state of Karnataka is situated on the western edge of the Deccan plateau and has its neighboring states Maharastra and Goa in the north, Andra Pradesh in the east and Tamil Nadu and Kerala in the south. In the west, it opens out to the Arabian sea. Due to its pleasant geographical features rapid growth, viz, educationally, technologically and economically attracted or pulled people from different regions of the states. When people of landless, unskilled and semiskilled unemployed have been pushed from their villages towards urban city centers, most of them are under the shadows of neglect, sufferings and ignorance or alienation. As a result the slums and squatter colonies have increased and multiplied in the states of Karnataka. According to the survey conducted in 1994 by Slum Clearance Board, government of Karnataka, headed by Jogan shanker, department of sociology, Mysore university, points out   that nearly one-fourth (23.9%) of the population live in slums. There are 1154558 populations live in slums. Out of that around 503097 are belonging to SC and 115609 (ST), 298707 Muslims and 237145 are others.

During last 20 years social scientist and research scholars have contributed by taking up certain problems faced by these women. During 1990's efforts were directed towards improving the living conditions of slum dwellers. For example SHED (Society of Human and Environmental Development, Mumbai) in 1994 took up the issues of health awareness and family planning in Dharvi slums, Mumbai. The World Bank (1996) conducted a large project for knowing and improving population trends and health indicators in Mumbai and Chennai. Voluntarily Action in Health and Population (2000) undertook a study in the field of health and family planning across ten states of the country. Apart from these commissions and reports there are ample of evidences to support harsh and poor living conditions which adversely affected their quality of life of slum women. For example of studies conducted by A.R. Desai and Pillai (1972), Gore (1970), Ramachandran (1972), Lynch (1974), Sen (1962), Singh (1978), Majumdar (1960), Wied (1975), Branganni (1976), Venkatarayappa (1972), D'souze (1968), Ranga Rao (1972) and others.

A part from all other basic problem or effects, alcoholism is one of the prominent factors, which is highly responsible for weakening the economic conditions of the slum dwellers irrespective of caste and sex. The common complaints from the women respondents in my research regarding their husbands pattern of income and the pattern of management of house expenditure is that "they do not contribute anything for managing the house, we themselves are have to look after their husbands and may other men of our families spend the whole of their earnings on alcohol but on returning home they also regularly create serious problems at house".

Keeping in view the above, it seems highly important to take up the issue of quality of life of women living in those unhygienic slums. Quality of life is usually defined in terms of satisfaction (summers 1976), happiness (Easterlin, 1978), psychological well being (Andrews and Withey, 1978), subjective evaluation of the degree of fulfillment of individuals most important goal, wishes and needs (Frisch 1989). These terms include most of the personal and environmental variables which have a bearing on the quality of life of the individuals.

The comprehensive notion of quality of life therefore, seems to be a blend between the objective and material criteria and the subjective behavioral correlates. It has an ego based, implication determined by individual's perceptions, aspirations, expectations and other behavioral manifestations in one hand, on the other hand all these determinants directly or indirectly depends upon their socio-economic background.

A review of the empirical research on quality of life reveals that it has been largely explored in two contexts- General Quality of Life and Quality of work life. Empirical researches on quality of life are focusing upon the industrial settings and sample comprising of upper and middle class. There is a dearth of literature with reference to slums or rural settings. Therefore, it is felt that quality of the economically, socially weaker sections should be explored.

The objective of the preset study is to explore the quality of life of slum women using WHOQOL scale. The study brings out information about 24 facets of quality of life pertaining to 6 domain of life viz; physical, level of independence, social relationships, and environmental, religious and personal beliefs and psychological and spiritual.

2. Methodology

The use of systematic research technique is very important for achieving accuracy in any research study. A sample of 200 slums women was incipiently selected from 4 slums namely Kudukorigudda, Bhavanthi Street slum, Vivekanagara slum and Urva Store. The respondents' age range was between 18 to 45 years.

2.1 Tools

Proper tools and methods have to be designed for data collection before setting out for field work. A Hindi Version of World Health Organization Quality of Life scale was used. Here 24 facets have been identified in the scale; the facets are grouped into 6 broader domains. The scale provides domain-wise and facets wise records basis it also gives over all quality of life and general health scores.

2.2 Method of data collection

Keeping in view the composition of the universe of investigation, the present study will be based on simple random sample method, interviewing method and observation techniques has been used at different level.

Here, interview scheduled have been drafted on the basis of major variables, parameters and objective of the study. Each respondents of the sample had been interviewed individually. Questions were asked and responses were noted in the scale because the subjects were illiterates.

3. Results and discussions:

Results display utter dissatisfaction in the whole sample. Facet-wise and domain-wise mean scores and standard deviations were obtained separately for the four slums undertaken in the study. The results are reported in Table No1 & 2 and Table No 3 and 4.

The Table No 1 and 2 revealing facet –wise scores and Table No 3 and 4 revealing domains wise scores of quality of life of 4 slums points out a very discouraging picture of slum women in Mangalore City of Karnataka state. A simple glance brings out clearly that almost majority of the sample is experiencing utter dissatisfying in their days to day's life. The low economic standards do not make for the full flowering of family life. In the words of Dr. Radha Kamal Mukharji (1978) "In the thousands of slums of the industrial centers, manhood is unquestionably brutalized, womanhood is dishonored and childhood poisoned at its very source".

Over all quality of life and general health scores are very low for all the slums lack of sufficient income, inadequate living conditions, lack f awareness about cleanable, nutritious etc are create dissatisfaction and disillusionment in their life style. The combine mean from global quality of life and general health sis 5.14 which is very close to minimum obtainable score for example 4. It is powerful indicators of highly poor quality of life. The predominant factor guiding the lives of women slum dwellers are sorrows hardships, frustrations and agency breeding insecurity and apathy among them.

Domain-wise analyses of quality of life present the same scene of discussed below.

3.1Physical domain:

This domain includes pain and discomfort, energy and fatigue and sleep and rest. The combined mean score on physical domain is 11.40. It shows that though they are not healthy and many respondents reported various types of pains and discomforts but they do very hard work to survive and their physic adjusts according to their nature of work. For example the women who are working for city corporation as a scavengers viz; sweeping and cleaning road and drainages for standing by bending long and long hours, loading and unloading and also cleaning toilets dustbins of heavy stinky, rolling beedi by sitting hours together etc. Due to the nature of works, living environment and unhygienic food they fall sick frequently. Many studies conducted by WHO and others shows that slums people fall sick frequently then any other persons and 585000 women dies every years of complication during pregnancy and child birth. The research woke conducted by myself have reported that a large majority of women particularly women of slum in Mangalore city corporation suffer from mal-nutritious, anemia and various reproductive tract infections witch further aggravate during pregnancy. Beside, they also suffer from malaria, typhoid, dysentery, hookworms, back pains, knee pains and combinational of all some time.

When they have been asked about the treatment they take, majority of them said that "after the rest of a day or two and with simple and popular medicines given by our local doctors they accept themselves fit and restart their routine work".

3.2 Level of independence:

Economic backwardness is a common phenomenon throughout the world. Oscar Lewis considered this as one of the characteristics of the slums. He writes that low wages and chronic unemployment and under employment leads to low economic, social and political conditions. There is a heavy burden of unemployed dependents in these families. Besides that most of the time the casual laborer, daily wage workers and others face the problem called under-employed and not fully independent.

This domain includes the facet of mobility, activity of daily living, dependence on medication or treatment and working capacities are average. Majority of women bear a double burden of doing household work and laboring outside. Their routine work is very hard. Generally slum women earn money for their livelihood. They work for long hours (10-12) irrespective of their performing capacity. They exhaust their strength and feel fatigue, irritation and dissatisfaction.

3.3 Social relationship domain:

This domain includes personal relationship, social support and sexual activity. The mean score for the domains comparatively lower than above there domains. They neither have opportunity to share their problems nor do they have dependable and faithful friends. In- fighting and quarrels for basic thins like water, common space and children etc; are commonly observed phenomena. Jealously and criticism are frequently noted in their interpersonal behavior. Intimacy and emotional bonds are highly weak.

Dissatisfaction in sexual life is also indicated. Most of the slum dwellers do not have satisfactory social relationship with their husbands as they are both physically and mentally harassed, beaten and abused by them. As a result, they do not enjoy sexual life.

An attempt was made in my research to find out the family atmosphere particularly the relationship between husband and wife. It is important to note that, because of the different attitude of the male members and their sheer neglect of the family, the responsibility of managing the family lies on women. The earnings of male members in the case of the majority of people will go particularly for alcohol and other bad habits like gambling etc. Hence the relationship between husband and wife was not cordial.

Shantha a 38 years old women says "I am the mother of 6 children, of two boys and 4 girls. My first son is studying in 6th standard and my youngest daughter is a student of 5th standard and others are first and second and third standard school going children. I am temporary Paurakarmikas, getting around Rs. 1000 per month. My husband was a heavy drunkard and he had made our life miserable. He used to come home only for disturbing or creating problems and to have whatever food we coked at home. In addition, he made us suffers by beating and abusing us. When I gave birth to one of my children I was advised bed rest. Even at that time he did not help us. In hath critical position I had t depend on my children. Instead of sending them t school I had to send them for working. Naturally my first and second child left school and started working. Even we were in a critical condition, he stopped coming home and letter some time I came to know that he married some other women, and subsequently he divorced me".

3.4 Environmental domain:

The lowest mean score (6.78) was obtained for this domain. The environmental domain is comprised of multiple facets like physical safety and security, home environment, financial resources, health and social care opportunities for acquiring new information and skills, recreation and leisure time activity physical, environment and transport. All these facets are badly damaged. The living conditions of slums are extremely dehumanizing. Their huts (jopdis) are highly unsafe and insecure as these can be demolished and time by administrative authorities because of being illegally acquired. Their dwellings are quite uncomfortable and suffocating where sub-human living conditions prevail. Sears and Tains (1975) also support that living condition of people is a conceptually valid and operationally feasible proposition in the context of quality of life research. These unhygienic surroundings also contribute to poor quality of life.

3.5 Psychological domain:

Next is the psychological domain which largely focuses on happiness, pleasure, contentment, joy and other positive experiences. The facets included under it are positive feeling thinking, learning memory and concentration, self-esteem, bodily images, appearance and negative feeling. The combined means score on this is 9.70, little lower then average. The results are suggestive of near absence of positive feelings as sizeable number of respondents reported that they did not enjoy life and feel no contentment. They lack self confides and do not participate in any types of decisive making in the family. They slums women are subjected to various kinds of exploitation, oppression and humiliation. Their bodily images and attitude about appearance are also negative. They do not feel receiving love and sympathy throughout their life span. Thus, these women lead a life of deprivation, humiliation, docility, blind obedience and dependence.

3.6 Spiritual, religious and personal beliefs domain:

Spirituality referees to the relationships between self and other and between self and God. It brings a feeling of unity with nature and people. Bist (1978) introduced the concept of spirituality in WHO. He told that religion is a path and spirituality is the outcome.

Looking into the content of items the results suggest that women do not attach adequate meaning to their life. Their personal beliefs neither provides purpose to life nor helps them to understood and face the challenges of life. It seems that the women of slums are requiring modifying their personal and religious belief system in order to provide them stronger base to meet the cumbersome conditions and challenges of life.

To the question whether socio-economic hardship is an hindrance to the pursuit of education and good jobs of male members particularly of children, a majority of them said that there is very much relation between the poor performance of their children and beliefs and customs. According to them they are not performing their roles satisfactorily in their day to days life because of unhealthy surroundings, adverse impact of peer group etc. For example during the season of pilgrimage to Subarimalai all most all including children waste their productive time and money by performing pooja or watching theses activities.

Thus, the overall picture of quality of life of slum women in Mangalore city tend to emerge as highly pessimistic and painful. Women who play a pivotal role in shaping and moulding the citizenship of a country through their role of mother are living in such extremely harsh and agonizing conditions. The findings emphasis the need to rise over eyebrows and call for concrete steps to be taken to improve their living conditions and help them to alienate their feelings negativity and happiness'. This would help them to make efforts for the betterment of their life. Participation in such efforts of both governmental and non-governmental agencies at micro and macro level is essential.

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Table No. 1: Slum-wise Mean scores and standard deviation

Facets	Names of slums							
	Kudukorigudda		Viveka Nagara		Bhavanthi Street		Urva Slum	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
G	5.0	1.498	4.98	1.518	4.94	1.076	5.66	1.996
1	7.92	2.947	7.44	2.196	7.24	2.005	7.72	2.695
2	8.36	3.128	7.7	2.072	7.84	1.920	8.16	2.367
3	9.0	2.920	7.92	2.275	7.34	2.326	8.42	2.976
4	5.56	2.209	6.12	2.335	6.66	2.353	6.58	2.650
5	8.34	2.343	6.87	2.072	7.44	1.991	8.88	2.191
6	6.78	2.644	6.66	2.115	7.76	2.227	8.52	2.764
7	9.92	2.239	8.94	2.230	7.56	2.741	10.00	2.547
8	5.66	2.162	6.28	2.515	6.18	1.814	6.22	2.768
9	0.12	2.520	8.9	2.525	7.34	1.975	9.12	2.429
10	9.98	2.781	9.4	2.961	7.62	2.194	9.6	2.482
11	9.34	2.454	8.54	2.602	7.9	2.382	9.0	2.678
12	0.7	2.659	9.42	2.433	7.82	6.112	9.86	3.103
13	7.3	2.426	6.68	2.217	6.34	1.768	7.2	2.740
14	7.24	2.009	6.26	1.613	6.22	1.993	8.2	2.664
15	3.08	2.406	7.7	2.022	6.94	2.142	7.76	2.059
16	6.8	1.603	6.4	1.702	6.36	1.987	6.14	2.040
17	5.5	1.876	5.28	1.474	6.38	1.483	5.24	1.519
18	4.54	0.907	4.84	1.433	5.2	1.399	8.08	2.497
19	8.1	2.287	7.88	1.733	5.56	1.704	8.08	2.497
20	8.62	1.771	8.72	2.365	7.44	2.548	6.62	2.275
21	5.06	1.155	5.26	1.468	5.74	1.770	5.96	1.894
22	6.18	1.662	5.82	1.264	5.82	2.182	8.7	1.971
23	2.56	1.886	8.92	1.833	7.8	1.772	8.82	2.255
24	9.66	2.124	9.22	1.919	8.18	1.674	…	…

Source: Field Data.

Table No.2. Domain-wise Mean scores and Standard Deviations.

	Kudukorigudda		Viveka Nagara		Bhavanthi Street		Urva Slum	
	Mean	SD	Mean	SD	mean	SD	Mean	SD
G	5.0	1.498	4.98	1.518	4.94	1.076	5.66	1.996
1	11.146	1.171	12.907	1.562	10.716	0.938	10.817	1.591
2	9.852	1.192	9.288	1.067	2.518	1.2	10.196	1.222
3	11.329	1.244	10.8	1.376	9.97	1.437	10.84	1.267
4	7.592	1.871	6.944	1.614	6.646	1.579	7.639	2.262
5	6.689	1.019	6.550	1.000	6.835	4.245	7.092	1.282
6	9.66	2.124	9.24	1.911	8.18	1.674	8.82	2.255

Source: Field Data.

Table No: 3. Facet-wise Mean scores and Standard Deviation.

	Mean	**SD**
G	5.145	1.584
1	7.58	2.5
2	8.015	2.430
3	8.17	2.712
4	6.23	2.444
5	7.88	2.279
6	7.43	2.567
7	9.105	2.638
8	6.26	2.395
9	8.87	2.572
10	9.16	2.562
11	8.52	2.528
12	9.45	2.785
13	6.88	2.345
14	6.74	2.250
15	7.73	2.373
16	6.83	1.814
17	5.825	1.792
18	4.96	1.365

19	7.655	2.176
20	8.215	2.371
21	5.57	1.824
22	5.88	1.796
23	8.745	1.968
24	8.845	2.273

Source: Field Data.

Table No. 4. Domain-wise Mean scores and Standard Deviations.

Domain	Mean	SD
G	5.145	1.594
1	11.40	1.603
2	9.707	1.435
3	10.732	1.418
4	7.20	1.901
5	6.78	1.162
6	8.975	2.076

Source: Field Data.

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