

Nutrition Status and Health Risks in Un-Recognised Occupations

A Case Study of Waste Pickers in Andhra Pradesh





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**“ Ours is a battle not for wealth;
nor for power, ours is a battle for freedom;
for reclamation of human personality. ”**

NUTRITION STATUS AND HEALTH RISKS IN UN-RECOGNISED OCCUPATIONS

● *A Case Study of Waste Pickers in Andhra Pradesh* ●

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Foreword

The current report on the nutrition status and health risks amongst the waste-pickers in Andhra Pradesh is a welcome addition. The findings of the report may not sound new for those who have been working with the waste-pickers. A lot of us know instinctively that the waste-pickers are at the receiving end of social and economic systemic discrimination, therefore many are malnourished, girls are worst off than boys. This report gives that instinctive understanding backing of statistics.

In 2016, the Union Ministry of Environment, Forest & Climate Change recognised the role played by waste-pickers in Solid & Plastic Waste Management and prescribed their integration in the waste management system. At the national level, many specific programmes were instituted for the livelihood enhancement of waste-pickers. That said, similar targeted initiatives are yet to be put in place for the social welfare and nutrition security of the workers. The livelihood enhancement measures are welcome, however, their impact will be limited if the initiatives for health welfare and nutrition security are not in place. The pandemic has further highlighted and exasperated the desperate situation of the waste-pickers. The need of the hour is to invest in the physical and mental well-being of waste-pickers and their children. The support is required because waste-pickers are our fellow human beings, and our sense of humanity does not allow us to let them stay behind. The support is required because waste-pickers are the frontline workers. It is because of them that our cities are not flooded with garbage. They transform the trash into industrial ore, reducing carbon emissions and providing jobs to many. They are the ones who make ‘Swachh Bharath’ and provide raw materials so that we can ‘Make in India.’

I sincerely hope that this report will guide the members of Dalit Bahujan Resource Centre to plan their interventions for the socio-economic betterment of waste-pickers and pursue the relevant authorities to institute measures for their wellbeing.

Mr. Kabir Arora

National Coordinator

The Alliance of Indian Waste pickers



CEO's Message

Six years have passed since DBRC started working with Waste Pickers in Andhra Pradesh. Initially, when we interacted with the waste pickers, we understood that we need to focus on improving the living conditions of these waste pickers as they are deprived of basic entitlements such as aadhar, ration cards, caste certificates, voter cards, and services such as drinking water, electricity etc.

From then, we have focussed on facilitating these communities in getting entitlements and also linking them with services of the government. We have also focused on improving the socio-economic condition of these waste pickers and strengthening their livelihood by providing them with tricycles and also supporting them with alternative livelihood.

As days progressed, we understood that the Waste Pickers and their families are prone to get infected with various health diseases and they are becoming anaemic. So, we have conducted this Study Titled “Nutrition Status and Health Risks in Un-Recognised Occupations”: A Case Study Of Waste Pickers in Andhra Pradesh” is conducted to understand their health risks and nutrition status of Waste Pickers.

I would like to thank Dr. Nagaraju Chikkala and Dr. Sreenivasulu for conducting the study and penning the report. I would also like to thank Senior research fellows Ms. Garimella. Surekha and Mr. Prasanna Saligram from George Institute for Global Health, Mr. Ch. Samuel Anil Kumar, Program manager, DBRC and Ms. Amritha, Freelance consultant for supporting during the course of the study and I hope the findings and recommendations of the study will contribute for policy level changes aimed at improving health and well being of the Waste Pickers in Andhra Pradesh.

Mr. Alladi Deva Kumar

Executive Secretary
DBRC

Chapter 1

Introduction



1.1 Introduction & Background

Waste pickers are those who carry a gunny bag on their shoulder and collect waste from the streets, railway tracks, commercial areas, dumping yards, residential areas etc. and then segregate and sell them to scrap dealers for their livelihood. They collect paper, plastic, cardboards, iron, and thrown away materials which can be recyclable. It is estimated that around 15 million people across the globe are engaged in waste picking and recycling works (Marine, 2018). As per World Economic Forum (WEF, 2020) report, it is estimated that around 20 million people in the world work in the informal sector as Waste pickers. Waste pickers contribute to local economies, to public health and safety, and to environmental sustainability. While recognition for their contributions is growing in some places, they often face low social status, deplorable living and working conditions (WEIGO). Though the State and Union governments have initiated various schemes for the development of the most vulnerable communities, waste pickers are still lagging behind in many indicators such as health, education, basic amenities and livelihood. This can be mainly due to migration, lack of literacy, non-recognition and unawareness in the waste picking communities.

1.2 Review of Literature

In India, approximately 1.5 million to 4 million people collect solid waste in urban and metropolitan cities. In Andhra Pradesh, the waste picker population is around 18,000 (MEPMA, 2019). Most of them live in urban settlements in temporary makeshift tents, isolated areas and dumping yards and lack basic amenities like drinking water, electricity, sanitation etc. They are often exposed to hazardous elements as they are not equipped with protective gear while at work. They are affected by cancer, musculoskeletal injuries, respiratory issues and dermatological diseases leading to death.

Jutta Gutberlet et al. (2017) observed that more than one-third of the global urban population lives in informal settlements, often poorly connected to essential services. The United Nations came up with Sustainable Development Goals (SDG) to end poverty and to ensure peace and prosperity by 2030. Similarly, in India, NITI Aayog has identified ministries that can support and achieve SDGs. Though States have been advised to map schemes that connect social, economic and environmental needs, nothing has been materialised for the welfare and development of the Waste Pickers.

Studies have identified internal migration due to rapid urbanisation and changes in the developing countries to be factors behind the increase in waste picker population in urban areas (Singhal&Panday, 2001). Yigit

(2015) finds distress migration to be the main reason behind the rising waste picker population in urban areas. A majority of India's rural population is engaged in agriculture and allied occupations. However, with an increase in the population and a decline in livelihood opportunities, India's rural areas are witnessing mass migration of its people to urban centres. Huysman (1994) focused on the difficulties faced by women waste pickers in the city of Bangalore. The study observed that the women from weaker sections take up this occupation to meet their minimum livelihood needs, regardless of the low income and health risks involved. Hunt (1996) conducted a study among 100 children who live in informal settlements in Bangalore city. The results proved that the children from waste picker households were subjected to higher health risks compared to the children of other households. Waste pickers usually collect waste from roadsides, hospitals, bins and dump yards, neglecting the health risks involved to support their livelihood. Though they are engaged in high-risk category occupations, they are stigmatised and treated as outcasts by society (Hunt, 2001; Huysman, 1994). In a study conducted by Jayakrishnan et al (2013) to assess the health of solid waste management workers, occupation-related morbidities such as falls, injuries, and water-vector borne diseases were found high among the municipal solid waste management workers. There is an urgent need to ensure the safety and rights to improve the socio-economic conditions of the waste picker households (Wiego, 2020)

Further, many women and children are engaged in this occupation due to lower capital investment. Sarkar (2003) observed the socio-economic background of the family was a deciding factor in the continuation of the occupation from one generation to another. Moreover, the waste picker population often predominantly belongs to the most vulnerable sections of society.

Countries like Bangkok, Thailand, Peru, Brazil, Columbia etc., passed policies regulating the waste pickers from collecting waste from the disposal site. Other countries like Dar es Salaam, South Africa and Tanzania threatened women from collecting waste which harmed their livelihood (Scheinberg, 2011). India had addressed the question of solid waste management through several policies like The National Environment Policy (2006), The National Action Plan for Climate Change (2009). This brief literature review helped researcher in identifying the challenges faced by the waste picker population. This study tries to identify the relations between occupational health hazards, nutritional status, and the socio-economic conditions of the waste pickers, particularly women and children. The current macro-level study tries to understand the socio economic status of the Waste Pickers in Andhra Pradesh, particularly focusing on health, hygiene and nutritional levels among these communities – can be shifted to recommendations section.

1.3 Objectives

1. Understanding the socio-economic conditions of waste picker communities
2. To examine the accessibility of waste pickers to nutritious diet
3. To analyse the factors causing health risks and hazards among waste picker communities
4. To evaluate the interventions of the state in promoting and providing access to health and nutrition to waste pickers

1.4 Need for the Study

It is observed that a significant proportion of the waste picker population of Andhra Pradesh are from ST, SC, and Other Backward Communities. Most are non-literates and do not have basic entitlements like ration cards, government identification cards, and welfare schemes. Also, they live in abject poverty, which leads to

malnutrition among the children of these households. Therefore, the current study tried to identify the relations between occupational health hazards, nutritional status, and the socio-economic conditions of the waste pickers, particularly of women and children from these communities. The outcome of study will be helpful to the policy makers to formulate appropriate policies for the welfare of Waste Picker communities.

1.5 Methodology

The study focuses on the nutritional status and health risks among the waste picker households in Guntur and Vijayawada Municipal Corporation. The total number of waste picker households in the DBRC focused area is about 1200. Due to time and financial constraints, we have taken 200 sample households; 100 households from Guntur and 100 households from Vijayawada Municipal Corporation through the simple random sampling method.

1.5.1 Geographical Location of Habitants

The data of the settlements of the waste pickers suggests that 66.5% (133 HH) live in urban slums in Guntur and Vijayawada Municipal Corporation limits. Around 21.5% (43 HH) live in the suburbs, and 12% (24 HH) live in the dump yard (Table 1.1).

Table 1. 1: Study Area and Sample Households

Area	Suburbs	Dumping Yard	Slum	Total
Guntur	34	9	57	100
	34.0	9.0	57.0	100.0
Vijayawada	9	15	76	100
	9.0	15.0	76.0	100.0
Total	43	24	133	200
	21.5	12.0	66.5	100.0

Source: Field Study, 2019

1.5.2 Social Profile of the Sample Households

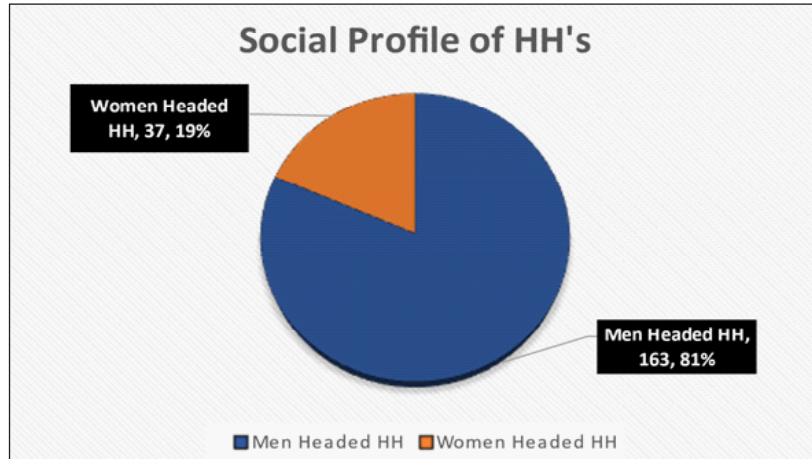
Among the 200 households, 121 HH (60.5%) belong to the Yanadi community (ST), while 38.0% (78 HH) and 1.5% (3 HH) belong to Other Backward Communities (OBC) and Scheduled Caste (SC) respectively.

Table 1. 2: Study Area and Sample Households

Area	SC	ST	OBC	Total
Guntur	2	97	1	100
	2.0	97.0	1.0	100.0
Vijayawada	1	24	75	100
	1.0	24.0	75.0	100.0
Total	3	121	76	200
	1.5	60.5	38.0	100.0

Source: Field Study, 2019

Men head 81% of the households, i.e. 163 households and 19% (37 HH) households are headed by women.



Graph 1. 1: Household Category

The study employed quantitative and qualitative methods to analyse the nutrition status and health risks involved among the waste pickers, who form an informal labour group of an unrecognised occupation. Data collection was done at the household level, with the help of structured and semi-structured questionnaires. Formal and informal interviews were conducted with the primary stakeholders, government officials and NGO personnel. Detailed case studies were recorded when interesting cases came across.

The study was conducted within a duration of six months, dividing it between Guntur and Vijayawada municipal corporations. Focus group discussions (FGD) were conducted with men and women of different age groups. Also, the study had adopted anthropometric measures to measure the height and weight of the sample household members to understand their nutritional status.



Chapter 2

Socio-Economic Profile of Waste Pickers in Andhra Pradesh



2.1 Introduction

This chapter focuses on the socio-economic profile of the waste pickers while also taking into account the essential characteristics. Social category, marital status, literacy level, and income particulars of the sample households are some variables discussed in this chapter. The nutrition and growth of children between 0.1 -17 years was measured using anthropometric tools.

2.2 Demographic Details

2.2.1 General Characteristics of Households

Among the sample households, 79% (158 HH) are nuclear families, and 1.5% (3 HH) are extended families. The survey shows a smaller proportion of single-headed households, i.e., 19.5% (39 HH). There are 25 single-headed households (25%) in Vijayawada Municipal Corporation limits compared to 14% (14 HH) in Guntur. Table 2.1.

Table 2. 1: Type of Sample Households in the Study Area

Area	Nuclear	Extended	Single Headed	Total
Guntur	85	1	14	100
	85.0	1.0	14.0	100.0
Vijayawada	73	2	25	100
	73.0	2.0	25.0	100.0
Total	158	3	39	200
	79.0	1.5	19.5	100.0

Source: Field Study, 2019

Of the 200 sample households surveyed, 163 (81%) of the households are headed by men and 37 (or 19%) by women.

2.2.2 Gender & Age Particulars of Household Members

The total population of the sample households is 716, with 355 males and 361 females (Table 2.2). Table 2.3 shows the proportion of different age groups in the sample. Among the 716 members, 398 (55.6%) belong to 18-59 years; 165 (23.0%) belong to 6-14 years, 64 (8.9%) belong to 1-5 years, 34 (4.7%) belong to 15-17 years, 34 (4.7%) belong to 60 years, and above, 22 (3.1%) belong to 0-5 years. The proportion of the female population (50.4%) is higher than the male population (49.6%).

Table 2. 2: Total Population of the Sample Household

Area	Male	Female	Total
Guntur	181	182	363
	49.9	50.1	100.0
Vijayawada	174	179	353
	49.3	50.7	100.0
Total	355	361	716
	49.6	50.4	100.0

Table 2. 3: Age Groups of the Household Members of Sample Households

Area	0 to 1	1 to 5	6 to 14	15 to 17	18 to 59	60 and above	Total
Guntur	12	40	86	16	192	17	363
	3.3	11.0	23.7	4.4	52.9	4.7	100.0
Vijayawada	10	24	79	17	206	17	353
	2.8	6.8	22.4	4.8	58.4	4.8	100.0
Total	22	64	165	33	398	34	716
	3.1	8.9	23.0	4.6	55.6	4.7	100.0

Source: Field Study, 2019

2.3 Marital Status

Among the 716 members, 348 (48.6%) are married, and 317 (44.3%) are unmarried. There are 32 (4.5%) widows, 10 (1.4%) separated women and 9 (1.3%) widowers. The proportion of single women (4.5%) is significantly more compared to the single men (1.3%). The prevalence of alcohol addiction and the spread of epidemics are the primary causes of this disparity between the male and female populations. Many men lost their lives, causing a decline in the male population while increasing the number of widows and single-headed households (Table 2.4).

Table 2. 4: Marital Status of Individuals

Area	Married	Separated	Unmarried	Widow	Widower	Total	Total
Guntur	183	3	163	12	2	363	363
	50.4	0.8	44.9	3.3	0.6	100.0	100.0
Vijayawada	165	7	154	20	7	353	353
	46.7	2.0	43.6	5.7	2.0	100.0	100.0
Total	348	10	317	32	9	716	716
	48.6	1.4	44.3	4.5	1.3	100.0	100.0

2.4 Educational Status

The sample household members had a comparatively low literacy rate, with 77.7% of them being non-literate and only 22.3% being literate. The illiteracy rate is higher among male members (80.4%) than females (75.2%). Moreover, the female literacy rate (24.8%) is comparatively higher than their male counterparts (19.6%).

Table 2. 5: Literacy Status among Individuals of Sample Households

Area	Literacy Status			Male			Female		
	Non-literate	Literate	Total	Non-literate	Literate	Total	Non-literate	Literate	Total
GNT	250	60	310	127	23	150	123	37	160
	80.6	19.4	100.0	84.7	15.3	100.0	76.9	23.1	100.0
VJA	239	80	319	119	37	156	120	43	163
	74.9	25.1	100.0	76.3	23.7	100.0	73.6	26.4	100.0
Total	489	140	629	246	60	306	243	80	323
	77.7	22.3	100.0	80.4	19.6	100.0	75.2	24.8	100.0

Source: Field Study, 2019

** GNT = Guntur and VJA= Vijayawada

Table 2. 6: Educational Status among Individual of Sample Households

Area	Non-literate	Primary	Upper Primary	High school	Inter	Degree	Total
Guntur	250	35	15	6	3	1	310
	80.6	11.3	4.8	1.9	1.0	0.3	100.0
Vijayawada	239	39	14	22	3	2	319
	74.9	12.2	4.4	6.9	0.9	0.6	100.0
Total	489	74	29	28	6	3	629
	77.7	11.8	4.6	4.5	1.0	0.5	100.0

Source: Field Study, 2019

Table 2.6 presents the level of education of each member of the sample households. Only 28 members (4.5%) have completed secondary level education. Those who have attended till middle-upper primary school are only 29 (4.6%). However, 74 (11.8%) have completed primary level education. Only six members (1.0%) have completed intermediate level (10+12), leaving only three members (0.5%) to attend college for graduation.

2.5 Children Particulars

In total, there are 284 children, 52% of whom are boys and 48% of whom are girls.

Table 2. 7: Children Particulars of the Sample Households

Gender	0 to 1	1 to 5	6 to 14	15 to 17	Total
Boys	13	36	80	19	148
	8.8	24.3	54.1	12.8	100.0
Girls	9	28	85	14	136
	6.6	20.6	62.5	10.3	100.0
Total	22	64	165	33	284
	7.7	22.5	58.1	11.6	100.0

The children belonging to the age group 6-14 years constitute 58.1% of the total child population. Among the 284 children, 22.5% belong to 1-5 years, 11.6% belong to 15-17 years, and 7.7% are less than one year old (Table 2.7).

2.5.1 Schooling Particulars of Children

Out of the child population, 49 boys and 37 girl children under the age of 0.1-5 years are covered under the Anganwaadi (ICDS) program. However, they do not benefit from the scheme as they do not have access to an Anganwaadi anywhere close to their settlements. Results show that more girl children (33) attend primary school than boys (26). Similarly, 17 girls attend upper-primary classes, while only 5 boys go to upper-primary classes. At the same time, there are 46, (34 girls) school dropouts, and 10 (4 girls) who never enrolled in schools. Interestingly, only one girl attends high school and intermediate classes each, out of the 12 children continuing their high school education (Table 2.8).

Table 2. 8: Children Schooling Particulars of the Sample Households

Schooling	Age Groups – Boys					Age Groups – Girls					Total
	0 to 1	1 to 5	6 to 14	15 to 17	Total	0 to 1	1 to 5	6 to 14	15 to 17	Total	
Angan-waadi	13	36	0	0	49	9	28	1	0	38	87
	26.5	73.5	0.0	0.0	100.0	23.7	73.7	2.6	0.0	100.0	30.6
Primary	0	0	25	1	26	0	0	33	3	36	62
	0.0	0.0	96.2	3.8	100.0	0.0	0.0	91.7	8.3	100.0	21.8
Upper Primary	0	0	4	1	5	0	0	16	1	17	22
	0.0	0.0	80.0	20.0	100.0	0.0	0.0	94.1	5.9	100.0	7.7
High School	0	0	5	7	12	0	0	1	5	6	18
	0.0	0.0	41.7	58.3	100.0	0.0	0.0	16.7	83.3	100.0	6.3
Inter	0	0	0	0	0	0	0	0	1	1	1
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	0.4
Out of School	0	0	46	0	46	0	0	34	0	34	80
	0.0	0.0	100.0	0.0	100.0	0.0	0.0	100.0	0.0	100.0	28.2
Never Enrolled	0	0	0	10	10	0	0	0	4	4	14
	0.0	0.0	0.0	100.0	100.0	0.0	0.0	0.0	100.0	100.0	4.9
Total	13	36	80	19	148	9	28	85	14	136	284
	8.8	24.3	54.1	12.8	100.0	6.6	20.6	62.5	10.3	100.0	100.0

2.6 Occupational Profile

The data on the occupation status of the individuals in the households (Table 2.9) shows that 450 (96.6%) individuals work, and the remaining 16 (3.4%) are dependent on their spouses who are working.

Table 2. 9: Particulars of Working Status of Individuals

Area	Not Working	Working	Total
Male	6	228	234
	2.6	97.4	100.0
Female	10	222	232
	4.3	95.7	100.0
Total	16	450	466
	3.4	96.6	100.0

Source: Field Study, 2019

2.6.1 Details of Primary Occupation of Individuals

The economic activities of the members of the sample households suggest that they are engaged in various

occupations. The majority are waste pickers (97.6%), and other occupations (2.4%) include wage labour, domestic work, vendor, petty business etc. (Table 2.10).

Table 2. 10: The Economic Activity of Individuals – Primary Occupation

Area	Waste Picking	Others	Total
Guntur	197	8	205
	96.1	3.9	100.0
Vijayawada	242	3	245
	98.8	1.2	100.0
Total	439	11	450
	97.6	2.4	100.0

Source: Field Study, 2019

2.6.2 Details of Secondary Occupation of Individuals

Analysis of the secondary economic activities of the individuals indicates that waste picking is a secondary occupation for 6 (66.7%) members and others for only 3 (33.3%) members (Table 2.11).

Table 2. 11: The Economic Activity of Individuals – Secondary Occupation

Area	Waste Picking	Others	Total
Guntur	4	3	7
	57.1	42.9	100
Vijayawada	2	0	2
	100	0	100
Total	6	3	9
	66.7	33.3	100

Source: Field Study, 2019

2.7 Income Particulars of Households

The occupations of the household members and the sources of their income are shown in Table 2.12. The data shows that waste picking is the primary source of income for the households, followed by casual wage labour and other occupations. The total income from primary occupations of all the sample households is Rs 2, 88, 00,020 providing 98.5% of the total income. In Guntur, it is Rs 1, 43, 01,440 (98.6%), while in Vijayawada, it is Rs 1, 44, 98,580 (98.4%).

The total income from secondary occupations of all the sample households is Rs 4, 29,700, providing 1.5% of the total income. In Guntur, it is Rs 2, 01,400 (1.4%), while in Vijayawada, it is Rs 2, 28,300 (1.6%). The total income, primary and secondary, of the sample households is Rs 2,92,46,720; Guntur at Rs 1,45,02,840 and Vijayawada at Rs 1,47,26,880.

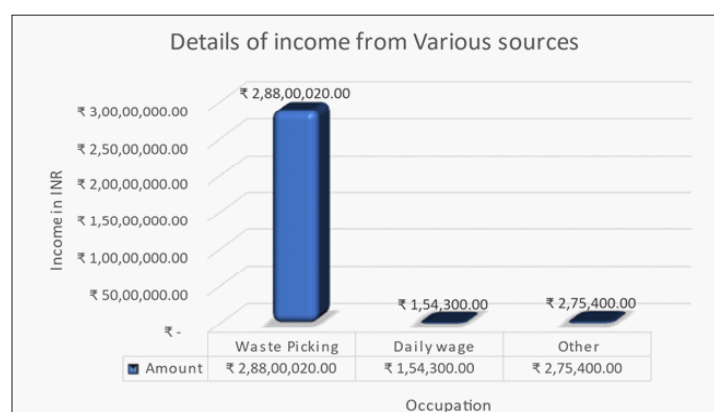
Considering all income sources, the per capita income of the sample households is Rs 64954.9. The monthly income per household is Rs 12,179, the annual income being Rs 1, 46,148.6.

Table 2. 12: Details of Income from Various Sources

Area	Total HH's	HH's Working Members	Income - Primary Occupation (Rs.)	Income - Secondary Occupation (Rs.)	Total Income (Rs.)	Per Capita Income (Rs.)	Annual Income Per HH (Rs)	Monthly Income Per HH (Rs.)
GNT	100	205	14301440	201400	14502840	70745.6	145028.4	12085.7
			98.6	1.4	100.0			
VJA	100	245	14498580	228300	14726880	60109.7	147268.8	12272.4
			98.4	1.6	100.0			
Total	200	450	28800020	429700	29229720	64954.9	146148.6	12179.1
			98.5	1.5	100.0			

Source: Field Study, 2019

** GNT = Guntur and VJA= Vijayawada



Graph 2. 1: Details of Income from Various Sources

2.8 Household Basic Amenities

Table 2.13 shows the access to basic amenities of the sample households from Guntur and Vijayawada. The sample households from Guntur face difficulties in accessing drinking water. Only 10 percent of the households had access to drinking water. Similarly, in Vijayawada, 70 per cent of the households complained about the difficulties in fetching drinking water. Only 30 percent of the households have access to drinking water.

In Guntur, 61 per cent of households lack toilet facilities against 39 per cent who have toilets. In Vijayawada, 60 percent of the households do not have toilets, while 40 percent of them have toilets. Those who do not have toilets practice open defecation.

In Guntur, 61 per cent of the households do not have electricity connections in their houses. Only 39 per cent among them have access to electricity in their houses. While in Vijayawada, about 70 per cent of the sample households do not have electricity connections, compared to 32 percent of households with electricity connections.

Most of the households in Guntur (68%) use LPG for cooking in their houses, and 32 per cent of the households lack this facility. The figures are the same in Vijayawada as well.

Table 2. 13: Household Access to Basic Amenities

Assets	Guntur			Vijayawada		
	Yes	No	Total	Yes	No	Total
Drinking Water	10	90	100	30	70	100
	10.0	90.0	100.0	30.0	70.0	100.0
Toilet	61	39	100	40	60	100
	61.0	39.0	100.0	40.0	60.0	100.0
Electricity	51	49	100	70	30	100
	51.0	49.0	100.0	70.0	30.0	100.0
LPG	32	68	100	68	32	100
	32.0	68.0	100.0	68.0	32.0	100.0

2.9 Details of Household Physical Assets

The sample households possess various material assets like a cycle, fan, refrigerator, rickshaw, chairs, cell phones etc. However, the data procured from the sample households of Guntur and Vijayawada shows that many of them do not possess any physical asset that is of household economic status. Due to lack of employment and inconsistent household income, they live in vulnerable conditions (Table 2.14).

Table 2. 14: Household Physical Assets of the Sample Households in the Study Area

Assets	Guntur			Vijayawada		
	Yes	No	Total	Yes	No	Total
Cycle	6	94	100	5	95	100
	6.0	94.0	100.0	5.0	95.0	100.0
TV	31	69	100	38	62	100
	31.0	69.0	100.0	38.0	62.0	100.0
Alimarah	14	86	100	25	75	100
	14.0	86.0	100.0	25.0	75.0	100.0
Fridge	4	96	100	10	90	100
	4.0	96.0	100.0	10.0	90.0	100.0
Scooter	14	86	100	3	97	100
	14.0	86.0	100.0	3.0	97.0	100.0
Auto	8	92	100	0	100	100
	8.0	92.0	100.0	0.0	100.0	100.0
Rickshaw	18	82	100	9	91	100
	18.0	82.0	100.0	9.0	91.0	100.0
Chairs	41	59	100	52	48	100
	41.0	59.0	100.0	52.0	48.0	100.0
Cot	54	46	100	65	35	100
	54.0	46.0	100.0	65.0	35.0	100.0
Mobile phone	43	57	100	65	35	100
	43.0	57.0	100.0	65.0	35.0	100.0

Source: Field Study, 2019

2.10 Migration

Table 2.20 shows that out of the 200 sample households, 18 households migrate to places searching for livelihood. A total of 35 members, men and women, from these households, migrate to places to work as wage labour, agriculture labour, sanitation work and waste picking.

Table 2. 15: Details of Household Migration in the Study Area

Area	Total HH's	Men	Women	Total Members
Guntur	16	9	22	31
		29.0	71.0	100.0
Vijayawada	2	3	1	4
		75.0	25.0	100.0
Total	18	12	23	35
		34.3	65.7	100.0

Source: Field Study, 2019

Among these 18 households, 7 households migrate for 15 days in a month during the lean season. Few households choose to migrate for months; six households responded that they stay for 3-5 months in a new place, five households stay for a month and then return to their homes. The distance they cover during this process ranges from 20-150 km. However, seven households say they do not leave the city limits and travel between dump yards (Table 2.16).

Table 2. 16: Duration and Place of Migration

Area	Duration of Migration				Place of Migration		
	1 month	15 days in a month	3 to 5 months	Total	20 to 150 km	Within City/ close to dumping yard	Total
Guntur	5	5	6	16	10	6	16
Vijayawada	0	2	0	2	1	1	2
Total	5	7	6	18	11	7	18

Source: Field Study, 2019

Among the migrating households, three engage in sanitation works, two households work as agriculture labour, and thirteen engage in waste picking. These 18 households migrate every year because, during the lean season, they do not have enough savings to survive the season without finding other work (Table 2.17).

Table 2. 17: Reasons for Migration and Type of Work

Area	Type of work				Reasons for Migration		
	Cleaning Toilets	Wage works - Agri.	Waste Picking	Total	Money Save	Work Scarcity	Total
Guntur	3	2	11	16	6	10	16
Vijayawada	0	0	2	2	0	2	2
Total	3	2	13	18	6	12	18

Source: Field Study, 2019

2.11 Conclusion

The socio-economic profile of the sample households shows ST households are predominant in the waste picker population. The majority of the households from Guntur and Vijayawada do not have access to basic amenities like toilets, electricity and drinking water. Further, the children of these households suffer the most due to the lack of essential resources. Since there is no Anganwaadi (ICDS) near their settlements, the children are deprived of government schemes that provide nutritious food for children belonging to 0.1-5 years. As a result, the children are fed on a poor diet and are found to be underweight. It is common for children to fall ill frequently due to unhygienic practices.

Further, most of the children are brought to the waste picking sites to help their parents. Such practices expose kids to hazardous elements, and they live in unsafe settlements near the dump yards. The school dropout rate is also high due to the lack of care and support from the parents. Also, the practice of child marriage is prevalent among them.



Chapter 3

Occupational Problems, Nutrition & Health Risks



3.1 Introduction

This chapter presents the potential health and nutritional risks involved with waste picking and also try to bring out the emic perspective of waste pickers on their occupation, social security and occupational hazards. Moreover, it throws light into the psycho-social well-being of waste pickers in both our study sites.

3.2 Occupational Problems & Concerns

While at work, waste pickers face myriad troubles like injuries, falls, attacks by street dogs, and verbal abuse by people. Particularly women in the community encounter sexual harassment and verbal abuse from drunkards and young men on a daily basis.

This study tried to capture the distance they have to travel to reach their work site. To this, about 46 percent of the participants responded saying they have to travel around 6-10 km a day to collect waste. And 42.5 percent responded by saying that they usually cover a radius of 5 km from their homes, and the remaining 12 percent responded by saying that they travel around 20 km radius every day.

When asked about the way they go to the workplace, i.e., alone, in a group, or with family, 58 percent of respondents preferred to go alone for work, while 37.5 percent their family members for waste collection. Also, 4.5 percent of them work collectively in a group (Table 3.1).

Table 3. 1: Waste Pickers Problems at Workplace

Area	Distance from home to workplace			Work attended			Type of problems at workplace
	0-5 km	6-10 km	11-20 km & above	Alone	Group	With Family	
Guntur	55	25	20	19	8	73	Eve teasing, Sexual Harassment & Verbal Abuse by Men, Fear of Dogs, Treated as thieves
	55.0	25.0	20.0	19.0	8.0	73.0	
Vijayawada	30	66	4	97	1	2	
	30.0	66.0	4.0	97.0	1.0	2.0	
Total	85	91	24	116	9	75	
	42.5	45.5	12.0	58.0	4.5	37.5	

3.2.1 Collection of Waste & Transportation

Most waste pickers interviewed use plastic, cloth, and gunny bags to collect waste from dump yards, streets, roadsides, and houses. In addition to these, they also collect glass materials, recyclable plastic, bottles, iron scrap, household wood, used kitchen utensils, and other goods.

63 percent of the households said that they have to walk all the way back carrying all the collected waste on their back as they couldn't afford to hire any vehicle. However, 19 percent of the households rent rickshaws, and a few households own rickshaws. Further, 16 percent of households' have their own pushcarts to transport the collected waste (Table 3.2).

Table 3. 2: Collection of Waste Material & Mode of Transportation

Area	Mode of Transportation				Vehicle Ownership	Type of Waste Material	Type of Bags
	Pushcart	Rickshaw	Self-Carry	Total			
Guntur	12	18	70	100	Own & rented	Glass, Plastic, Bottles, Iron scrap and other recyclable materials etc.	Cloth, Plastic Bags Gunny Bags.
	12.0	18.0	70.0	100.0			
Vijaya wada	20	20	60	100			
	20.0	20.0	60.0	100.0			
Total	32	38	130	200			
	16.0	19.0	65.0	100.0			

Source: Field Study, 2019

3.2.2 Waste Material Weight & Source/Place of Selling

About 54 per cent of the respondents said that they collect up to 10 kg of waste and sell it to the dealer twice a week. Another 34.5 % set the target at 11-25 kg of waste and approached the dealer after reaching the target, followed by 11.5 per cent who set the target at 26-50 kg and sold it to the dealer (Table 3.3).

The source of selling the collected waste varies with households. Out of the total sample households, 76.5 percent sell the collected waste to scrap shops situated near their settlements. Another 16.5 per cent sell their share to familiar dealers available near the locality. However, 7 per cent do not prefer to accumulate waste to achieve targets; instead, they sell their share on the site itself (Table 3.3).

Table 3. 3: Waste Material Weight & Source / Place of Selling

Area	Weight of Waste				Place of Selling		
	Up to 10 kg	11-25 kg	26-50 & above	Total	Known dealer at home	Scrap shop located other places	Workplace
Guntur	41	36	23	100	33	53	14
	41.0	36.0	23.0	100.0	33.0	53.0	14.0

Vijayawada	67	33	0	100	0	100	0
	67.0	33.0	0.0	100.0	0.0	100.0	0.0
Total	108	69	23	200	33	153	14
	54.0	34.5	11.5	100.0	16.5	76.5	7.0

Source: Field Study, 2019

3.2.3 Difficulties with Merchants

The majority of respondents (51.5%) said that they do not face any difficulties with the dealers while selling the collected waste. Meanwhile, 48.5% of respondents testified that they often face difficulties with scrap dealers. About 52.6% (51) said the dealer often cheats them using fraudulent weighing methods. Also, 28% (28) expressed their concern over reducing 2 kg worth of money from every 10 kg of waste sold to the dealers. Further, 18.6% (18) raised their concern over the dealers' often reluctance to buy certain plastics and covers. Waste pickers are exploited due to their lack of knowledge about the business and non-literacy at large (Table 3.4).

Table 3. 4: Waste Pickers and Difficulties with Merchants

Area	Difficult with Merchants			Type of Difficulties		
	Yes	No	Total	Deduct 2 kgs of weight from every 10kgs of weight	Fraud in Weighing Machine	Sometimes they won't accept some plastic bottles and covers
Guntur	23	77	100	21	1	1
	23.0	77.0	100.0	91.3	4.3	4.3
Vijayawada	74	26	100	7	50	17
	74.0	26.0	100.0	9.5	67.6	23.0
Total	97	103	200	28	51	18
	48.5	51.5	100.0	28.9	52.6	18.6

Source: Field Study, 2019

3.2.4 Experiences of Unemployment during Last 12 Months

The data on unemployment during the last 12 months among the 200 sample households show that 88 per cent of households agreed to have faced difficulties with surviving and finding work. Only 12 per cent said they were engaged in work. The data shows that 84% could not collect waste during the rainy season and face difficulties finding other income sources. Due to health issues and a scarcity of waste materials, another 16.0% did not find work (Table 3.5).

Table 3. 5: Unemployment during last 12 months

Area	HH Experience of Unemployment during last 12 months			Reasons		
	Yes	No	Total	Health Problem-Unable to attend	Difficult in Rainy Season	Waste Scarcity
Guntur	78	22	100	10	68	0
	78.0	22.0	100.0	12.8	87.2	0.0

Vijayawada	98	2	100	4	80	14
	98.0	2.0	100.0	4.1	81.6	14.3
Total	176	24	200	14	148	14
	88.0	12.0	100.0	8.0	84.1	8.0

3.2.5 Occupational Problems and Coping Mechanism

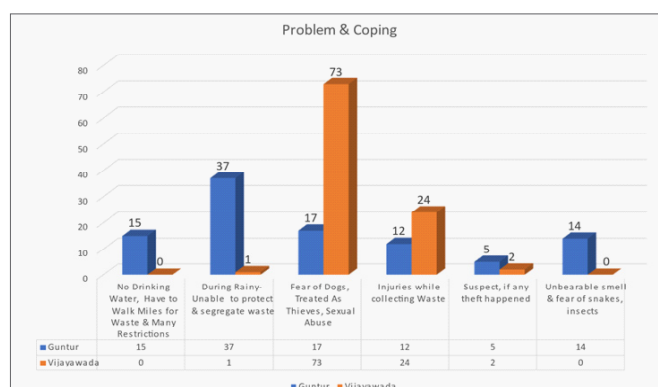
Out of the 200 sample households, 45 percent said that they often get attacked by stray dogs, and 18 percent complained about severe injuries from broken glass and other hazardous elements. Another 7.5 percent expressed difficulty with the unavailability of drinking water at the worksite. They have to walk miles to collect waste every day, from houses, roadsides, and dump yards. Few households (7 percent) resent the thought of spending long hours in dump yards to collect waste amid unbearable stench, insects, and the fear of snake bites. Further, 3.5 percent explained the ill-treatment or discrimination they face from the police, who usually suspect them whenever a theft gets reported in the neighbourhood (Table 3.6).

Table 3. 6: Details of Occupational Problems and Coping Mechanism

Area	Occupation Problems						Coping Mechanisms				
	No Drinking Water, Have to Walk Miles for Waste & Many Restrictions	During Rainy- Unable to protect & segregate waste	Fear of Dogs, Treated As Thieves, Sexual Abuse	Injuries while collecting Waste	Suspect, if any theft happened	Unbearable smell & fear of snakes, insects	Adjust in this circumstance	Overcome with group/family members	Use Mask, Gloves & Cloths	Get support from DBRC	Will use tarpons
GNT	15	37	17	12	5	14	15	17	26	5	37
	15.0	37.0	17.0	12.0	5.0	14.0	15.0	17.0	26.0	5.0	37.0
VJA	0	1	73	24	2		0	73	24	2	1
	0.0	1.0	73.0	24.0	2.0	0.0	0.0	73.0	24.0	2.0	1.0
Total	15	38	90	36	7	14	15	90	50	7	38
	7.5	19.0	45.0	18.0	3.5	7.0	7.5	45.0	25.0	3.5	19.0

Source: Field Study, 2019

** GNT = Guntur and VJA= Vijayawada



Graph 3. 1: Problems & Coping Mechanism

Among the 200 sample households, 45 per cent came together to form groups with family members and other waste pickers to collectively address their struggles in occupation. Around 25 per cent of the households wear masks and gloves to protect themselves from insect and snake bites and foul odour. Some households (19%) use tarpaulin to cover the collected waste from turning wet during the rainy season. Moreover, 7.5 per cent of the households say that they got accustomed to the risks involved in their occupation as they cannot find any other livelihood for their survival. However, 3.5 per cent of the household appreciate the support of the Dalit Bahujan Resource Centre (DBRC) by providing safety equipment like gloves, masks and other goods. DBRC has also facilitated the waste pickers gaining access to Aadhar, Voter ID etc. (Table 3.6).

3.3 Nutritional Status: Food security, Income, Expenditure & Dietary Practice

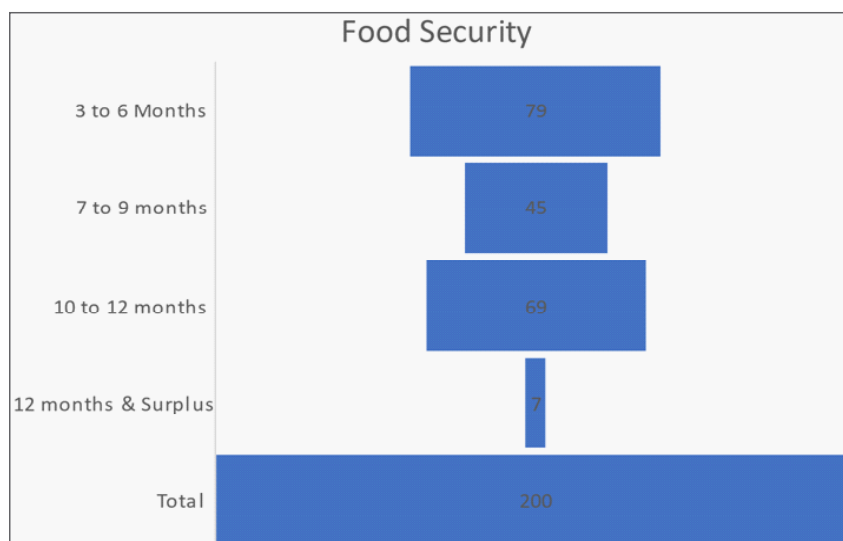
3.3.1 Food Security

The sample households were asked about the availability of food to estimate the extent of food security throughout the year. Forty-five households (22.5%) said they have enough food for 7-9 months in a year. Sixty-nine households said they get enough to pass the year (10-12 months). While 79 households could only manage for 3-6 months, seven households (3.5%) have enough food for 12 months and surplus in case of any need (Table 3.7).

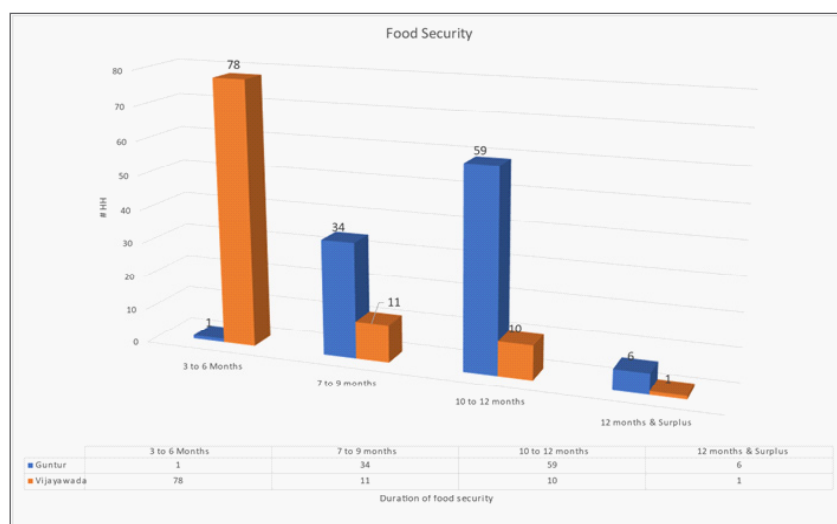
Table 3. 7: Food Security

Area	3 to 6 Months	7 to 9 months	10 to 12 months	12 months & Surplus	Total
Guntur	1	34	59	6	100
	1.0	34.0	59.0	6.0	100.0
Vijaya wada	78	11	10	1	100
	78.0	11.0	10.0	1.0	100.0
Total	79	45	69	7	200
	39.5	22.5	34.5	3.5	100.0

Source: Field Study, 2019



Graph 3.2: Food Security



Graph 3. 3: Food Security

3.3.2 Household Monthly Expenditure

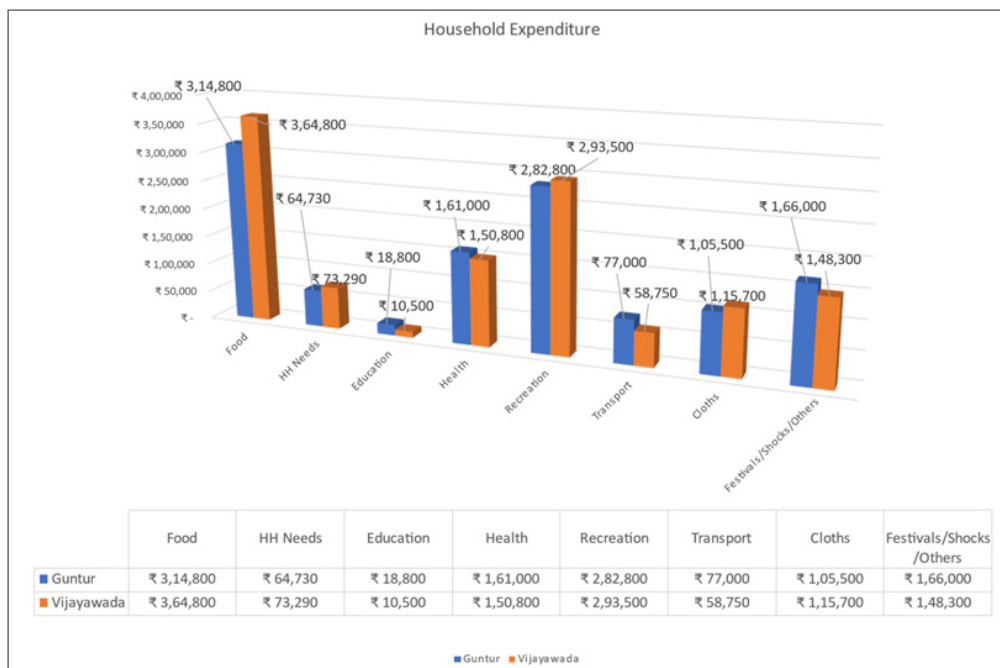
The study has found that most of the households whose average monthly expenditure turned out to be ₹12,031, spend a large part of their income on food, recreation and liquor consumption and less on non-food items. Apportioning the household expenses into various categories, it is observed that 28.2% (Rs. 6,79,600) of the income is spent on food, 23.9% (Rs. 5,76,300) on recreation and liquor consumption, 13.1% (Rs. 3,14,3000) on Festivals/Shocks/Others, 13% (Rs. 3,11,800) on health, 9.2% (Rs. 2,21,200) on cloths, 5.7% (Rs. 1,38,020) on household other needs, 5.6% (Rs 1,35,750) on transportation and 1.2% (Rs. 29,300) on education (table 3.8).

Table 3. 8: Household Monthly Expenditure Details

Area	HH's	Food	HH Needs	Education	Health	Recreation	Transport	Cloths	Festivals/ Shocks/ Others	Total	Average
GNT	10	314800	64730	18800	161000	282800	77000	105500	166000	1190630	11906.3
	0	26.4	5.4	1.6	13.5	23.8	6.5	8.9	13.9	100.0	
VJA	10	364800	73290	10500	150800	293500	58750	115700	148300	1215640	12156.4
	0	30.0	6.0	0.9	12.4	24.1	4.8	9.5	12.2	100.0	
Total	20	679600	138020	29300	311800	576300	135750	221200	314300	2406270	12031.4
	0	28.2	5.7	1.2	13.0	23.9	5.6	9.2	13.1	100.0	

Source: Field Study, 2019

** GNT = Guntur and VJA= Vijayawada



Graph 3. 4: Household Monthly Expenditures

3.3.3 Dietary Practices in Waste-Picking Communities

Most of the households from waste-picking communities have access to food twice a day and the majority of them are non-vegetarians. It was observed that 100% of waste pickers from Vijayawada consumed fish twice or thrice a week, whereas, in Guntur 40 households said they eat fish twice or thrice a week, and 58 households in Guntur said that they consume fish once in a fortnight. However, waste pickers were not keen on including fruits in their regular diet. Most of them said that they usually had fruit once a fortnight. Such dietary practices may be due to their financial constraints and due to a lack of awareness about good dietary habits in the community (Table 3.9).

Table 3. 9: Dietary Practices in Waste Picker Households

HH's Food Consumption	Frequency	Area		
		Guntur	Vijayawada	Total
Rice (In a Day)	2 times a day	97	100	197
	3 times a day	3	0	3
Dhal	3 times a week	49	38	87
	4 times a week	43	70	113
Vegetables	4 times a week	89	109	198
	5 times a week	46	52	98

Meat	2 times a week	4	99	103
	3 times a week	4	0	4
	4 times a week	31	0	31
	Never (Vegetarian)	2	0	2
	Fortnight	59	1	60
Fish	Fortnight	58	0	58
	Never (Vegetarian)	2	0	2
	Weekly 2 to 3 times	40	100	140
Eggs	Fortnight	2	0	2
	Never (Vegetarian)	2	0	2
	Weekly 2 to 3 times	41	100	141
	Weekly once	55	0	55
Ghee	Fortnight	18	57	75
	Not using	82	43	125
Banana	Fortnight	36	0	36
	Rare	38	100	138
	Weekly 2 to 3 times	26	0	26
Apple	Fortnight	53	0	53
	Rare	47	100	147
Guava	Fortnight	57	0	57
	Rare	43	100	143
Papaya	Fortnight	44	99	143
	Rare	56	1	57
Mango	Rare	58	0	58
	During season	42	100	142
Grapes	Rare	55	0	55
	Very rare	45	100	145

Source: Field Study, 2019

3.4 Occupational Health Risks

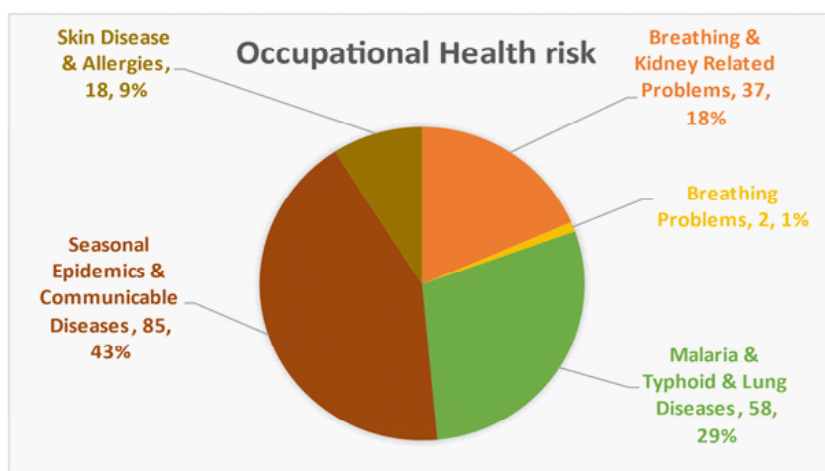
3.4.1 Health Risks

42.5 percent of 200 households complained about falling sick to seasonal epidemics and infectious diseases due to their long working hours in dump yards and drainages. About 29 percent of the households were either infected by Malaria, Typhoid, and Lung disease at least once in their lifetime. Also, 18.5 percent of households were suffering from kidney and respiratory illnesses. Further, 9 percent of the households had skin diseases and allergies (Table 3.10).

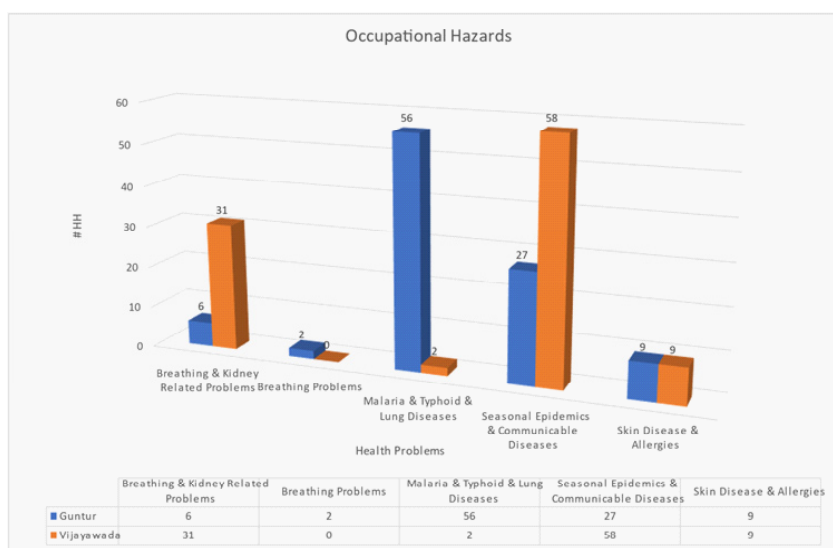
Table 3. 10: Occupational Health Risks to Waste Pickers

Area	Occupational Health Risks					Total
	Breathing & Kidney Related Problems	Breathing Problems	Malaria & Typhoid & Lung Diseases	Seasonal Epidemics & Communicable Diseases	Skin Disease & Allergies	
Guntur	6	2	56	27	9	100
	6.0	2.0	56.0	27.0	9.0	100.0
Vijayawada	31	0	2	58	9	100
	31.0	0.0	2.0	58.0	9.0	100.0
Total	37	2	58	85	18	200
	18.5	1.0	29.0	42.5	9.0	100.0

Source: Field Study, 2019



Graph 3.5: Occupational Health Risks



Graph 3.6: Occupational Health Risks

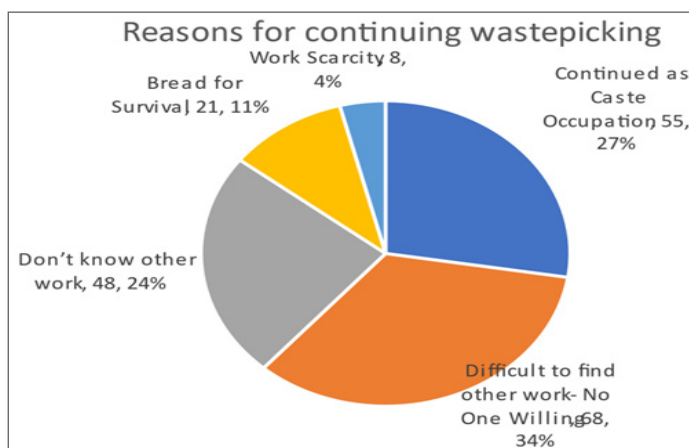
3.4.2 Reasons for Continuing the Occupation

Though the waste pickers are regularly affected by chronic and seasonal epidemics and suffer from the above-listed health problems, they still continue to work in the same occupation every day. Out of a total of 200 sample households, 34 percent said that they find it difficult to search for other livelihood options as they think that no one would hire them. Another 27.5 percent strongly believed waste picking to be a caste-based and hereditary occupation. 24 percent said that they do not have any other working skills other than waste picking. However, 10.5 percent of the waste picking households said that they were continuing the occupation as it was the only means for their survival. 4 percent responded that enough opportunities were not available for them to work in their areas (Table 3.11).

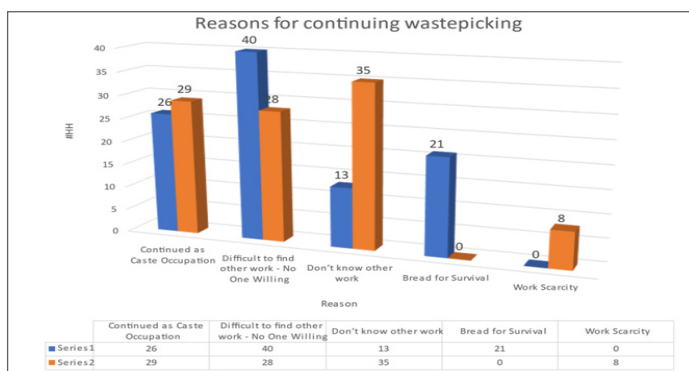
Table 3. 11: Reasons for Continuing the Occupation

Area	Continued as Caste Occupation	Difficult to find other work	Don't know other work	Bread for Survival	Work Scarcity	Total
Guntur	26	40	13	21	0	100
	26.0	40.0	13.0	21.0	0.0	100.0
Vijayawada	29	28	35	0	8	100
	29.0	28.0	35.0	0.0	8.0	100.0
Total	55	68	48	21	8	200
	27.5	34.0	24.0	10.5	4.0	100.0

Source: Field Study, 2019



Graph 3.7: Reasons for Continuing Waste Picking Work



Graph 3.8: Reasons for Continuing Waste Picking Work

3.4.3 Food Arrangements at the Workplace

71 percent of the households carried food from their home to worksites. 18 percent purchased food from nearby hotels and 6 percent collected food from the houses they attend to collect waste. However, 3 percent of the households do not have any arrangements for food at worksites and usually starve till they reach home after work in the evenings. 2 percent of them collected the leftover food from nearby hotels (Table 3.12).

Table 3. 12: Food Arrangements at the Work place

Area	No proper Arrangement	Purchased from Hotels	Food Carried from Home	Collected from house to house	Collected surplus food from hotels	Total
Guntur	4	21	62	9	4	100
	4.0	21.0	62.0	9.0	4.0	100.0
Vijayawada	2	15	80	3	0	100
	2.0	15.0	80.0	3.0	0.0	100.0
Total	6	36	142	12	4	200
	3.0	18.0	71.0	6.0	2.0	100.0

Source: Field Study, 2019

3.4.4 Occupational Safeguards & Source of Awareness

47.5 percent said that they do not wear any protective gear at work, while 35.5 percent said they just cover their faces with clothes and only wear slippers for safety while at work. Although they have the habit of washing their hands after work, 17 percent said since they use sticks to pick waste without touching them, they do not find any need to wash their hands when they are back home (Table 3.13).

Table 3. 13: Occupational Safeguards & Source of Awareness

Area	No safeguards used (traditional methods)	Cover with clothes, wear sandals, wash their hands	Use hand sticks to collect waste	Total	Source of Awareness
Guntur	88	5	7	100	DBRC, Elders in the family, Doctors, Nurses and Self-aware
	88.0	5.0	7.0	100.0	
Vijayawada	7	66	27	100	
	7.0	66.0	27.0	100.0	
Total	95	71	34	200	
	47.5	35.5	17.0	100.0	

Source: Field Study, 2019

All the sample households said that DBRC conducted awareness camps in their settlements and worksites about the need to practice safety measures at workplaces. They also learned about safety measures from their parents, elders, doctors, and nurses (Table 3.13).

3.5 Health Problem among Waste Pickers Household Members in the last 12 months

A total of 76 members of the sample households reported that they were ill in the last twelve months. 55.3 percent of men and 44.7 percent of women said that they suffered from one or the other illness in the last 12 months (Table 3.14).

Table 3. 14: Health Problems among Waste Picker Household Members in the last 12 months

Area	Health Problems	Gender		
		Male	Female	Total
Guntur	22	11	11	22
		50.0	50.0	100.0
Vijayawada	54	31	23	54
		57.4	42.6	100.0
Total	76	42	34	76
		55.3	44.7	100.0

Source: Field Study, 2019

3.5.1 Type of Health Problems

Out of the male population with ill health, 66.7 percent suffered from seasonal epidemics like viral fever, malaria, typhoid, cough, and cold, against 61.8 percent of women. About 31 percent were suffering from chronic diseases like kidney-related problems, diabetes, and lung infections, while 35.3 percent of women were suffering from similar diseases. Also, 2.3 percent of men and 2.9 percent of women had met with accidents on their way back home from work. Most of them (51.3%) preferred to visit RMP (Recognised Medical Practitioners) for medical treatment as they felt that it was more affordable for them. However, 35.5 percent went to private hospitals, and 13.2 percent relied on Government hospitals. The majority preferred to approach RMP as they were familiar with the local practitioner. Waste picker household members did not prefer visiting government hospitals as they felt that they get discriminated against there and also had an opinion that treatment in government hospitals was of poor quality (Table 3.15).

Table 3. 15: Type of Health Problems

Area	Male			Female			Place of treatment			Expenditure	Average
	Accident	Chronic	Seasonal	Accident	Chronic	Seasonal	Govt. Hosp.	Pvt. Hosp.	RMP		
GNT	1	4	6	1	3	7	5	3	14	54350	2470.5
	9.1	36.4	54.5	9.1	27.3	63.6	22.7	13.6	63.6		
VJA	0	9	22	0	9	14	5	24	25	250500	4638.9
	0.0	29.0	71.0	0.0	39.1	60.9	9.3	44.4	46.3		
Total	1	13	28	1	12	21	10	27	39	304850	4011.2
	2.3	31.0	66.7	2.9	35.3	61.8	13.2	35.5	51.3		

Source: Field Study, 2019

** GNT = Guntur and VJA= Vijayawada

3.5.2 Deaths in the Households during Last 12 Months

During the last 12 months, four deaths were reported from the 200 households, caused either by old age and heart related problems (Table 3.16).

Table 3. 16: Deaths in the Households during Last 12 Months

Area	Deaths in the Households			Reasons				
	Yes	No	Total	Aged (Father-in-law)	Heart problem (Elder son)	Health Problem (Father)	Health Problem (Husband Expired)	Total
GNT	0	100	100	0	0	0	0	0
	0.0	100.0	100.0	0.0	0.0	0.0	0.0	0.0
VJA	4	96	100	1	1	1	1	4
	4.0	96.0	100.0	25.0	25.0	25.0	25.0	100.0
Total	4	196	200	1	1	1	1	4
	2.0	98.0	100.0	25.0	25.0	25.0	25.0	100.0

Source: Field Study, 2019

** GNT = Guntur and VJA= Vijayawada

3.5.3 Diagnosed with Deficiencies

The study focused on the health status among waste picker household members, and found that they were suffering mainly from the below-listed deficiencies:

1. Anaemia
2. Iron deficiency
3. Vitamin deficiency.

Out of the 200 households, 20 percent were diagnosed either with malnutrition issues, irregular timing of food intake and other health related problems while 80 percent reported to be healthy. Among 40 people diagnosed with a health deficiency, 45 percent had anaemia. Another 42.5 percent were anaemic, 7.5 percent had a vitamin deficiency and anaemia, and 5 percent had iron deficiency (Table 3.17).

Table 3. 17: Household Members Suffering from Iron/Anaemic and Vitamin Deficiencies

Area	Diagnosed with Deficiency			Type of Deficiency				
	Yes	No	Total	Anaemia	Iron	Vitamin & Anaemia	Anaemia & Iron	Total
GNT	17	83	100	13	0	0	4	17
	17.0	83.0	100.0	76.5	0.0	0.0	23.5	100.0
VJA	23	77	100	4	2	3	14	23
	23.0	77.0	100.0	17.4	8.7	13.0	60.9	100.0
Total	40	160	200	17	2	3	18	40
	20.0	80.0	100.0	42.5	5.0	7.5	45.0	100.0

Source: Field Study, 2019

** GNT = Guntur and VJA= Vijayawada

Case Study

Annapurna, A Widow in Krishna Lanka, Vijayawada

Annapurna was a widowed waste picker from Krishna Lanka, Vijayawada. Despite having a house allotted by the government in the Vambay colony and a pension from the government, she preferred to live in a tent in Krishna Lanka, as she thinks that she can earn more living with her children in a pucca house. She was around 45 years old and suffered from severe menstrual health problems like heavy bleeding, irregular periods, and severe stomach pain, often forcing her to spend the first days of her menstruation at home.

For the last two years, Annapurna has been experiencing severe pain, which she equates to the labour borne by pregnant women. A couple of years ago, when she visited a private hospital, she was charged an amount of Rs. 5,000 for check-ups, tests, and medicines. As she was not able to bear heavy medical bills every month, she discontinued visiting the private hospital. Subsequently, she was diagnosed with fibroid; she looked weak even on non-menstruating days and also was suffering from frequent urination problems. Her weak limbs did not support her as she climbed down the steps in Krishna Lanka to reach the open defecation spot beside the riverbed. Though she suffered from several health issues, she was reluctant to visit hospitals, fearing high medical bills.

3.6 Menstrual Hygiene Practices among Waste Picker Women

Access to safe and dignified menstruation is considered as a fundamental need for women and girls across the globe. UNICEF envisions a world where every girl can learn, play, and safeguard her health without experiencing stress, shame, or unnecessary barriers to information or supplies during the menstruation period. Meeting the hygiene needs of all adolescent girls and women in all settings empowers human rights, dignity, and public health (UNICEF, 2019).

Out of the 154 menstruating women among the sample households, 72.7 percent responded that their mothers taught them menstrual practices, and 26.6 percent said their elders taught them about menstrual health practices. 0.6 percent credited their sisters for informing them about healthy menstrual practices. Regarding hygiene practices during menstruation, 75.3 percent used clothes and re-used after washing them. Only 13.6 percent had access to healthy food at regular intervals, and 7.1 percent said that they bathed twice a day during the menstruation period. However, 3.9 percent said that they often take complete rest and had to frequently change clothes/napkins due to heavy bleeding (Table 3.18).

Table 3. 18: Menstrual Hygiene Practices among Adolescent Girls & Women

Area	Awareness on Menstrual Hygiene Practices	Source of Awareness			Knowledge on Hygiene & Healthy Practices			
	Yes	Elders	Mother	Sister	should bath twice a day	should Use Washed cloth	should take food in time	should take rest if bleeding is excessive & change clothes/napkins frequently
GNT	83	36	47	0	11	60	12	0
	100.0	43.4	56.6	0.0	13.3	72.3	14.5	0.0
VJA	71	5	65	1	0	56	9	6
	100.0	7.0	91.5	1.4	0.0	78.9	12.7	8.5
Total	154	41	112	1	11	116	21	6
	100.0	26.6	72.7	0.6	7.1	75.3	13.6	3.9

Source: Field Study, 2019

** GNT = Guntur and VJA= Vijayawada

3.6.1 Household Restrictions on Women during Menstrual Periods

Most of the women and adolescent girls (96.8%) said that they did not face any restrictions at home during the menstruation period. A few members noted that they experienced restrictions such as not allowing them to touch any household belongings, forced to stay outside the houses and sleep on the floor during the menstruation period (Table 3.19).

Table 3. 19: Restrictions on Women/Girls during Menstrual Periods

Area	Restrictions			Type of Restrictions			
	Yes	No	Total	Should not enter in to house	Should not touch any belongings	Should sleep outside house	Allowed to sleep on floor
GNT	4	79	83	1	1	1	1
	4.8	95.2	100.0	25.0	25.0	25.0	25.0
VJA	1	70	71	1	0	0	0
	1.4	98.6	100.0	100.0	0.0	0.0	0.0
Total	5	149	154	2	1	1	1
	3.2	96.8	100.0	40.0	20.0	20.0	20.0

Source: Field Study, 2019

** GNT = Guntur and VJA= Vijayawada

Table 3.20: Hygiene Practices during Menstrual Periods

Area	Type of Material Used		
	Cloth	Napkin	Total
Guntur	60	23	83
	72.3	27.7	100.0
Vijayawada	65	6	71
	91.5	8.5	100.0
Total	125	29	154
	81.2	18.8	100.0

Source: Field Study, 2019

Out of the total 154 menstruating women/girls in the sample households, 81.2 percent said they were comfortable using clothes, and 18.8 percent mentioned that they were comfortable using sanitary napkins during menstruation period (Table 3.20).

3.7 Place of Child Births

The Government of India focused on increasing institutional deliveries over time, and the hospital birth rates increased more than 80 per cent, reducing maternal and neonatal mortality rates (Jain, 2019). Out of the 200 sample households, 74 percent of households approached government and private hospitals to avoid delivery risks and to ensure the safety of the mother and the baby. However, 26 percent still preferred the traditional method of delivering babies at home involving an elderly midwife or sought help of local RMP (Registered Medical Practitioner) (Table 3.21). Data shows that 69 percent of the households reported approaching government hospitals while only 5 percent preferred private hospitals to deliver babies.

Table 3. 21: Place of Child Births

Area	Home	Govt. Hospital	Pvt. Hospital	Total
Guntur	41	52	7	100
	41.0	52.0	7.0	100.0
Vijayawada	11	86	3	100
	11.0	86.0	3.0	100.0
Total	52	138	10	200
	26.0	69.0	5.0	100.0

Source: Field Study, 2019

3.8 Childhood Nutrition and Growth

Growth is the fundamental physiologic process that characterises childhood. Secular trends in growth patterns are indicators of children's health on a population level. Anthropometry is an invaluable tool in the hands of a paediatrician to monitor growth. Growth charts are valuable tools in the assessment of childhood nutrition and growth. The Indian Academy of Pediatrics (IAP) recommended IAP 2015 Growth charts for monitoring Indian children between the ages of 5 to 18 years and recommended simplified WHO growth charts for monitoring of children under five years.

The study recorded body measurements of boys and girls between 0.1 to 17 years of age. The data on the growth of boys between 0.1-17 years showed that, considering the average height, 97 boys were under growth stage, except boys between 13 and 15 years. The average weight of boys suggested that all boys were in normal growth stage except for a child of 1.5 years, who was underweight (Table 3.22).

Table 3. 22: Assessment of Childhood Nutrition and Growth – Boys

Age in years	Boys age between 0.1 to 17 years					
	Number	Average height in cms	Average of height in fts	WHO & IAP reference - height	Average of weight in kgs	WHO & IAP reference – kgs
>1	4	35.05	1.15	46 to 72	4.8	2.5 to 10
1	3	68.34	2.2	71 to 80	9.3	7.5 to 12
1.5	1	45.72	1.5	77 to 87	7.0	8.5 to 13.5
2	7	53.56	1.8	82 to 94	11.0	9.5 to 15
3	7	75.72	2.5	89 to 103	12.0	11.5 to 16.5
4	4	84.58	2.8	95.5 to 111	14.8	12.5 to 21
5	7	93.62	3.1	100 to 118.5	18.0	13.5 to 24.5
6	6	102.65	3.4	104 to 126	20.7	14.5 to 28
7	4	104.97	3.4	109 to 132.5	17.5	16 to 33.5
8	6	100.61	3.3	114 to 139	25.3	17.5 to 39.5
9	9	117.52	3.9	119 to 145.5	25.6	19 to 45.5
10	8	118.49	3.9	123.5 to 151.5	28.1	21 to 51.5
11	4	110.49	3.6	128 to 157	32.3	22.5 to 58
12	7	111.82	3.7	133 to 163.5	28.6	25 to 66
13	4	138.56	4.5	138 to 170	37.8	27.5 to 72
14	4	131.83	4.3	143 to 175.5	37.0	30.5 to 78
15	6	135.64	4.5	148 to 179.5	36.2	34.5 to 83
16	4	151.64	5.0	152 to 183	48.8	36.7 to 86
17	2	153.92	5.1	155 to 184.5	42.5	41 to 87.5
Total	97	-	-	-	-	-

Source: Field Study, 2019

Table 3. 23: Assessment of Childhood Nutrition and Growth – Girls

Age in years	Girls age between 0.1 to 17 Years					
	Number	Average of height in Cms	Average of height in Fts	WHO & IAP reference – height	Average of weight in Kgs	WHO & IAP reference - Kgs
>1	2	35.05	1.15	46 to 53	6.5	2.3 to 9.5
1	2	65.53	2.2	61 to 70	7.5	7 to 11.5
1.5	1	60.96	2.0	75 to 86	10.0	8 to 13
2	6	64.01	2.1	80 to 92.5	12.5	9 to 14.5
3	5	84.24	2.8	85.5 to 102	11.0	11 to 17.5
4	7	86.37	2.8	95 to 111	12.5	12.5 to 21
5	8	101.72	3.3	97.5 to 118	16.6	13 to 25
6	8	100.02	3.3	102 to 125.5	18.9	13.8 to 29
7	14	101.52	3.3	107 to 132	19.9	15 to 33
8	8	122.27	4.0	112.5 to 138	24.0	16.5 to 38
9	10	115.03	3.8	117.5 to 144.5	24.2	18.2 to 43
10	7	124.07	4.1	123.5 to 151	29.3	20.8 to 49
11	6	109.34	3.6	129 to 157	27.3	23 to 56
12	11	126.07	4.1	134 to 162	31.7	26 to 62
13	12	121.57	4.0	138 to 166	34.8	28.5 to 67
14	2	123.60	4.1	141 to 168	33.0	31.2 to 70.5
15	5	142.93	4.7	143.5 to 169.5	38.8	33 to 72
16	1	155.45	5.1	144.5 to 170	61.0	34.8 to 72.5
17	5	140.82	4.6	146 to 170.5	49.8	36 to 73
Total	120	-	-	-	-	-

Source: Field Study, 2019

The data on the nutrition and growth of girls belonging to 0.1-17 years of the sample households showed that out of 120 girls, 110 (91.6 %) were undergrowth as per the standards of WHO health chart. It was found that 10 girls (8.4 %) aged 1, 10 and 16 years old were average in growth. The average weight measurement showed that the girls of all age groups were in normal growth (Table 3.23).

The measurements showed the growth of both boys and girls, the average height was recorded under growth, and the average weight was recorded normal in growth.

3.8.1 Child Poverty

Clean air, a safe and secure environment and outlets for physical activities are essential for the development of children. Infants or children exposed to pollutants and chemicals from their food and surroundings and less access to outdoor physical activities are prone to non-communicable diseases and infectious diseases (pneumonia and diarrhoea) and delays in cognitive development affecting their social, emotional and physical abilities.

The children of the sample waste picker households regularly get exposed to unhygienic and hazardous environments. They often fell sick and were deprived of proper childcare. The children were victims of the discrimination meted against the waste pickers and generally grow up without any aspirations. A significant proportion of the children suffered from malnutrition.

- 80.5% of the sample households did not have access to ICDS services.
- Most of the children accompanied their parents to dump yards for waste collection. Data shows that children contributed a significant share to their household income.
- The school dropout rate was very high in both the study areas (Guntur and Vijayawada) due to lack of care and support from their parents. Data shows that about 5 percent of waste picker children never got enrolled in schools as there were no schools near their settlements.
- Non-availability of clean drinking water, contaminated food, unclean surroundings, and polluted air badly affected the children's health.
- Children lived in contaminated surroundings with hazardous elements and never had access to a safe environment.

3.9 Details of Married Adolescents

The main purpose of this section is to understand the age of marriage of adolescent girls and boys who are married and the reasons for early marriages. Among the 200 sample households, 58 percent of girl children and 42 percent of boy children are married (Table 3.24).

Table 3. 24: Details of Married Children

Area	No. of HI's having married children	Male	Female	Total
Guntur	18	11	10	21
		52.4	47.6	100.0
Vijayawada	27	20	33	53
		37.7	62.3	100.0
Total	45	31	43	74
		41.9	58.1	100.0

Source: Field Study, 2019

Out of 31 boys, 19 are married. About 21.1 percent say that the prevalence of child marriage in their community is primarily due to family problems. Another 36.8 percent opted for child marriage out of romantic relationships. Meanwhile, 42.1 percent were forced into child marriages arranged by their parents in the name of caste restrictions and customs (Table 3.25).

Table 3. 25: Details of Married Male Children

Area	Age of Marriage - Boys					Reasons for Early Marriages			
	11 to 15	16 to 18	19 to 20	21 and Above	Total	Family Problems	Love Marriage	Parents prompted as Caste restriction	Total
GNT	0	2	5	4	11	1	3	3	7
	0.0	18.2	45.5	36.4	100.0	14.3	42.9	42.9	100.0
VJA	1	7	4	8	20	3	4	5	12
	5.0	35.0	20.0	40.0	100.0	25.0	33.3	41.7	100.0
Total	1	9	9	12	31	4	7	8	19
	3.2	29.0	29.0	38.7	100.0	21.1	36.8	42.1	100.0

Source: Field Study, 2019

** GNT = Guntur and VJA= Vijayawada

Among the 43 girl children, 16 were married early, while 13 got married after reaching the legal age. Another 20 percent opted for child marriage out of romantic relationships. A few (6.7%) think the lack of awareness led their parents to arrange for child marriages. The majority (53.3 percent) say it is their parents' belief in caste restrictions and principles that prompted them to arrange for an early marriage. Meanwhile, 20 percent settled for child marriage due to family problems (Table 3.26).

Table 3. 26: Details of Married Female Children

Area	Married Girl Child				Reasons for Early Marriages				
	11 to 15	16 to 18	19 Yrs. and Above	Total	Due to lack of awareness	Family Problems	Love Marriage	Parents prompted as Caste restriction	Total
GNT	3	3	4	10	0	0	3	3	6
	30.0	30.0	40.0	100.0	0.0	0.0	50.0	50.0	100.0
VJA	12	12	9	33	2	6	3	13	24
	36.4	36.4	27.3	100.0	8.3	25.0	12.5	54.2	100.0
Total	15	15	13	43	2	6	6	16	30
	34.9	34.9	30.2	100.0	6.7	20.0	20.0	53.3	100.0

Source: Field Study, 2019

GNT = Guntur and VJA= Vijayawada

Case Study

The troublesome life of a woman waste picker in Vambay colony, Vijayawada

Laxmi is a 21-year-old woman waste picker from the Vombay colony, Vijayawada. She also works as a housemaid. She got married at the age of 16 and gave birth to a girl (3 years old) and a boy (2 years old). She lives with her husband and her in-laws. Her husband is a rickshaw puller. He is an alcoholic and suffers from kidney stones.

Family in a debt trap:

Her sister-in-law complains about her brother and father, who are alcoholics. They thrash and beat the women at home regularly. Laxmi's mother-in-law, a waste picker, cannot earn much these days due to her age. Therefore, her sister-in-law also became a housemaid to support the family with household needs.

A year ago, they took a loan of Rs. 8 lakh to construct a house and gave it to a contractor without any written proof. The contractor went missing without finishing the construction. They owe the moneylender Rs 26,000 plus accumulated interest for the loan. Since her husband suffers from kidney stones, he cannot work every day, and her father-in-law does not contribute to household expenses. Both of them are alcoholics and spend most of their earnings on alcohol. Her husband is reluctant to go to medical check-ups, saying that it would add to the burden of debt to be paid. She says that her in-laws even attempted suicide by drinking sanitizer as they became hopeless and worried about the debt and health issues. It is Sunita and her sister-in-law who run the house by working as housemaids and waste pickers.

The out-of-pocket burden for health expenses:

Although she had completed the 10th grade, soon after her marriage she began collecting waste along with her mother-in-law. During her second pregnancy, she fell into a coma for five days, and her baby drank amniotic fluid before birth and had to stay on a ventilator for a few days. Though she was treated in a government hospital during her pregnancy, they demanded one lakh rupees for the treatment. She feared that if she got vaccinated against COVID, she would have to take two days' leave, which would prevent her from going to work. Therefore, she decided not to get vaccinated against COVID-19.

Laxmi's sister-in-law mentioned that they are planning to move into a tent and sell the house to clear the debt. She complained that she often faces eve-teasing, inappropriate behaviour, and verbal abuse by men while collecting waste on roads. They fear telling this to their family members, as the men will suspect the women's morale and chastity. Moreover, they are scared to approach the police for help.

Continued on » Page 45

Laxmi continues, “In our community, girls get married at an early age, and we are not interested in providing them with education and employment. We get married to the man chosen by our family. Even if the marriage does not work well, the women do not get support from their parents. My family decided to marry me off at the age of 16 because my alcoholic father did not mind the household expenses, and my mother was in poor health after surgery. To my fate, my husband is also a drunkard, and I have to support the family and my children by working as a waste picker and housemaid. All the dreams I had about my future have now turned into disturbing nightmares.”

3.10 Access and Utilisation of Institutional Services

Only 28.5 percent of the households use ANM services like vaccination and medicines for seasonal epidemics; the rest, 71.5 percent, have not used the service. Meanwhile, 57.3 percent of households said the ANM never visits their homes. However, 5.6 percent responded that the ANM visits the homes of pregnant women and children. Surprisingly, 33.6 percent do not think, or are not sure; they are not listed in any government welfare schemes. Further, 3.5 percent are not interested in the ANM due to poor services (Table 3.27).

Table 3. 27: Utilisation of ANM Services

Area	Utilising ANM Services			Services			Reasons for not utilising ANM Services				
	Yes	No	Total	Received medicines for seasonal diseases	Vaccines for kids & Medicines	Total	ANM visits only few houses	ANM will not visit their house	Not interested	not in government recognized list	Total
GNT	35	65	100	13	22	35	0	65	0	0	65
	35.0	65.0	100.0	37.1	62.9	100.0	0.0	100.0	0.0	0.0	100.0
VJA	22	78	100	16	6	22	8	17	5	48	78
	22.0	78.0	100.0	72.7	27.3	100.0	10.3	21.8	6.4	61.5	100.0
Total	57	143	200	29	28	57	8	81	5	48	143
	28.5	71.5	100.0	50.9	49.1	100.0	5.6	57.3	3.5	33.6	100.0

Source: Field Study, 2019

GNT = Guntur and VJA= Vijayawada

Table 3. 28: ICDS Services

Area	Availed ICDS Services		For Children		Lactating Mother		Pregnant Women	
	Yes	No	Yes	No	Yes	No	Yes	No
Guntur	19	81	13	6	10	9	1	18
	19.0	81.0	68.4	31.6	52.6	47.4	5.3	94.7
Vijayawada	20	80	20	0	4	0	0	0
	20.0	80.0	100.0	0.0	100.0	0.0	0.0	0.0
Total	39	161	33	6	14	9	1	18
	19.5	80.5	84.6	15.4	60.9	39.1	5.3	94.7

Source: Field Study, 2019

Among 200 sample households, 80.5 percent said that they do not avail themselves of any services from ICDS because they do not have access to these centres because they are living in unrecognised settlements. However, 19.5% have reported using ICDS services. (Table 3.28).

Table 3. 29: Access & Utilisation of Social Security Schemes

Social Security Schemes	Guntur			Vijayawada			Total members received services	Total members not Yet received services	Reasons
	Yes	No	NA	Yes	No	NA			
Old Age Pensions	5	10	85	2	0	98	7	10	Age entered wrong in Aadhar; applied but yet to receive; No Aadhar card to apply
	5.0	10.0	85.0	2.0	0.0	98.0	41.2	58.8	
Widow Pensions	23	15	62	13	1	86	36	16	Applied but yet to receive, No Aadhar card to apply
	23.0	15.0	62.0	13.0	1.0	86.0	69.2	30.8	
Aarogya sri	50	50	0	37	63	0	87	113	Applied but yet to receive & don't know how to apply
	50.0	50.0	0.0	37.0	63.0	0.0	43.5	56.5	
YSR Bhima	35	65	0	41	59	0	76	124	Don't know how to apply
	35.0	65.0	0.0	41.0	59.0	0.0	38.0	62.0	
Ration Card	63	37	0	85	15	0	148	52	Applied but yet to receive & don't know how to apply
	63.0	37.0	0.0	85.0	15.0	0.0	74.0	26.0	
Aadhar	91	9	0	97	3	0	188	12	Don't know how to apply
	91.0	9.0	0.0	97.0	3.0	0.0	94.0	6.0	
Voter ID	55	45	0	52	48	0	107	93	Applied but yet to receive & don't know how to apply
	55.0	45.0	0.0	52.0	48.0	0.0	53.5	46.5	

Among the 200 sample households, 17 members are eligible for the OAP (Old Age Pension), while only 7 members benefit. The rest of the eligible members are still waiting, but their pleas are unheard, citing several

reasons, like the wrong age on their Aadhar cards or not possessing an Aadhar card to apply. There are 52 widows eligible for the widow pension, and only 69% of them are receiving it. The rest, 31%, are denied pensions as they also do not have Aadhar cards.

Among the 200 households, 43.5 percent are entitled to Aarogyasri, and the remaining are yet to receive it. Also, 38 percent are covered under YSRBhima, while 62 percent are not aware of the scheme. The majority (74%) are ration card holders, and 26 percent have not received one yet. Almost every household (94%) possesses Aadhar cards; only 6 percent are yet to receive them. Regarding the possession of a voter ID, 53 percent are entitled to one, while 46.5% do not possess one. The main reason for not being entitled to necessary identification cards is a lack of awareness about such entitlements and the application procedure (Table 3.29).

3.11 Household Membership in Social Security Groups

Only 18 percent of households have membership in DWCRA groups and are not in SHGs. When asked about the reason for not joining the SHGs, 26.8 percent said it was due to existing quarrels with other members of the SHG. Meanwhile, 19.5 percent complained of financial mismanagement in the group as their reason for not joining SHGs. However, 13.4 percent are not interested in joining these groups (Table 3.30).

Table 3.30: Membership in DWCRA / Waste Pickers Association

Area	DWCRA		Reasons for not joining DWCRA				WP Association Membership		Reasons for not joining WPA	
	Yes	No	internal corrals	Money matters	No one come forward	Not interested	Yes	No	Money matters	Not Aware
GNT	5	95	44	15	14	22	2	98	20	78
	5.0	95.0	46.3	15.8	14.7	23.2	2.0	98.0	20.4	79.6
VJA	31	69	0	17	52		0	100	0	100
	31.0	69.0	0.0	24.6	75.4	0.0	0.0	100.0	0.0	100.0
Total	36	164	44	32	66	22	2	198	20	178
	18.0	82.0	26.8	19.5	40.2	13.4	1.0	99.0	10.1	89.9

Source: Field Study, 2019

GNT = Guntur and VJA= Vijayawada

About 99 percent of the households are not members of the Waste Pickers Association (WPA). Most of them are unaware of such an association, and not all can afford the membership fee (Table 3.30).

Table 3. 31: Household Borrowings

Source	Guntur		Vijayawada		Total HH's	Reasons for Loan	Total Loan Amount (Rs.)	Average (Rs.)
	Yes	No	Yes	No				
Coop-erative Bank	0	100	3	97	3	Household Exp. & Health	710370	236790
	0.0	100.0	3.0	97.0	1.5			
DWCRA	6	94	17	83	23	Education, Health, Household Exp. & Marriage, Others	947000	41173.91
	6.0	94.0	17.0	83.0	11.5			
Money Lender	47	53	40	60	87	Education, Health, Household Exp.& Marriage, Others	728500	8373.563
	47.0	53.0	40.0	60.0	43.5			
Mer-chants	6	94	29	71	35	Health, Household Exp. & Marriage	728500	20814.29
	6.0	94.0	29.0	71.0	17.5			
Relatives	0	100	5	95	5	Household Need & Marriage	150000	30000
	0.0	100.0	5.0	95.0	2.5			
Others	14	86	4	96	18	Household Exp.& Health	484000	26888.89
	14.0	86.0	4.0	96.0	9.0			
Total HH's	62	38	87	13	149	-	3748370	25156.85
	62.0	38.0	87.0	13.0	74.5			

About 149 (74%) out of 200 households have taken loans from institutional and informal credit sources. Around 43.5 percent of households are dependent on money lenders, 17.5 percent borrow from merchants, 11.5 percent take credit from the DWCRA fund, and 9 percent get credit from other sources. Only 1.5 percent of borrowers avail themselves of loans from institutional credit sources, mostly cooperative banks. The total outstanding amount is Rs 37, 48,370, with an average of Rs 25,156.85 per household. It is observed that households mostly take out loans or borrow money for household expenditures, medical cases, and marriage rituals (Table 3.31).

3.12 Tobacco and Alcohol Consumption

Data shows that 84.5 percent of households consume tobacco, while 15.5 percent do not. Among those who consume tobacco, 50.3 percent smoke and chew tobacco for about 11 to 20 years, 27.2 percent for 6 to 10 years, 14.2 percent for 1 to 5 years, and 8.3 percent for 21 to 35 years and above (Table 3.32).

Table 3. 32: Tobacco Consumption

Area	Yes	No	Total	No. of years addicted				
				11 to 20	1 to 5	6 to 10	21 and above	Total
Guntur	88	12	100	45	9	4	30	88
	88.0	12.0	100.0	51.1	10.2	4.5	34.1	100.0
Vijayawada	81	19	100	40	15	10	16	81
	81.0	19.0	100.0	49.4	18.5	12.3	19.8	100.0
Total	169	31	200	85	24	14	46	169
	84.5	15.5	100.0	50.3	14.2	8.3	27.2	100.0

About 67 percent of households consume alcohol, and 33 percent do not. Among the 134 households that consume alcohol, 63.4 percent are daily consumers, 14.9 percent consume it every other day, 11.9 percent consume it once a week, and 9.5 percent are occasional drinkers.

Table 3. 33: Alcohol Consumption

Area	Alcohol Consumption									
	Yes	No	Frequency				Addicted for			
			daily	alterna- tive day	weekly once	occa- sional	1 to 5	6 to 10	11 to 20	21 to 35 and above
GNT	66	34	40	10	10	6	6	9	25	26
	66.0	34.0	60.6	15.2	15.2	9.1	9.1	13.6	37.9	39.4
VJA	68	32	45	10	6	7	10	15	13	30
	68.0	32.0	66.2	14.7	8.8	10.3	14.7	22.1	19.1	44.1
Total	134	66	85	20	16	13	16	24	38	56
	67.0	33.0	63.4	14.9	11.9	9.7	11.9	17.9	28.4	41.8

Among those addicted to alcohol, 41.8 percent consume it from 21 to 35 years old, 28.4 percent from 11 to 20 years old, 17.9 percent from 6 to 10 years old, and 11.9 percent from 1 to 5 years old (Table 3.33).

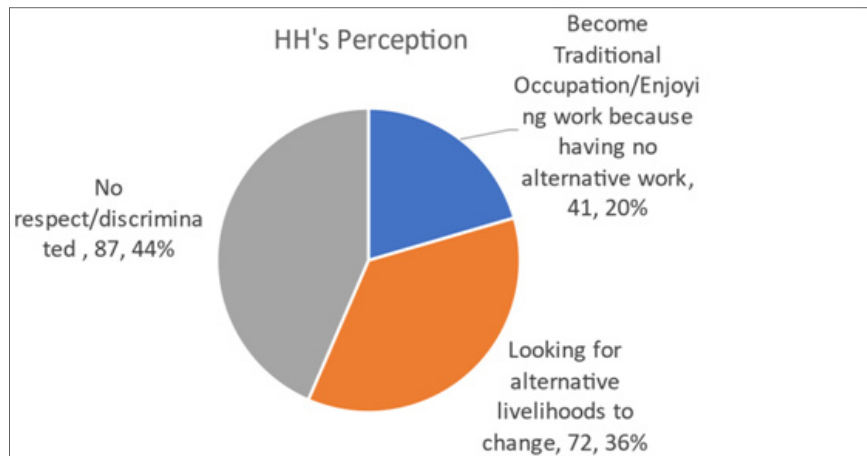
3.13 Psycho-social Wellbeing

The study has revealed the psycho-social well-being of the waste pickers and their perceptions towards the occupation, social security, a healthy household environment, etc.

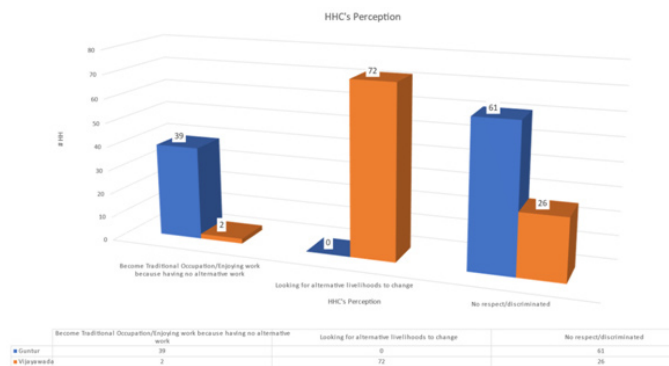
The perceptions of waste pickers about their occupation are explained in Table 3.29, which shows that out of 200 households, 43.5 percent expressed that they don't get respect in society due to their profession and that they are totally isolated, followed by 36 percent of households who expressed that they were looking for alternative livelihoods to retain their self-respect, and 20.5 percent of households who expressed that waste picking has become their traditional occupation and that they are continuing it as they don't have the skills to take up alternative livelihoods.

Table 3. 34: Households' Perceptions of their Occupation

Area	Traditional Occupation/ Enjoying work because have no alternative work	Looking for alternative livelihoods	No respect / discriminated	Total
Guntur	39	0	61	100
	39.0	0.0	61.0	100.0
Vijayawada	2	72	26	100
	2.0	72.0	26.0	100.0
Total	41	72	87	200
	20.5	36	43.5	100



Graph 3. 9: Households' Perceptions



Graph 3. 10: Households' Perceptions

Table 3. 35: Household Happiness

Area	Household Happiness		Reasons for not being happy		
	Yes	No	Debts & health problems	Discrimination	Living in pathetic & have no basic amenities & unemployment
Guntur	32	68	1	1	66
	32.0	68.0	1.5	1.5	97.1
Vijayawada	1	99	23	39	37
	1.0	99.0	23.2	39.4	37.4
Total	33	167	24	40	103
	16.5	83.5	14.4	24.0	61.7

The majority (83.5%) said they were not satisfied or happy with their living conditions. However, 16.5 percent said they are content with their present living situation. Most of them (62%) say they live in pathetic conditions and do not have access to basic amenities, along with difficulties finding employment. Meanwhile, 24 percent of the population experiences discrimination in society. Also, 14.4 percent suffer from several health problems and have drawn on debt for medical needs (Table 3.35).

Table 3. 36: Disappointment with Living Conditions

Area	Disappointment			Reasons		
	Yes	No	Total	Living in hardship	No one helps	Isolated and discriminated by the society
Guntur	22	78	100	0	16	6
	22.0	78.0	100.0	0.0	72.7	27.3
Vijayawada	97	3	100	21	76	0
	97.0	3.0	100.0	21.6	78.4	0.0
Total	119	81	200	21	92	6
	59.5	40.5	100	17.6	77.3	5.0

Most of the households (59.5%) are disappointed with their living conditions. The majority (77.3%) say they feel vulnerable, and 18 percent say they live under extreme hardships and poverty. Another 5 percent are disappointed by the way they are treated in society and feel marginalised.

3.13.1 Household Social Security

The majority of households (83%) said they feel vulnerable and marginalised in society; however, only 17 percent feel secure enough in society. Among the sample households, a significant share of households in the Vijayawada Municipal area expressed insecurity compared to Guntur.

Table 3. 37: Household Social Security

Area	Social Security		Reasons for Exclusion	
	Yes	No	Forced to vacate habitations	Isolated and ill-treated by society
Guntur	33	67	1	66
	33.0	67.0	1.5	98.5
Vijayawada	1	99	51	48
	1.0	99.0	51.5	48.5
Total	34	166	52	114
	17.0	83.0	31.3	68.7

Table 3. 38: Household Expectations of Basic Amenities

Household expectations of basic amenities	Guntur		Vijayawada	
	Household	Community	Household	Community
Drinking Water	Yes	Yes	Yes	Yes
Electricity	Yes	Yes	Yes	Yes
Toilets	Yes	Yes	Yes	Yes
Roads	Yes	Yes	Yes	Yes
Drainage	Yes	Yes	Yes	Yes
ICDS	Yes	Yes	Yes	Yes
School	Yes	Yes	Yes	Yes
Community Centre	Yes	Yes	Yes	Yes

All the sample households expressed their need for basic amenities like drinking water, electricity, toilets (public and household), road accessibility, drainage connectivity for every household, and access to ICDS services. They also expressed the need for a community centre and a school for their children near their settlements. (Table 3.38).

3.14 Development and Inclusive Policies

There are currently no specific government schemes addressing the welfare of waste picker communities, though there are other schemes such as Arogyasri, pensions, YSRBheema, and so on. The local body governments should be entrusted with the priority of ensuring the rights and entitlements of the waste pickers and helping them move into the mainstream and live with self-respect. It is observed that most waste pickers are illiterate and suffer from ill health. Due to abject poverty and a lack of parental attention, their children are malnourished and underweight for their age.

The government of Andhra Pradesh is committed to providing supplementary nutrition to pregnant and lactating women and children between 7 and 72 months old through YSR Sampoorna Poshana Plus in tribal areas. It is needed that the government consider focusing on improving the YSR Sampoorna Poshana Plus

and introducing new schemes among the waste picker communities, as they represent the vulnerable and marginalised in society. Such interference could improve nutritional status and health, promoting welfare and self-respect among the waste pickers.

3.15 Conclusion

Waste pickers have been deprived of their rights and entitlements. They have lived in extreme poverty without access to basic amenities for many decades. The chapter has discussed occupational problems and coping mechanisms; food security; occupational health risks and nutritional status; access to services and basic amenities; etc. It has been revealed that waste pickers feel excluded from society and that no one wants to talk to them. Due to an irregular diet, women are diagnosed with vitamin and iron deficiencies. The study revealed that children and women are in more vulnerable conditions; therefore, the local government should focus on and implement special drives for their welfare, which is very essential to them.



Chapter 4

Findings and Recommendations



4.1 Findings

The study was conducted among 200 sample households from waste picker settlements in Guntur and Vijayawada to shed light on the hygiene and health conditions, livelihoods, nutritional intake, and income sources of the community.

Although waste pickers are often viewed as a neglected population, they make significant contributions to public health, sanitation, and the environment. They perform the majority of ongoing waste collection in many developing countries at no cost to municipalities. Many studies have highlighted that rural-to-urban migration due to unemployment is a common trend for survival. Waste picking is an easily accessible occupation, and people engage in it temporarily due to work scarcity in urban areas. However, it has become a profession for many. It is also noticed that distress migration is a contributing factor to the increase in the waste picker population in urban areas. Some studies have pointed out that waste pickers are scattered in urban areas and live in unidentified and isolated places, which deprives them of basic amenities and excludes them from mainstream society.

- Based on the socio-economic profile of the sample households, it was found that the waste picker population is predominantly made up of Scheduled Tribe (ST) households, accounting for 60.5% of the total
- Most of the waste picker households in Guntur and Vijayawada lack access to basic amenities such as toilets, electricity, and drinking water
- Additionally, the lack of essential resources affects the children of these households the most.”
- As there are no Anganwaadi (ICDS) centres located near their settlements, the children are deprived of government schemes that provide nutritious food for children aged 0 to 5 years. Consequently, the children are often fed on poor diets and found to be underweight. Unhygienic practices also contribute to frequent illness among children.
- Furthermore, many children are brought to waste picking sites to help their parents, exposing them to hazardous elements. They also live in unsafe settlements near dump yards.

Child Malnutrition

In terms of childhood nutrition and growth, the study found that the children in the sample households are malnourished. The study recorded the body measurements of boys and girls aged 0.1 to 17 years. The measurements revealed that both boys and girls have an average height that falls under the category of

undergrowth, while their average weight falls under normal growth. Among boys aged 0.1-17 years, the data on their growth shows that, based on their average height, 97 boys are in the undergrowth stage, except for boys aged 13 and 15 years. On the other hand, the average weight of boys suggests that all boys are in normal growth, except for a child aged 1.5 years who is underweight. Among girls aged 0.1-17 years from the sample households, out of 120 girls, the average height shows undergrowth, except for girls aged 1 and 10 years. However, the average weight measurement shows that girls of all age groups are in normal growth.

Child Marriage

Child marriages are still prevalent among waste picker communities. Reasons for this practice include:

- Family problems
- parental pressure due to non-literacy and lack of awareness
- Caste restrictions, and insecurity.
- Love affairs and elopement are also cited as reasons for early marriages.

Poverty

Poverty can have detrimental effects on children's development. Access to clean air, a safe and secure environment, and opportunities for physical activity are crucial for healthy growth. Infants and children who are exposed to pollutants and chemicals in their food and surroundings, as well as those who have limited access to outdoor physical activities, are more susceptible to non-communicable and infectious diseases like pneumonia and diarrhoea. Additionally, child poverty can cause delays in cognitive development, which can negatively impact their social, emotional, and physical abilities.

- However, the children of the sample waste picker households are exposed to an unhygienic and hazardous environment. They fall ill frequently and are deprived of proper childcare and peer activities. The children fall victim to the discrimination against the waste pickers and grow up without any aspirations for life and well-being, lack of parental care, poor financial situations, and a nutritious diet, a significant proportion of the children suffer from malnutrition. The study has revealed the following main issues:
- The majority (80.5%) of the sampled waste picker households lack access to Integrated Child Development Services (ICDS).
- Many children accompany their parents to dump yards for waste collection, and data shows that they contribute a significant portion (33%) to their household income.
- The dropout rate in schools is high (28.2%) in both study areas, as schools are far from the communities' residences. Children are forced to work with their parents, and issues such as migration and discrimination also affect their education. About 5% of children never enrol in schools due to the absence of schools near their settlements.
- Children's health is negatively affected by the non-availability of clean drinking water, contaminated food, unclean surroundings, and polluted air.
- Children live in hazardous environments with contaminated surroundings and lack access to a safe environment.
- The average annual income per sample household is Rs. 1, 46,148.6/- and the total annual expenditure is

Rs. 1, 44,376.8/-. However, it is observed that the annual income and expenditure of the sample households are nearly equal, indicating that they do not have much surplus money for savings. As for debts, 145 households have debts amounting to Rs. 37, 48,370 with an average of Rs. 25,156.

- The sample households were questioned about the availability of food to evaluate their food security throughout the year. Of the households surveyed, 22.5% (45) stated they had enough food to last for 7-9 months in a year. Sixty-nine households reported having enough food to last for the entire year (10-12 months). Meanwhile, 79 households could only manage for 3-6 months, and 3.5% (7 households) claimed to have enough food for the whole year with an additional surplus for emergencies.

Dietary Habits

- The household diet maintenance shows that most households have access to food twice a day and the majority of them consume non-vegetarian food. It has been observed that all waste pickers from Vijayawada consume fish two or three times a week, while in Guntur, 40 households consume fish two or three times a week, and 58 households consume fish once in a fortnight. However, the waste pickers are not very interested in including fruits in their regular diet. Most of them reported having consumed a fruit only once in a fortnight. This is mainly because of the lack of knowledge about the importance of consuming fruits and financial constraints.
- The FGD revealed that all participants reported irregular food consumption due to their work schedules. They typically begin work early in the morning and do not have time to prepare food at home. As a result, they bring white rice with pickle or chutney to eat at work after completing their tasks.
- The sample households have expressed a need for basic amenities such as access to clean drinking water, electricity, public and household toilets, road connectivity, drainage facilities for each household, and access to ICDS services. They have also expressed a desire for a community centre and a school for their children to be located near their settlements.

Migration

In the study area, there is evidence of migration among the sample households, with 18 households moving to other locations in search of employment opportunities.

Issues at Workplace

The waste pickers in their workplace face various occupational problems, such as being attacked by stray dogs, snake bites, and injuries. Additionally, they encounter the following issues:

- They are ill-treated by the police, who often suspect them whenever a theft occurs in their area.
- They face difficulty in collecting, protecting, and segregating the collected waste.
- They often suffer severe injuries from broken glass and other hazardous elements.
- They find it challenging to access drinking water at the worksite.

- They have to walk miles every day to collect waste from houses, roadsides, and dump yards.
- They are verbally abused by people, especially women who face sexual harassment and verbal abuse by drunken men and some youths.
- Women and children are always under threat from unknown people, goons, drunken men, and Romeo

Occupational Health Risks

The waste pickers face various occupational health risks, with 42.5% of them reporting falling sick to seasonal epidemics and infectious diseases due to their long working hours in dump yards and drainages. About 29% of the households had been infected by Malaria, Typhoid, and lung diseases at least once. Additionally, 18.5% of households are suffering from kidney and breathing troubles, and 9% have skin diseases and allergies. Furthermore, during the last 12 months, four deaths have been reported from the 200 households, caused by old age and heart problems.

Nutritional Status

The study has found that 40 people in the sample are diagnosed with some form of deficiency. Of those, 45 per cent have anaemia and iron deficiency, while another 42.5 percent are anaemic. Additionally, 7.5 per cent have a combination of vitamin deficiency and anaemia, and 5 per cent have iron deficiency.

Healthcare Preferences

The study shows that most people prefer to approach RMPs (Registered Medical Practitioners) for treatment because they are familiar with the doctors. They avoid going to government hospitals due to poor treatment and discrimination they face there.

Menstrual Hygiene

The study focused on menstrual hygiene practices among adolescent girls and women to understand their healthy practices and reduce stress and shame. The data revealed information on hygiene practices during menstruation. All the girls and women from the sample households in the study area were found to be aware of menstrual hygiene practices and safety measures.

Institutional Delivery

According to the study, the majority of households (74%) opt for institutional deliveries by approaching government or private hospitals to minimise delivery risks and ensure the safety of both the mother and baby. However, a significant portion (26%) still prefer traditional delivery methods, which involve the assistance of an elderly midwife (locally known as Dayi) and a Registered Medical Practitioner (RMP) at home.

Tobacco and Alcohol Consumption

The study revealed that a high percentage of men in the sample households consume tobacco and alcohol. Specifically, 84.5% of men reported consuming tobacco, while 67% reported consuming alcohol. This behaviour has adversely affected their health and has also contributed to their poverty.

Psychosocial Wellbeing

- The study has revealed the psychosocial wellbeing of waste pickers, including their perceptions towards their occupation, social security, and household environment.
- Specifically, 43.5 percent of households expressed that they do not receive any respect in society due to their profession, leading to feelings of isolation.
- 36 per cent of households reported seeking alternative livelihoods to maintain their self-respect
- 20.5 percent expressed satisfaction with waste picking as their traditional occupation since they do not have any alternative livelihood opportunities.
- The study has revealed that the majority (83.5%) of the sample households expressed their dissatisfaction or unhappiness with their living conditions. Only 16.5 per cent of the households reported that they are content with their current living situation.
- The majority of households (83%) reported feeling vulnerable and marginalised in society, while 17% expressed feeling secure.
- The waste picker communities currently do not have any specific government schemes addressing their welfare, although there are other schemes such as Arogyasri, pensions, and YSRBheema available.

The local government bodies should prioritise ensuring the rights and entitlements of waste pickers and help them integrate into mainstream society, allowing them to live with self-respect. It has been observed that most waste pickers are illiterate and suffer from poor health. Furthermore, due to abject poverty and lack of parental attention, their children are malnourished and underweight for their age.

The findings from the study could help in addressing the issues faced by waste picker communities and improving their overall wellbeing. It is important for the government to prioritise the needs of these marginalised communities and provide them with appropriate support and resources. By focusing on improving nutrition and healthcare, as well as promoting education and alternative livelihoods, the government can help waste pickers move towards a better future with greater dignity and respect. The findings of the study can be used as a valuable resource for policymakers and organisations working towards the welfare of waste pickers.

4.2 Recommendations

- Provide financial assistance and encourage waste pickers to take up alternative livelihoods such as petty businesses (e.g. vending vegetables, fruits, toys, dry fish, flowers, etc.), handicrafts, waste management, vegetable and fish farming, etc. to improve their socio-economic conditions.
- Take steps to integrate waste pickers into door-to-door collection of solid waste management to provide them with a safe and secure livelihood.

- Extend the SampoornaPoshana scheme to waste pickers residing in urban areas.
- Develop a database of waste pickers in the state and ensure that government welfare schemes reach these communities.
- Conduct awareness drives to sensitise waste picker communities about health, hygiene, sanitation, cleanliness, and low-cost nutrition.
- Ensure that waste pickers are also part of self-help groups to strengthen their unity, capacity, and economic empowerment.
- Initiate a special drive by the health department in coordination with convergence departments to ensure institutional deliveries, vaccination, access to nutrition supplements, and other health-related services.
- Initiate a special drive by the women and child welfare department in coordination with convergence departments to eradicate child marriages among waste pickers.
- The Central and the State government should initiate specific schemes for the welfare and economic advancement of the Waste Pickers so that they live a life with dignity and self-respect.
- The local governments should be held responsible for the health and safety of workers, which requires a holistic approach to planning policies



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Mr. Alladi Deva Kumar



Mr. Deva Kumar Alladi is the founder of the Dalit Bahujan Resource Centre (DBRC). He started this organization in 1992 after he completed Engineering from Chaitanya Bharathi Engineering College, Hyderabad. From then, he led the organization successfully and strengthened the system in the organization. He has headed various projects supported by national, international, and government Agencies. He is presently the Executive Secretary of the Organization.

He has been at the Fore Front of various initiatives aimed at addressing Social Injustices and the Inequalities.

He played an important role in the movement to achieve SC ST Sub Plan Act which is enacted to bridge the gap between the Dalit Adivasis and other communities. He relentlessly works for ensuring effective utilization of the SC ST Sub Plan Budget.

He is the one who came up with the idea of conducting a research study to understand the nutrition status and health risks associated with unrecognised occupations.

Ch. Samuel Anil Kumar



Ch. Samuel Anil Kumar is the Program Manager (Urban Affairs) of DBRC and he is working in this organization since 2012. He has completed his Master of Social Work. He is presently leading a project which focuses on improving the living conditions of the waste pickers in Andhra Pradesh.

He is also the National Convenor for the Alliance of Indian Waste Pickers (AIW) which is a national network of NGOs who are working with Waste Pickers.

He is awarded with a certificate of appreciation from the Guntur district administration for his excellent work during Covid.

About DBRC

Dalit Bahujan Resource Centre was established in 1992 and working for the Socio Economic and Cultural transformation of the Dalit Bahujan Communities with special focus on women and children in Andhra Pradesh and Telangana.

DBRC focusses on transforming the lives of these Communities by providing information, knowledge and capacity building.

DBRC works for promotion of livelihood, dignity and self-respect among Dalits, Adivasis, Waste Pickers and other informal workers.

Mission

The Mission of DBRC is Enabling Assertive Interventions of Dalit Bahujan Communities towards their Socio Economic Empowerment.

Vision

To achieve social justice and social democracy to reclaim human dignity of Dalit Bahujan Communities.

Goal

Our Goal is to enable Dalit Bahujans to actualize their dreams, a new society where Dalit Bahujans will become aware of their rights and entitlements; develop strong social and financial resources; and become part of decision making bodies.

Key Objectives

- To build and strengthen the marginalized communities to access, ascertain the human development indicators such as education, Health, livelihoods and dignity
- To End Violence, Atrocities and Untouchability on Dalit Bahujan communities particularly women and children.
- Women Empowerment & Safety Concerns
- To eliminate and reduce the adverse environmental impacts by working on environment and climate change.

- To support and strengthen efforts of state, central and local governments in empowering marginalized communities.

Our Strategy

- Capacity Building
- Social Inclusion
- Pro-active approach
- Nurturing Community Structures
- Promoting Thematic Interventions
- Perspective Building
- Resource Mobilization
- Networks and Alliance Building
- Advocacy

What we do

- Facilitating schemes intended for the welfare and development of the Marginalized Communities
- Strengthening Community Leadership
- Interface between the Community and Government Departments
- Promotion of Dalit Bahujan Ideology
- Discussion & Debate on Contemporary Socio-Economic Issues
- Research & policy development
- Dissemination of Information through Knowledge Products (Pamphlets/Handouts/Wall Writings/Booklets/Fact Sheets/News Letter) etc.
- Engagement with the Government to ensure policy changes in accordance with the community needs & aspirations.
- Relief and Rehabilitation

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