

Unheard Screams: Narratives of Women from a Squatter Settlement to a Resettlement Colony with the Focus on Health Care

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Abstract—Whenever we think about cities it gives the picture of multistoried buildings, world class infrastructure, exploding markets, pollution, and shortage of basic amenities and so on. On one hand we have policy makers, city planners, architectures who call cities as machines of growth which suffice with the indicator of development, and on the other hand we have voiceless poor who make city at the cost of exploitation. The new world class city is being developed as a site for elites only and specially for those who can afford it, but it actually gives a perfect neglect to those who had given their every effort build it and serve it with full determination. The people who are evicted, most are left to fend for themselves with no alternatives and choices and health is a major issue, which they had faced while relocation. Therefore this paper tries to question that why urban poor should bear all the brunt just for the sake beautification of cities. This paper has tried to capture and documents the experiences, the pain, the unheard voices of urban poor women with the focus on the health care they have received in the colony. The paper also talks about the various problems which are faced by the women in the form of accessing basic amenities.

Keywords: unemployment, poverty, world class city, beautification, policy makers, city planners

INTRODUCTION

The Life of Urban poor in slums is characterized by its complete informality. On the one hand the city's growth is fuelled by cheap labour of poor migrants, slum residents, and pavement dwellers, homeless people etc on the other hand; there are no provisions to plan for their housing. Due to lack of support the city government, the poor are forced to built their houses in empty public space, but when the authorities decide to the city and make it into a 'world class city', during common wealth games then the house of the same poor, (who has come to city as a driver, domestic maid, street hawker etc) are branded as illegal encroachers, criminals, nuisance in the society and they are forcibly evicted and their homes gets demolishedⁱ

In their struggle for continued existence, the urban poor have to wage a daily war to hold on to their tenements, which are often unauthorized settlements on government or private

lands. Their presence also offends the middle-class residential blocks whose residents have their own notions of sanitation, hygiene and beautification. The urban poor face constant threats of eviction, frequent demolition of their houses along with destruction of their precious household goods by untimely demolition drive by the state governments in the name of the beatification of the city.

Arrangement of the paper

This whole study is about the journey of the people from Yamuna pushta to Bawana JJ colony (resettlement colony where) whereas, Bawana JJ colony which lies on the outskirts of the Delhi. First the paper will on stress on upon the life at Yamuna Pushta, then will look into the reasons for the demolition drive, after that Bawana current scenario will be talked about. Though, number of issues, problems and experiences were shared by the people during the resettlement process. Like loss of work opportunities, livelihood, which was easily accessible in Pushta, because Yamuna Pushta used to lie in the heart of the city. Other aspects were also studied like issue of legal vs illegal work and so on. But, this paper will exclusively look into the aspect of aspect of health care. Health care has been studied from the lens the lens of the women and hoe they perceive about health care facilities in a resettlement colony.

Life at Yamuna Pushta

The Yamuna Pushta (Informal slum settlements) was one of the largest and older slums in Delhi. It was located on the western banks of the river Yamuna Pushta was home to nearly 40,000 families which nurtured more than 1, 50,000 people.⁴ The Yamuna Pushta *jhuggis* (slum settlements) stretch from the old Yamuna Bridge to the Indraprastha Estate Gas Turbine, on both sides of the river. The slums had been developed by the migrant population who had come to the city in search of work. They had been staying there since the last four decades. About 70 percent of these families were

Muslims. The majority of the people were rickshaw pullers, domestic workers.

What was the motive behind in bulldozing the Yamuna Pushta?

It is actually distressing to note that from last forty to fifty years the residents of Pushta had been busy in making their **houses to 'homes'**. From the day one, the poor who had entered the city is struggling hard to survive in the city and working tough in order to make their identity and status in the unorganized sector. The demolition took place under the order of Delhi High Court, which directed the authorities to remove of all the Yamuna encroachments within two months of the order. There were mainly two issues on which high court supported their argument for demolition.

- One of the ground for demolition order was that Pushta slum dwellers were, encroachments on the Yamuna river bed
- And second was the pollution of the Yamuna River caused by the slum dwellers of Pushta.

Bawana JJ Colony as a resettlement colony

Bawana is one of the resettlement colonies which is situated in the North West of Delhi near the Haryana border. This resettlement colony was developed in 2004, when number of slum dwellers had been relocated from Yamuna Pushta, Pitam Pura, Punjabi Bagh, Vaishali Chowk etc.

Issues of Health Care in Bawana JJ Colony

Even though it's more than decades to the demolition and to this relocation but still Bawana JJ colony does not have a proper health care facilities. There is no denying the fact that for majority of the poor, the priority for health comes at the end because, livelihood plays the pivotal role in their life, then shelter and finally health. Health care was studied in terms of:-

Availability

Accessibility

Affordability

Availability of Health Care

Bawana colony is full of local health providers. **Local health provider** means quacks, Bengali doctor, dais and registered medical practioner (RMPs).Majority of the private providers claim that they are RMPs but still no verification has been done by any NGOs working in Bawana. And in every block around 5 to 10 Bengali doctors are available. These Bengali doctors claim that they have worked in various hospitals and have gained immense experience from them. Majority of the local helath providers have shifted from Pushta to Bawana colony.

Maharishi Balmiki Hospital is the nearest hospital in Bawana which is located in Puth Kalan and its almost five kms away from the resettlement colony. This is a government hospital. Most of the time, the patients from the colony are not properly attended by the hospital staff. . If the case is serious then the patients are referred to the Lokanayak Jai Prakash Narayan hospital (LNJP) which is located at ITO. There are a number of the NGOs working in Bawana. And every month some NGOs organize the **health camps** in collaboration with various hospitals. But NGOs mention that they are not getting the positive response from these health camps.

*'These health camps are organized just for a few hours. The doctors come and do the job and then go away. But I think that these health camps should be organized on a weekly basis. In Bawana colony we do not have any **job opportunities**. So we have to go outside to look for work. We are daily wage earners and cannot afford to miss a single day. So how can we afford to miss our single day just for health camps? But if we would have been in Pushta then it was easy for us to attend these camps .Because in Pushta majority of the population used to work in adjoining areas of Pushta and it was easy for us to attend the camps and then get back to the work.'* (Rubeena, 45 years, Daily wage earner)

The above narrations clearly stress that organizing the health camps does not solve the purpose. Respondents shared that after coming to Bawana their priorities have changed. In Pushta, they had got some security in their work place because they had been staying for many decades and which lead to the strong ties with the persons for whom they used to work. But after moving to colony, majority of the population had lost their previous jobs which make it difficult for them to ask or to take holiday from their work even if they are ill. Therefore for them health comes at the end after work and food.

Accessibility to Health Care

Accessibility plays a very major role in seeking the health care. All the families interviewed mentioned that they prefer to visit the Bengalis doctors. The health camps and MCD dispensary are not reliable. Importantly, a health camp is not organized on a regular basis. The first and foremost reason given by the residents is that all the local private practioners are easily accessible and secondly sometimes they also check them free of cost when they don't have the money. A woman recalled her time in Pushta and shared:-

'In Pushta everybody was employed .And we had enough savings also. And there was no problem with regard to hunger and food crisis .And whenever we get ill then we go to Kasturba Gandhi. That hospital was near from our place and there was no problem like transport. But after coming here we have lost everything. We have become unemployed. The nearest government hospital is the Balmiki hospital and it takes 10 rupees for one side to visit the hospital. What will the poor do? And why we should spend 20 rupees for commuting, if we have Bengalis doctors here'. (Ruksana 53 years)

It is clear from the above narration that **Proximity** plays an important role in seeking the health care. Bawana is flooded with local practitioners, so whenever the residents fall ill, they first approach the local practitioner, because they are available to them for twenty four hours. And if the case is serious they would be referred to Balmiki hospital. Secondly it saves money and time in travelling to other places.

An older woman shared her experience

'In Pushta I used to visit the Bangali doctors only. Because I know them from the time I came to Delhi. But after moving to Bawana things were never remain the same. Majority of the families here are facing the problem of discrimination by the hospital staff. The problem of discrimination was completely invisible in Kasturba hospital because the doctors there were aware of the Pushta community. But in Bawana things are completely different. How checkup can be done if the patient is asked to stand near the door? But if a patient comes in a nice dress then he/she would be attended nicely by the doctor. Don't the poor have a right to get a proper treatment from the government hospitals? Then people ask us why we don't visit the Balmiki Hospital?' (Rafita Begum, 65 years, house wife)

Affordability of Health Care

During the interview and focused group discussions, various factors were pointed out by the informants for the choice, reasons about health care provider. Majority of the residents preferred to visit the Bengalis doctors or some other local provider. The first and foremost reason given by them is that they can **afford** these doctors. Many of the informants mentioned that even if they don't have money at that time than they will take the money during next visits. Others informed that they don't have that much money to spend on other doctors by commuting. These local private provider are working in the community itself and it was also found that more than 2 to 3 Bengalis doctors are there in each block.

Community preferences for local health providers

Firstly, Majority of the respondents talked about the **Trust factor**. Here by trust, they meant that, they trust the quacks and Bengalis doctors because they have known them from Pushta time. They mentioned that if there is an emergency then the local provider himself will refer to the hospital. We know that the Bengali doctors in the community cannot cheat us.

One of the women shared her experience:-

Be it small or serious illness I only visit my hakim sahib.¹ My hakim sahib is from the community, therefore he understands us very well. Market medicines do not suit me. The medicines are costly and are not effective. But medicines by the Baba are very effective. My elder son met with an accident and he got

permanent scars on his whole body. All the doctors told us that the accident scars will not go. But I did not lose the hope so I asked my son to see the Hakim Baba. Hakim Baba gave him some special medicine. Within three months the scars from his body disappeared. If our community has got experienced doctors then what is the need to visit the hospitals." (Rehana , 50 years, house wife)

Second reason they gave was of easy **accessibility**. Respondents mentioned that whenever they fall ill in the Pushta they used to go to Kasturba Gandhi Hospital because it was nearer to their place. And in the case of the emergency also they would take anybody rickshaw and will drop the families to Kasturba Gandhi. But here if the emergency arises then they will not get the any transport at night. And rickshaw puller will take more than 40 minutes to reach the Hospital. But from Pushta, Kasturba Hospital was only 15 minutes away from their place.

Third reason they gave with regard to the choice of provider was the **availability of injection and medicines**. The following narration helps in understanding this:-

Be it is stomach pain or head ache or problem with eye sight, the doctors in balmiki hospital will give the same medicine to everybody. And most of the time the injections and medicine are not available and they tell us to buy from outside. These doctors think that we are not human beings. They are also government servants and they are not our bosses. This was never the case in Machali hospital. There the doctor had formed rapport with us, so they used to treat us seriously. The Bengali doctor gives us the good medicine and injection on the site. The Bengali doctor does not charge the consultation fees for first three visits."(Rajwati, 46 years old)

Fourth reason which motivated the families for the choice of the local health care provider was of **respect that they get from the local private provider**. Informants mentioned that the community doctors treat them with respect, while the doctor at government hospitals tells them not to come closer and stand near the door. Respondents talked about the continuous discrimination they face as "jhuggis wala" Respondents repeatedly mentioned about the bad behavior of the government doctors. They also feel that the doctor in the community at least talk to them nicely and treats them with respect

Concluding remarks

The experiences of the families, especially women signify that after moving to Bawana the residents are paying more than they did in the Yamuna Pushta. The problem of poverty had further accelerated because the entire workforce in Pushta was in informal sector but with the security of a livelihood. But after shifting, the urban poor to the outermost periphery of the city their expenses on transportation have gone double and which was negligible in Pushta. Secondly because of non-availability of the proper work opportunities in the colony, majority of the families are going to their previous locations.

Thirdly this resettlement has also thrown light on the lives of families after eviction and the consequences of the forced eviction which have directly impacted on the vulnerable groups. The loss of livelihood has crippled the families and issues like education, health have gone out of priorities.

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