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"EXPLORING THE LINK BETWEEN SOCIO-ECONOMIC STATUS AND HEALTH OUTCOMES AMONG STREET CHILDREN IN WEST BENGAL, INDIA: A GEOSPATIAL ANALYSIS"

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Abstract

The biggest problem in the modern world, particularly in emerging countries, is socioeconomic status. With time, the socioeconomic situation in rural regions is progressively becoming better. The socioeconomic position of the inhabitants in rural regions has been improved via the implementation of several programmes and initiatives. Yet, residents in rural regions could not grow equitably throughout the region in an economic sense. Several economic classes may be found, even in a tiny community. This study report makes an effort to determine the true socioeconomic situation of the people across various income brackets. The researchers conducted a door-to-door survey using a relevant questionnaire to gather the main data that served as the foundation for the whole study. To analyse the current situation, all the data were divided into five income categories using a straightforward percentage technique. Just 4.34% of people in the study region have monthly per capita incomes exceeding Rs 2000, while 44.8% of the population live in poverty. Compared to the majority of individuals, just a small proportion has somewhat better lives.

KEYWORDS: Socio-economic status, income, population, educational level, occupation

1. INTRODUCTION

India has the biggest number of street children in the world, with a population of more than 1 billion in 2000. The fact that eight million of the almost 21 million infants that are born in India each year die from different illnesses and ailments are worrying phenomena related to the country's population boom. This implies that the number of children grows by around 13 million per year. More than any other nation, India is responsible for approximately 20% of all avoidable paediatric deaths globally. Unsafe drinking water and inadequate sanitation are responsible for around 28% of fatalities. Malnutrition also contributes to its toll (The

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Economist, New Delhi, 20 October, 2009). Even reasonable estimates show that 80 lakh youngsters in India are not currently enrolled in school. 1.3 lakh children are included in this number, only in New Delhi (Times of India, New Delhi, 13 September 2009). What are these 80 lakh kids doing if they aren't in school? is the key question. They could be working, lounging about on the streets, or just sitting still. If these kids come from struggling homes, they'll need to work to provide for them. They must also work to survive if they are among the youngsters who live on the streets without relatives. These kids often fall under the label of "nowhere children," and it's quite likely that the majority of them are employed.

The majority of these kids live and work in metropolitan India's cities. They often inhabit slum areas, train stations, flyovers, flyover underpasses, temple grounds, and crowded marketplaces. They are on the streets the most of the time. In any city, large or little, a sizeable fraction of these kids are employed in the unorganised or informal sector, providing inexpensive labour and serving the different requirements of city residents. They are denied a variety of fundamental rights and requirements, including education, food, housing, health care, emotional and physical security, and leisure. The most prevalent health risks for children living on the streets include under nutrition and malnutrition, anaemia, skin diseases, and other illnesses. Also, they are prone to drug and alcohol addiction as well as inhalants like rubber and nail paint that provide an escape from hunger and reality.

The results of an exploratory research study on the street kids of SangamVihar, one of South Delhi's largest illegal settlements, are presented in this essay. It examined their predicament and provided evidence in favour of the notion that the issue of street children is complex and has many facets. For three reasons, the street children are the subject of this investigation. First off, if they can be cared for, it will to some part stop the development of youngsters in need of care, care, and protection as well as those in legal trouble. Second, there is an urgent need to address the population's disregard of the youngest and most defenceless members. Last but not least, working and interacting with this group of kids is more realistic than doing so with institutionalised street kids.

The second section of the essay evaluates the literature and focuses on how many street children there are in the nation. It focuses on the study's setting and gives an overview of the participants' health status, access to essential services, psychological well-being, and vulnerabilities and exploitation. The review makes an effort to include all of the knowledge and research that is currently accessible about the main traits and various circumstances of street kids in various metropolitan settings.

Part 3 explains the study's methodology. It describes the goals, the plan, and the research methods used to get there. As an exploratory research, it is descriptive in that it presents data that has been seen about street kids and paints a complete picture of their social dynamics. One of the largest illegal colonies in the east, SangamVihar, is home to many young people who are among the responders. At the conclusion of this part, a list of issues and constraints

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that were encountered over the course of the research has also been assembled. The study's major goals are not, however, hampered by these few noticeable shortcomings.

The socioeconomic backgrounds of the chosen youngsters are the subject of the fourth part. This part carefully studies the past of the children and, more significantly, makes an effort to understand how they see the institutional services, keeping in mind the essential role that the family, peers, school, workplace, and community play in a child's development. It clarifies the circumstances that compelled these kids to flee their homes and live on the streets. It also examines the conditions and levels of the children who are institutionalised in terms of their emotional instability, habits, health, and education. The case studies and narratives of some of these kids present their first-hand accounts, which raise serious concerns about the state of government efforts to significantly reduce the number of street kids and the extent to which the current policies and programmes are being put in place to give these kids better resources for their overall growth and development.

The findings are summarised in the fifth section, which also addresses some of the current policy discussions surrounding the definition of "street children" and the necessity for local, reputable non-governmental organisations to work with the government to more effectively implement their programmes based on the needs of the beneficiaries.

While India embraced the Alma Ata Declaration's "Health for All by 2000 AD" programme, the objective has not yet been reached. The health and medical care system has undoubtedly undergone significant reorientation and restructuring. In its whole, health is seen as a component of the human resource development plan. Emphasis has been placed on every related programme, such as environmental sanitation and hygiene, nutrition, education, family planning, maternity and child welfare, population control, eradication of poverty, expansion of elementary education, and community health service schemes, and connections are being made between all of these related programmes.

In conclusion, women (mothers and teenage girls) and children are more at risk for hunger, disease, and mortality from pregnancy and childbirth. As the state and society as a whole have vital responsibilities in stabilising the population of the country at a level consistent with the sustaining capacity of national development and in providing adequate care for women and children in the process of health development, human development, and socio-economic development of a nation, the improvement in the health status of the people and other allied health related programmes are also being tried to be ensured in the decentralised system.

1.1.Objective of the study

The following are the study's primary goals:

- To investigate the socioeconomic status of the sample population in the research region.
- To examine the educational attainment of the population's various economic brackets.

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- To examine the housing situation in the study unit's sample population according to income level.

2. Literature review

According to Elliott and Kriuo (1991), rapid population growth brought about by urbanisation, industrialization, and migration causes an increase in the number of homeless people living in slums, pipes, tents, caves, cars, vans, under flyovers, along roads or railroad tracks, or with their relatives in shoddy or outdated facilities. According to Charles (2002), males make up the bulk of the homeless population in western nations (75% to 80%). According to Vissing's (2004) analysis, a homeless student has additional challenges while doing schoolwork, most notably a lack of access to computers, libraries, and course materials. According to Novac (2006), homelessness is a visible issue that stigmatises people or families dealing with addictions to alcohol or drugs, STDs like HIV-AIDS, crime, mental illness, domestic violence, sexual assault, stalking, and threatening circumstances related to violence against a household member. According to Yonge (2007), homelessness is prevalent in both developed and developing nations, including the United States (700,000) and Great Britain (175,000). According to estimates, 1.2 million people in Western Europe are homeless or have unstable housing. Jim (2011) understood the significance of researching communities that live in transitory, unsafe, or physically damaged substandard housing.

Due to the "high-risk" setting they continually live and work in, street children need more health services than other kids, yet they have less access to treatment than other kids. In Bombay, it was found that while 60% of youngsters ate two meals a day, the food had inadequate nutritional content. Children often experienced illnesses including gastroenteritis, ringworm infections, anaemia, vitamin A deficiency, and rickets as a consequence of undernutrition, consumption of a nutritionally deficient food, and filthy living circumstances (Philips, 1992).

A woman's poor health affects not just her but also her family. Low birth weight babies are more likely to be delivered by unhealthy women. Also, they are less likely to be able to provide their kids healthy food and proper care. Last but not least, a woman's health has an impact on the household's financial stability since a sick woman will be less productive at work (VelkoffandAdlakha. 1998)

Recognizing that health is impacted by a variety of socio-cultural, physical, and psychological aspects in addition to biological mechanisms and medical models has been one of the significant advancements in the study of women's health over the last decade in particular (Cohen and Sinding. 1996). These elements, which are collectively known as the numerous determinants of health, may have an impact on things like social support systems, biology and genetic predisposition, personal health behaviours, child development, gender, and culture (Cohen, 1998: Women's Health Strategy, 1999). The Report on the Health of Canadians (1996) also includes behaviours that affect health, such as decision-making, coping mechanisms, and personal capabilities. According to the Ottawa Charter for Health

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Promotion (1986), basic necessities for health include social justice, a stable environment, food, housing, education, money, and resources that may be used sustainably (Cohen. 1998).

It is well-known and well-documented that poverty and poor health are related (The Working Group on Women's Health, Department of Health, Government of Newfoundland and Labrador, 1994). In every society, women make up a bigger fraction of the poor, and they consistently do worse than males in measures of their social and economic standing (Cohen. 1998). Some of the social and economic issues brought on by racism and poverty that have an impact on women's wellbeing have been noted by Kaufert (1996). "Factors like poverty and racism determine women's access to education, the kind of jobs they can choose from, their actual or potential reliance on welfare payments, the standard and affordability of their housing, the standard and accessibility of their health care, the availability of quality child care, the safety of their neighbourhood, and their access to affordable nutrition," according to the study. A number of chronic diseases, including heart disease, arthritis, stomach ulcers, and migraines, seem to be linked to poverty (Statistics Canada. 1994). Lifestyle, housing quality, and nutrition are all influenced by income. According to The Working Group on Women's Health of the Department of Health of the Government of Newfoundland and Labrador from 1994, access to health care services including treatment, medicine, counselling, and rehabilitation may be significantly influenced by income. In actuality, health improves with each level of money, education, and social standing. Another significant issue that impacts women's health adversely is unemployment. Women who exclusively perform housework and unemployed males tend to have greater rates of illness (Arher. 1996)

Women are encouraged to have several children in an effort to produce one or two sons who live to adulthood due to high infant mortality rates and the strong desire for sons. Many pregnancies and closely spaced deliveries degrade a mother's nutritional quality, which may have an adverse pregnancy result (such as early births or kids with low birth weight) and also raise the risk of health for moms (Jejeehhoy and Rao. 1995). Unsafe abortions used to end unwanted pregnancies have a significant impact on women's health as well. Lowering fertility is a crucial step in improving Indian women's general health.

3. DATA BASE AND METHODOLOGY

The current research is based on a primary survey in which 80 randomly selected houses from the Udaypur Village in the Malda district of West Bengal were selected to analyse the socioeconomic situation of various income categories of the community. The pertinent information was gathered from demographic, social, and economic factors. The whole sample population was separated into five income groups based on monthly per capita income to analyse the socioeconomic state of the various income groups in the research region. All the data were translated into relative numbers, such as percentages, to assess the general situation.

3.1.The Study Area

West Bengal is situated in the eastern portion of India at latitudes of 25°0'39" north and 87°51'17" east, respectively. This is one of the Malda district's most isolated villages. The

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English bazaar is 50 kilometres distant from the district headquarters. According to the 2011 census, the hamlet is part of MohanpurMouza, which has 5963 people overall and 1176 families. There is no market and just a few modest stores in the hamlet; the area's road link is extremely poor (unmetalled road). The village's economy is mostly centred on agriculture. It is a Muslim-populated community, and everyone there is from a lower social class.

4. RESULT AND DISCUSSION

There are 647 people living in the 90 sample homes as a whole. Table 1 shows that out of the total 80 households, the majority (42.50%) have very low per capita incomes (less than Rs. 500), making up 44.8% of the population. Next, 38.75% have per capita incomes between Rs. 501 and 1000, making up 39.1% of the sample population. Finally, 10% have per capita incomes between Rs. 1001 and 1500, making up 8.47% of the population. Finally, only 5% of the sample households have incomes above Rs. 1500. Together with the population's rising per capita income, the number of people is steadily falling.

Table 1: Population Distribution by Level of Per Capita Income

PER CAPITA INCOME (RS.)	**HOUSEHOLDS**		**TOTAL POPULATION**	
	NO.	%	NO.	%
<500	44	48.80	330	51.00
501-1000	30	33.33	251	38.79
1001-1500	9	10.00	31	4.79
1501-2000	2	3.33	15	2.31
>2000	5	5.55	20	3.09
TOTAL	**90**	**100**	**647**	**100**

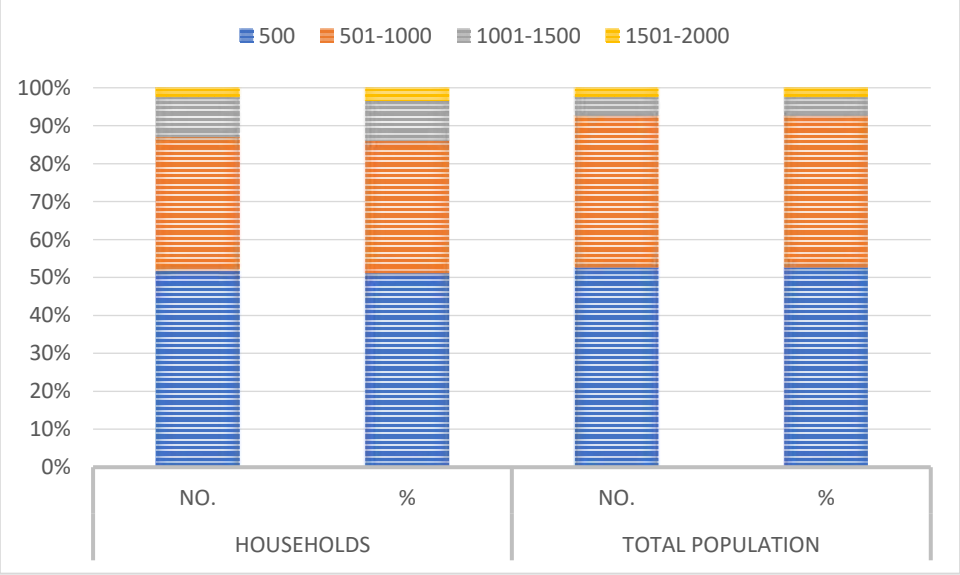

FIGURE: 1 Population Distribution by Level of Per Capita Income

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One of the most crucial factors in enhancing people's quality of life via higher per capita income is education. According to Table 2, 59.56% of people with an annual per capita income of less than Rs. 500 are literate, followed by 66.47% for those with an annual per capita income of Rs. 501–1000, 82.05% for those with an annual per capita income of Rs. 1001–1501, 85.71% for those with an annual per capita income of Rs. 1501–2000, and 100% for those with an annual per capita income of Rs. 2000 and higher. People cannot leave basic occupations, which have extremely poor returns, and the range of labour involvement in non-agriculture sectors is constrained as a result of low literacy levels.

Table 2: Literacy rate by Level of Per Capita Income

PER CAPITA INCOME (Rs.)	LITERATE	ILLITERATE
<500	69.64	30.25
501-1000	65.24	23.21
1001-1500	72.56	15.26
1501-2000	72.12	12.36
>2000	100.00	0.00

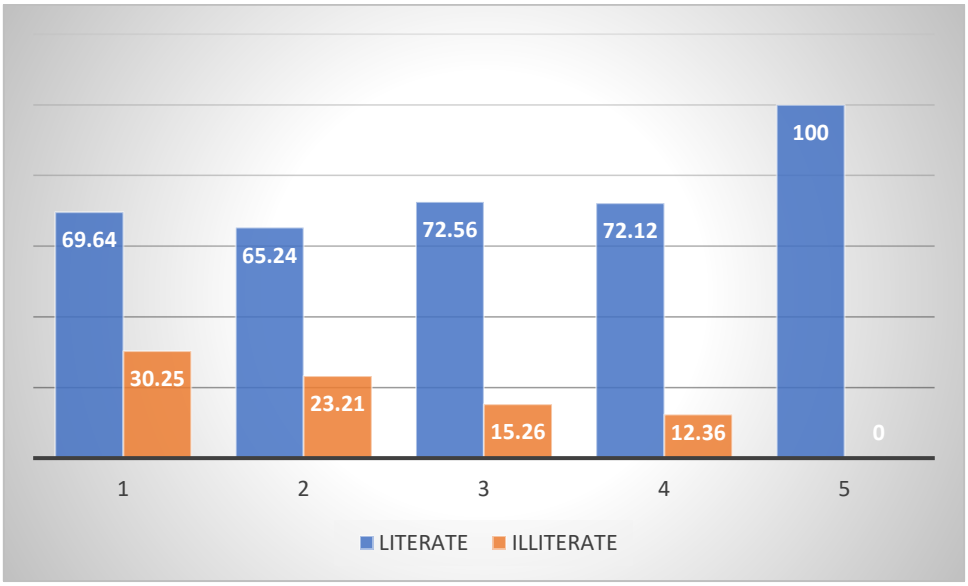

Figure: 2 Literacy Rate by Level of Per Capita Income

Several kinds of homes, including pucca houses, kutcha houses, and mixed-type homes, may be found in rural locations. The distribution of dwelling types is completely based on a person's or family's income. Due to low income, kutcha type homes make up the majority of homes in the research region (97.06%), followed by mixed type homes (3.03%). Pucca homes are not present in this socioeconomic level of persons (Table 3). Kutcha type homes predominate among those earning between Rs. 501 and Rs. 1000, followed by mixed type homes (12.9%) and pucca homes (3.23%). Kutcha and mixed-style housing are distributed equally among those with incomes between Rs. 1001 and Rs. 1500 (50%) each. 100% of

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those in the Rs. 1501-2000 income bracket live in kutcha houses because they spend their extra money on their kids' education. As they are all literate, which indicates that they may make more money by engaging in other non-agricultural occupations, 100% of pucca houses are found in the Rs. 2000 and above income category of individuals. Just one particular home in the sample has a somewhat better lifestyle than the others.

Table 3: Type of houses by Level of Per Capita Income

TYPES OF HOUSE	PER CAPITA INCOME (Rs.)				
	<500	501-1000	1001-1500	1501-2000	>2000
Pucca House	0.01	5.65	10.23	1.00	99.88
Kutcha House	85.5	90.36	40.23	98.23	0.01
Mixed House	15.88	5.23	50.45	1.25	0.12

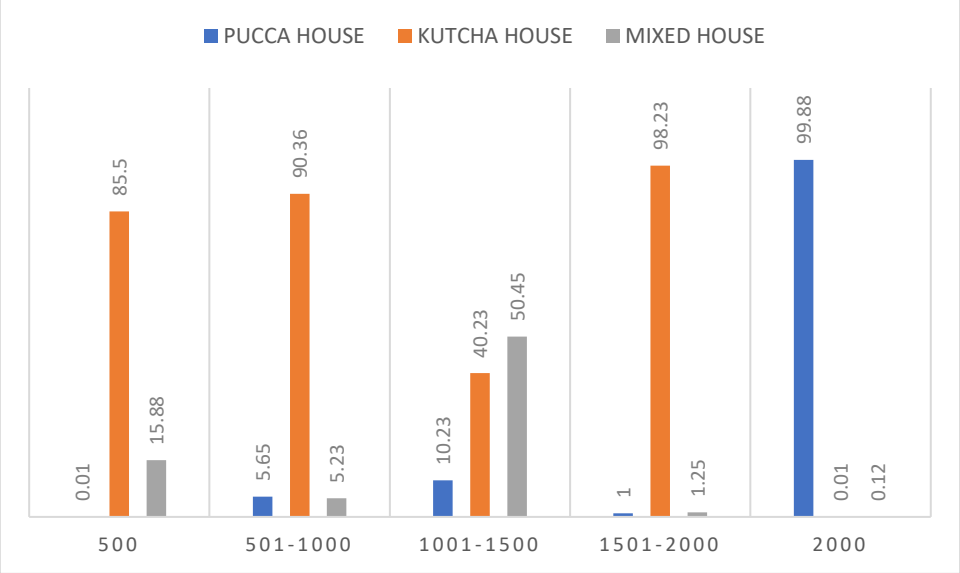

Figure: 3 Type of houses by Level of Per Capita Income

5. CONCLUSION

The aforementioned study clearly shows that the village's population's general socioeconomic situation is poor. Just 4.34% of the overall sample population's monthly income is above Rs. 2000, and 44.8% are below Rs. 500. Low-income groups of people often worked as day labourers in agricultural fields, rice mills, brick kilns, or other locations. Most of them continue to lack access to amenities like power, clean water for drinking, adequate sanitation, etc., whereas individuals with higher incomes do. While those with greater incomes generally live somewhat better lives, the socioeconomic position of people with lower incomes is more riskier because of factors like low levels of literacy and poor income, which lead to many social problems and pollution.

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