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## AN OUTLOOK ON VULNERABLE CONDITION OF SUNDARBAN ISLAND WOMEN AND SUSTAINABLE DEVELOPMENT BY GOVERNMENT.

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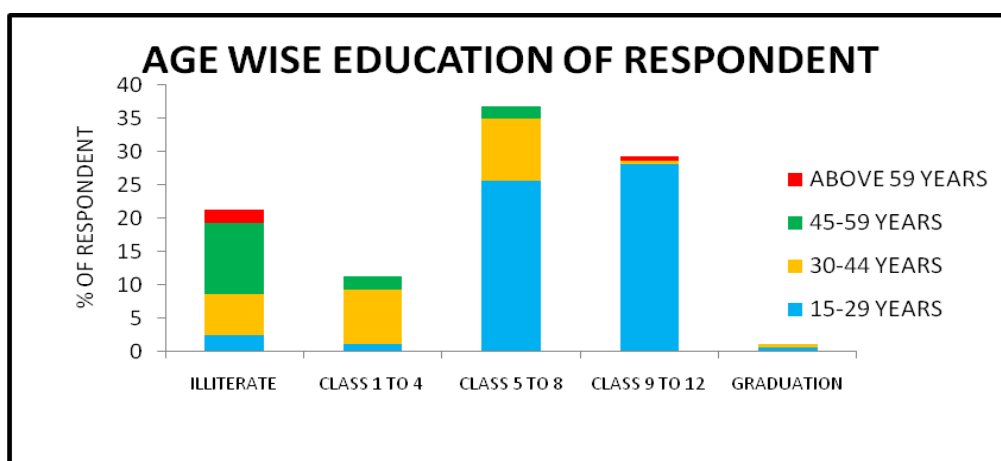
**Abstract:** *The main objective of this study to identify the vulnerable condition of women at Sundarban islands in respect of Socio-economic status. On another hand the policies of government will be critically analyzed for judgment of proper implementation. At the end the paper will highlight the policy requirement for further development.*

**Index Terms** – Sundarban islands, women, vulnerability, policies, backwardness, analysis, future plans.

### I. INTRODUCTION

The Sundarbans region has always been particularly focused on natural disasters and poor economic and social conditions. But the problems of women have never been seen separately. Problems of women in this area are considered so natural that they have not been identified as a problem, so the question of solution does not arise. Over the years, however, the generation has changed women in the region are witnessing a similar lifestyle. Low rates of education, early child marriages, poor health conditions, and increased family pressure and violence have made the lives of women in the region extremely difficult. Also the government's non-cooperation on this has further exacerbated this helplessness.

### Education Status –



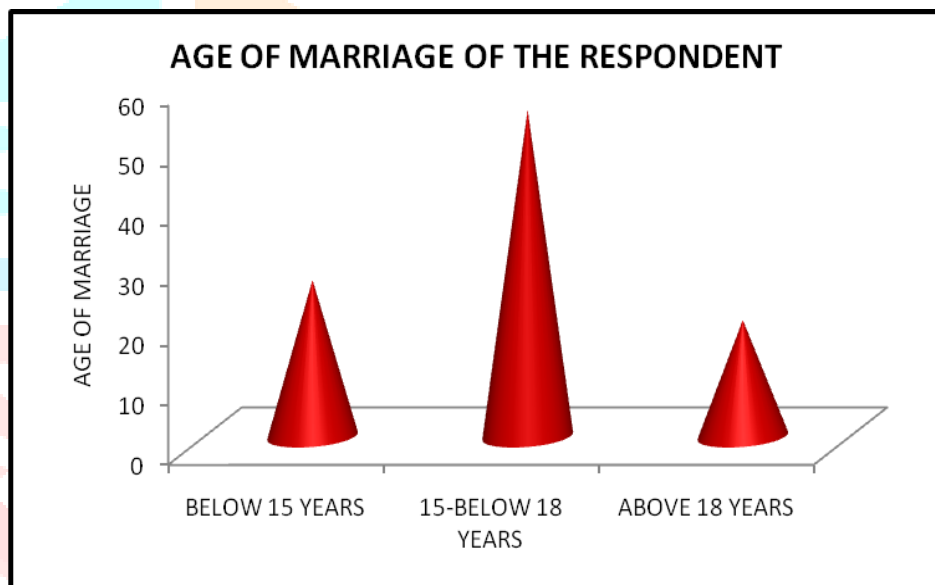
Data Source:- Primary Survey.

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The number of schools in this area is substantial. Only 1.25 per cent respondents completed graduation level education while on the other hand 15 to 29 years group of women's who have received education between 5 to 8 and 9 to 12 classes is the highest and the per cent is 25.62 and 28.12. Next largest group is illiterate respondents where total illiterate per cent is 21.25 and 44 to 59 years age group of illiterate respondents is 10.63 per cent.

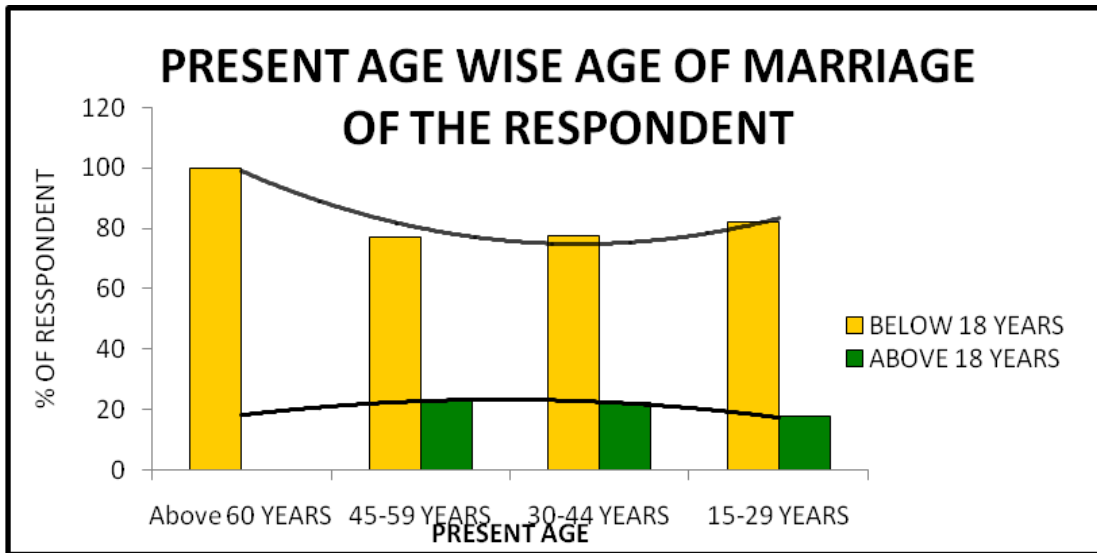
From old to young women education level indicates that increasing the education ratio. But it does not mean that women education level is higher. Here most of the respondents are married and a large number of women are migrants. In this island school dropout rate of girls is high because of early marriage. Over all women's education condition in lower level is better but in higher level it is very worst condition.

### Marital Status –



Data Source:- Primary survey.

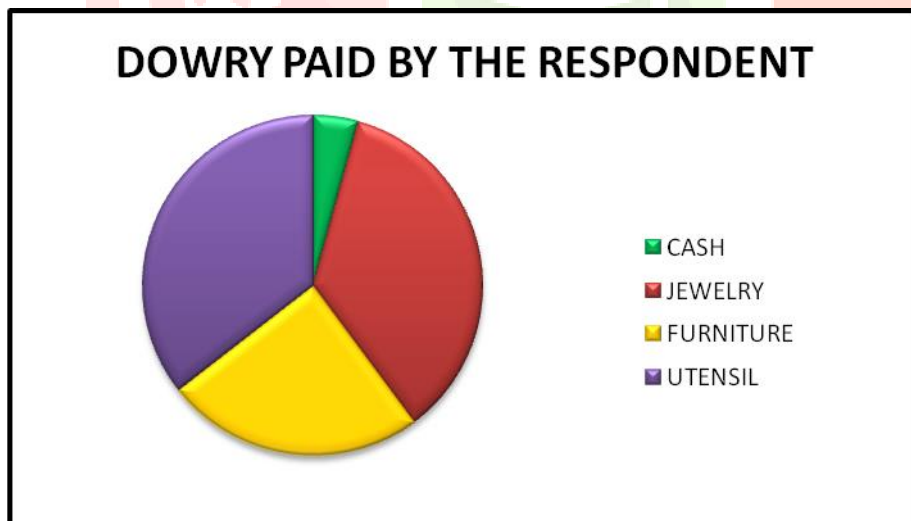
Different age groups of married women are found here. According to the statistics it is found that women married at below 15 years is 26.11 per cent, 15 to below 18 years is 54.48 per cent and above 18 years is 19.41 per cent. According to percentage, below 18 years marriage respondent is high and it's indicated alarmingly high rate of early and child marriage is prevalent in the area.



Data Source:- Primary survey.

Here above 60 years age group shows 100 per cent respondents get married below at 18 years. Where the other group shows that the below 18 years marriage is 45 to 59 years group 77.26 per cent, 30 to 44 years group is 77.5 per cent and the most striking group is 15 to 44 years group shows that 82.35 per cent. According to present age of respondents it has been seen that all four group shows below 18 years marriage age rate is higher than above 18 years marriage age. This has become clearer through the trend line where below 18 years marriage age is increasing and above 18 years marriage age is decreasing.

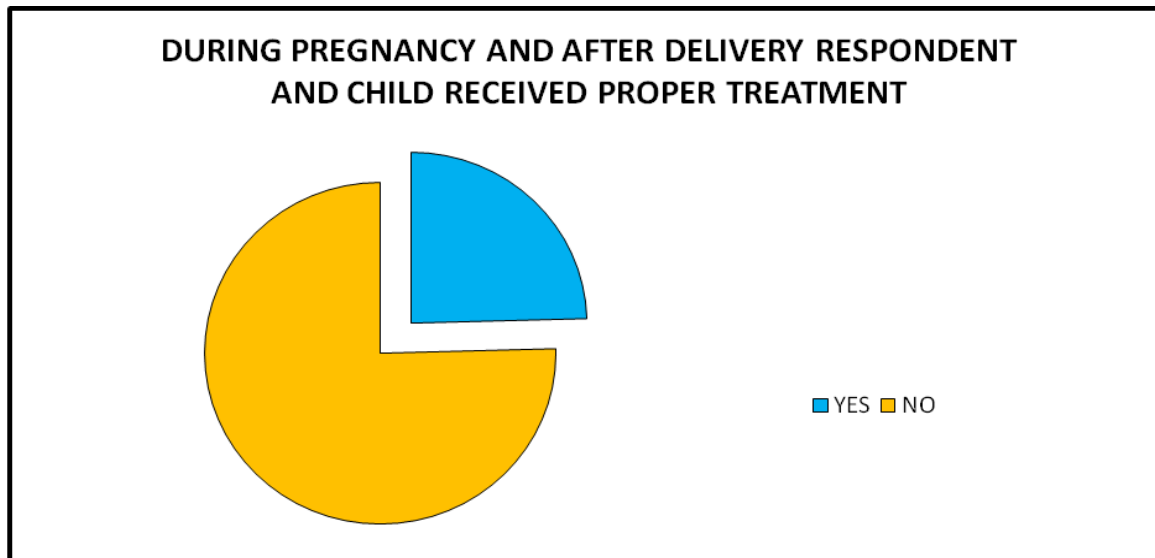
**Dowry System –**



Data Source:- Primary survey.

Most of the respondents talked about dowry depending on the capability and quality of the groom, mostly their earning power. Most of the respondents do not take this ritual as dowry, according to them it was a gift from their paternal family not under pressure from the in-laws family. 9.7 per cent of respondents paid cash as dowry and this amount of cash are between five thousands to twenty thousands. 79.85 percent of respondents paid jewelry and these are mostly earrings and nose rings. 55.22 percent and 79.85 percent of respondents gave furniture and utensils as dowry.

## Health Care –



Data Source:- Primary survey.

It is seen that 24.58 per cent respondents have taken treatment and 75.42 per cent respondents did not take treatment during pregnancy even after delivery.

## Solution for Child Marriage –

Government has launched several projects to reduce child marriage. Kanyashree is one of the most successful projects of West Bengal government to prevent child marriage. Kanyashree Prakalpa (KP), introduced by Government of West Bengal in 2012 is a unique conditional cash transfer scheme which targets adolescent girls aged 13-19 years as the rate of drop out of girls from school is the highest in this age group. The government has tried to intervene in the educational sector to control the rise of underage marriages through the scheme. After the scheme received the **UN Public service Award** the scheme was promised to be extended to post graduate students. In overall scenario in West Bengal, Kanyashree is getting entangled in the marriage economy than to promote higher education.

In March 28, 2018 West Bengal government launched another scheme 'Rupasree'. According to the scheme, beyond 18 years girls from economically weaker families will be provided assistance in marriage. But the scheme did not set minimum educational qualification for the benefit of the girls. This means that the parents of the daughters can now sit back and do not need to educate their daughters because their marriage will be sponsored by government.

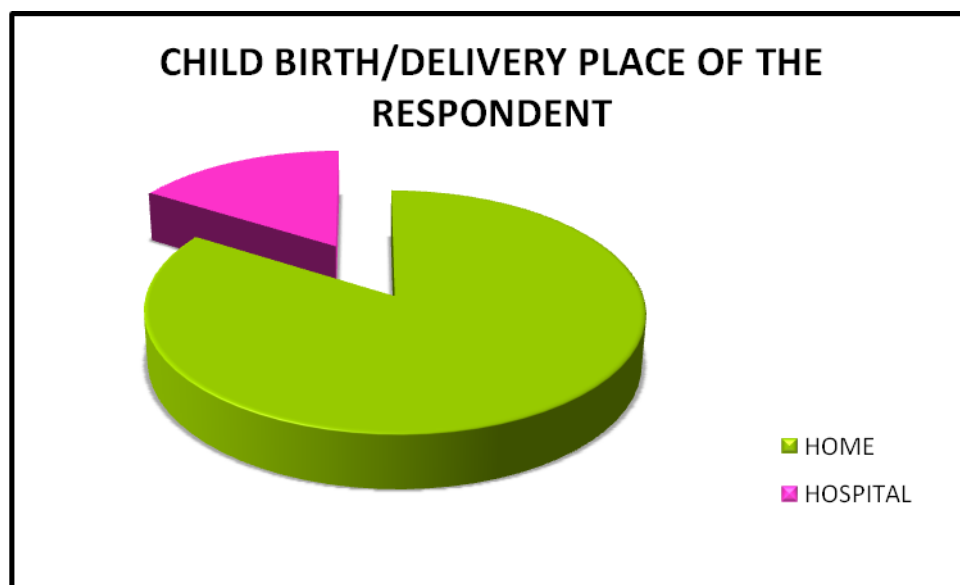


Image – House of residents.

### Abstaining from the basic right to health care and moving forward to death-

Health is a fundamental human right and good health is a part of social and economic development. In this area women's health condition is worse. Women in this region are facing many obstacles to their health. In this area the causes of vulnerable condition of women health not only for lack of awareness but also poor infrastructure of hospital and health center. According to a respondent "Emergency maternity patients have to pay the boat fare at the day time near about 200 to 300 rupees and if it is at the night times the fair is 800 to 1000. Our income is so low that there is no money to go to the hospital for which the baby needs to be delivered at home."

### Child Birth Place –



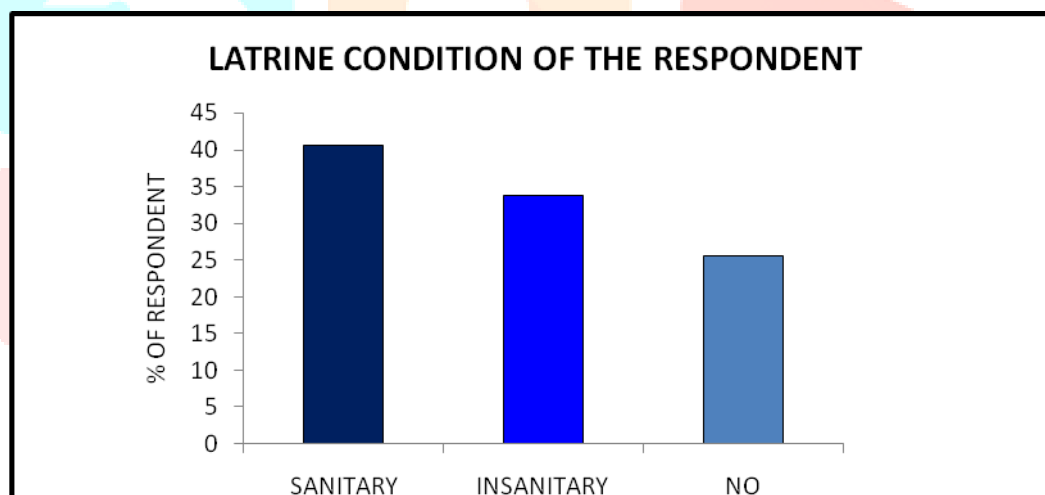
Data Source:- Primary survey.

It is found that 83.89 per cent respondent have given birth to a baby at home and 16.11 per cent at hospital. In this area the causes of vulnerable condition of women health not only for lack of awareness but also poor infrastructure of hospital and health center. The island residents get access to good healthcare facilities they need to use four modes of transport to reach the mainland - Toto or Motor van, Boat, Magic Gari (car) or Motor Van. Moreover, during high tide it will be easy to cross the river. In cases of emergency during low tide getting to the hospital becomes difficult. And also crossing the river becomes impossible during natural disasters time. According to the Union Ministry of Human Resource Development (MHRD), the ideal doctor-patient ratio in the country is 1:1,000; the national average ratio is 1:172214. In Sundarbans, some blocks do not have a doctor for a population of one lakh. One in every three persons in Sundarbans does not have any access to institutional health care. In maximum islands no residential doctors are available and no such facilities for surgeries and delivery are found.

On another hand it is found that women who are catching crab, shrimp and fish are facing more vulnerable situation. They are suffering from vaginal itching due to being in salt water for a long times, even they do this during periods time.

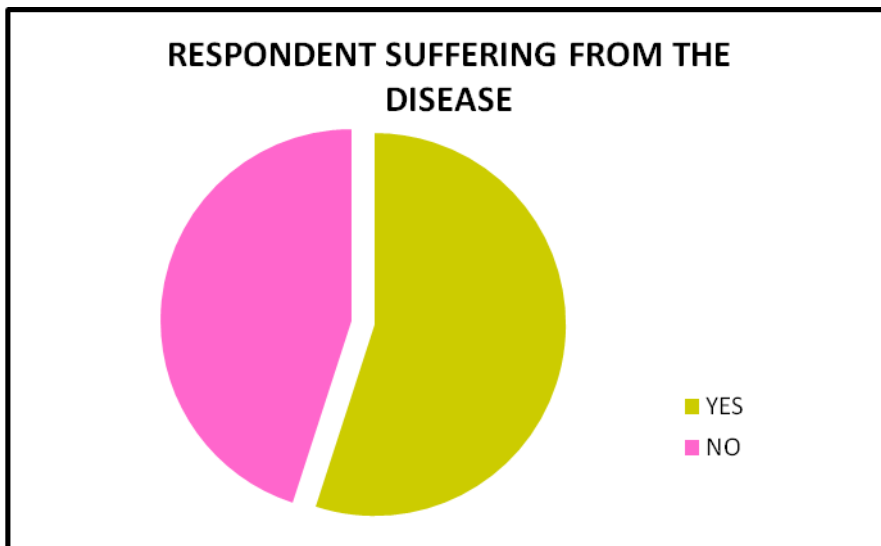
Women in the islands are constantly trying to escape the pain of death. The cause of the increase in female diseases in this island is; First, period problems, vaginal itching and vaginal infections are not considered by women in this region as diseases. Secondly, they see these types of physical problems as secret organs and are ashamed to visit hospital. Since the birth of a girl child, mother is not allowed to live freely in the society. As a result, inequality between gender is running generation after generation. Other reasons for the deterioration of women's health in the region are lack of pure drinking water, lack of sanitation system and use of fuel wood for cooking. Lack of pure drinking water almost all the respondents suffering from gastroenteritis. Access to safe drinking water is a major challenge for the inhabitants of the island despite abundance of surface water.

#### Hygiene Status -



Data Source: - Primary survey.

According to primary data it is found that 40.62 per cent have sanitary latrine, received closet from the government. 33.75 per cent respondents have insanitary latrine which is surrounded by leaves or plastic and 25.63 per cent do not have latrine at home and they use to go river bank side.

**Diseases –**

Data Source:- Primary survey.

According to primary data 55 per cent respondents suffering from various diseases of which is significant out of 88 respondents 34 respondents suffering from vaginal itching and vaginal infections, 18 respondents suffering from Periods Problem and 17 respondents suffering from Ulcer. Others 19 respondents suffering from Anemia, Poly Plus, Skin Disease, Eye Problem, Kidney Problem, Heart Problem. In Sundarbans flooding is a frequent occurrence due to the lack of concrete embankment and river erosion. During floods with long-term stagnation of water, the population is at higher risk for water-borne diseases, which increases the incidence of morbidity and mortality.

On the other hand, looking at India's position around the world in terms of health and government-related health projects, one can understand how shocking the situation is. UNDP describes India's neglect of health is visible and according to HDI report 2019 India is ranked 129 out of 189 countries in the world and among the 36 States and Union Territories of India, West Bengal is ranked 28th positions. Global Hunger Index report 2019, India's position is 102 among 117 countries which indicate serious level of hunger.

**Policy for Development –**

Indian government launched several scheme for health care. One of the significant health scheme for the welfare of women and children is 'Janani Suraksha Yojana or JSY which launched on 12<sup>th</sup> April, 2005. The main objective of the scheme was to monitor the health activities of the poor pregnant woman and Increasing of institutional delivery. All the states of India are covered by this project. As a health worker, the project employs Anganwadi worker, ASHA workers at the ground levels of society so that they can interact directly with pregnant women and this process is accomplished by periodically establishing links these health workers with the government. Despite the success of the project, many women have been deprived of its benefits.



On 1<sup>st</sup> June, 2011 government of India launched another scheme ‘**Janani Shishu Suraksha Karyakram or JSSK**’. The main objective of the project was supporting families who are unable to treat pregnant women and sick newborn babies. On behalf of the government with the aim of improving the health of both women and children, normal delivery of pregnant women, caesarean operation and seek newborn treatment are provided free and the mother and baby's health is taken up to one months after childbirth. There are many other benefits under this project but the implementation is very poor.

Indian Ministry of Health and Family Welfare launched a programme in 2013 for purpose of promoting the good health of women and children, which is RMNCH+Aor Reproductive, Maternal, Newborn, Child Health plus Adolescent. The purpose of this programme was to reduce maternal and child morbidity and mortality rate. This program was first launched under the name RCH or Reproductive and Child Health in 15 October, 1997 and the second time it was launched by the name of RCH-2 or Reproductive and Child Health-2 on 1<sup>st</sup> April, 2005.

### **Job Problems –**

Due to the lack of livelihood on the island seasonal migrant workers rate is increased day by day. During the rainy season they worked as an agricultural labor. Beyond the time, some people who have agricultural land they cultivate their own land and few people work either fishing or as daily labor in the island. But most of the Muslim men of Sundarbans go to other states for 3 to 6 month as migratory labors. On the other hand respondents said that when their husbands going to work in other state they do not send money in a certain way. As a result, they have to borrow in the shops. But after some time the shopkeeper is no longer willing to lend and then they face problem to get food. This problem is exacerbating by the lack of work opportunities for women. Another problem is domestic violence. Women are victims from domestic violence because of the poor economic conditions of the region and the mistrust on wives of the seasonal migrant labor families. According to primary data 44.38 percent respondents in this area suffering from domestic violence. From which (44.38 percent) Hindu respondent are 25.36 percent and Muslim respondent are 74.64 percent. In the context of incidents of mistrust as a serious problem for a 25 years old respondent said - “We have four family members including son and daughter. We live in a broken house made of mud and plastic over the dam. My husband lives in Mumbai for sewing work 3 to 5 months in a year and he spends the rest of the month at home and then no longer works. Also my husband does not send money properly when he is out for work. So we are always lacking in income. Here is nothing we need to survive. We have no land to build a house, we live in government occupied land, no food to eat, no clothes to wear, no money to teach our kids, despite the difficulties we are struggling to survive. In the midst of all this suffering, my husband drinks alcohol and beating me every night. The reason for the beating is that he suspected that I was in a relationship with another person in his absence. I can't prove my innocence and this is happening in phases.”



## Policies -

The Government of India has launched some schemes for the employment of rural development, in which the most successful project is MGNREGA. Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) was passed in September 2005. It aims to enhance livelihood security in rural areas by providing at least 100 days of wage employment in a financial year to every household whose adult members volunteer to do unskilled manual work. This provision discriminates against island women. There are some disadvantages to this project which make it difficult for women to work. In this project, hard work is given such as pond-canal cutting, dam construction, road repairs etc which makes it difficult for women. Also drinking water is available at work place but there is no toilet available. In addition, there is no arrangement for women to take care of their children at work place.

Women in this area do not have work facilities simultaneously the insecurity of women in the family is present. If women do not have opportunities in the workplace, they will naturally become dependent on men and the rate of abuse will increase.

So based on the present status on socio-economic condition of the Sundarbans islands' women new policies need to be introduced for proper implementation and modification of existing policies. The government agencies need to be more responsible for taking proper observation about the output of the policies.

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