



STUDY OF HEALTH DISPARITY OF WRAPPER /WASTE COLLECTOR COMMUNITY

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ABSTRACT

Health is considered to be the primary source of human wealth. This wealth is impacted with the lifestyle of the person categorized under community, religious factors, finance, literacy etc. The population lying below the poverty line restrains from good health condition due to a quality of the food materials or eatables. The content from the foodstuffs consumed in a specific or proper amount defines the health and its growth leading to the characteristic expression of the genes within a body. The human body to sustain from irregular panic from periodical epidemics can be well maintained at a particular proportion with the help of the daily eatables of enriched quality.

The current research experiment is completed through a case study and analyse the reason impacting the health of human categorized under various age groups and their source of income whether sufficient to fulfil a healthy dietary basic needs required for consumption. The survey is completed on a wrapper and waste collector community section to understand their problem and design the possible recommendation necessary to take steps that may reduce the cause of health disparity and healthcare. The survey was conducted in the Malad zone of Mumbai City.

KEYWORDS: Health disparity, poverty, wrapper/ waste collector.

INTRODUCTION

The word food derived means “to feed”. The eatables necessary for healthy health is a key source to sustain body in the environment. A diet healthy and nutritious provides all-time positive growth effects within a body. This is due to the presence of important sources such as vitamins, dietary fibres, plant proteins, minerals and antioxidants. Based upon the age and gender a healthy diet is to be considered on daily basis. Population consuming a diet rich in fruits and vegetables has lower risk of diabetes, obesity and even heart problems. Whole-foods consumption along-with fruits and vegetables fulfils nutrition since it is rich in proteins, carbohydrates and dietary fibres. These foods are known for the provision of the generating strength and muscles required for the youngers and teenagers. The elders with such diet can prevent from falling ill with any type of disease. Thus creating a stable and well managed sustainable ability of the body and mind.

Nutrients are a primary source of producing energy. This energy is in-turn used for the mechanism of digesting food, keeping warm, breathing, keeping the immune system healthy and also for the repair of the body. Hence, longevity is one of the important factor that can be impacted through proper nutrition.

The low-income and poverty are well associated with each other impacting the health leading to an outcomes of shorter-life expectancy, increased rate in infant mortality and high death rates due to an infection of periodical epidemic diseases that arrives with a climate change and changing seasons because of pollution. Poverty is a “social phenomenon” (Anto roarina, 2013) while poverty impact on gender based criteria especially “female” (Surya Narayan Biswal, S. K. Mishra *et. al.*, 2020) population are under an increase vulnerability. As per the records from the studies conducted on various grounds an approximate value of 53% of hospitalisations are followed in government medical sector from rural region while 47% of private hospitalisations from urban region. Thus poverty is a severe problem that has ‘impacted the developments’ (Zhixi Xu, Zhongliang Cai *et.al.*, 2019) in human lifecycle. An approximate range of 90% of low-income group population resides without any health insurance. There are various indicators to determine the factors affecting the human development known to be as Human development indicator (HDI) (Ozlem Yorulmaz, 2016) the Hence, the poverty line in India reflects the growth of required steps to be taken on huge scale for the development and up-liftment of such population so as to minimise the mortality rate and improve longevity of the life to a greater extent.

The current research completed is a survey based method to analyse and understand the issues faced by the community of people working under wrapper/waste collector group. The research successfully concludes about the adapted eating habits followed by such group of population due to their available income sources and the income generated from their work to fulfil the eatables from their earnings. The recommendation of improvement obtained from the survey successfully defines the need of the work to be done to reduce impact of health disparity.

MATERIALS AND METHOD

The survey based questionnaire was completed with results from population residing on a pathway of an open area on the roadside was completed to identify their daily eatables and the adverse effects on the health of such group suffering from healthcare difficulties.

Note: Photographs of such group/families was not clicked due to confidential reasons

The details of the questions are as followed:

- 1) Identity of Family head: denoted in letters
- 2) Number of Family members.
- 3) Age: 1 to 18 years, 19 – 40 years, 41 to 60 years and above.
- 4) Income source.
- 5) Monthly Income.
- 6) List of foods consumed.
- 7) Amount of consumption.
- 8) % consumption of foods
- 9) % Average of consumption

RESULTS AND DISCUSSIONS

The following is the result of the performed research experiment presented in **Table1.1** While % consumption presented in **Table 1.2**

Table1.1

Sr. NO.	Identity of Family Head	Number of Family Members	Age (yrs)			Income Source	Monthly Income/ Earnings (Rs.)	List of Food	Amount of consumption (gram/ kg) (weekly)	Amount of consumption (monthly)
			1 to 18	19 to 40	41 to 60 & above					
1	A	5	2	1	2	wrapper collection	7000	Rice	1 kg	5 kg
								Wheat	0	0
								Dal	500 gram	2 kg
								Whole grains	200 gram	800 gram
								fruits	0	0
Veg.	0	0								
2	B	7	3	2	2	Waste plastic bottle collection	9000	Rice	2 kg	10 kg
								Wheat	1kg	4 kg
								Dal	500 gram	2 kg
								Whole grains	0	
								fruits	100 gram	400 gram
Veg.	100 gram	400 gram								
3	C	6	2	1	3	wrapper collection	8000	Rice	1.5 kg	6 kg
								Wheat	1kg	4 kg
								Dal	500 gram	2 kg
								Whole grains	0	0
								fruits	0	0
Veg.	0	0								
4	D	9	4	3	2	Waste collection	11000	Rice	1.5g	6 kg
								Wheat	2kg	8 kg
								Dal	1 kg	4 kg
								Whole grains	500 grams	2 kg
								fruits	150 gram	600 grams
Veg.	400 gram	1.6 kg								
5	E	5	2	3	0	Wrapper collection	7000	Rice	2 kg	8 kg
								Wheat	0	0
								Dal	1 kg	4 kg
								Whole grains	0	0
								fruits	200 gram	800 gram
Veg.	500 gram	2 kg								
6	F	4	1	3	0	House work	7800	Rice	1 kg	4 kg
								Wheat	1 kg	4 kg
								Dal	1 kg	4 kg
								Whole grains	500 gram	2 kg
								fruits	0	0
Veg.	500 gram	2 kg								
7	G	8	3	3	2		8600	Rice	2 kg	8 kg
								Wheat	2 kg	8 kg

8	H	6	2	2	2	Wrapper and waste collection	9000	Dal	1 kg	4 kg
								Whole grains	0	0
								fruits	0	0
								Veg.	500 gram	2 kg
								Rice	2 kg	8 kg
9	I	5	3	2	0	Waste collection	6000	Wheat	1 kg	4 kg
								Dal	1 kg	4 kg
								Whole grains	0	0
								fruits	0	0
								Veg.	1 kg	4 kg
10	J	7	3	2	2	contract based work	10000	Rice	2 kg	8 kg
								Wheat	0	0
								Dal	1 kg	4 kg
								Whole grains	500 gram	2 kg
								fruits	150 gram	600 grams
								Veg.	500 gram	2 kg

Table 1.2

List of Food	% Consumption									
	A	B	C	D	E	F	G	H	I	J
Rice	16.66	33.33	20	20	33.33	13.33	26.66	26.66	26.66	20
Wheat	0	13.33	13.33	26.66	0	13.33	26.66	13.33	0	26.66
Dal	6.66	6.66	6.66	13.33	13.33	13.33	13.33	13.33	13.33	13.33
Whole grains	2.66	0	0	6.66	0	6.66	0	0	6.66	6.66
Fruits	0	1.33	0	2	2.66	0	0	0	2	0
Veg.	0	1.33	0	5.33	6.66	6.66	6.66	13.33	6.66	6.66

List of Food Consumed	% Average consumption
Rice	23.66666667
Wheat	13.33333333
Dal	11.33333333
Whole grains	2.933333333
Fruits	0.8
Vegetables	5.333333333

Table:1.3

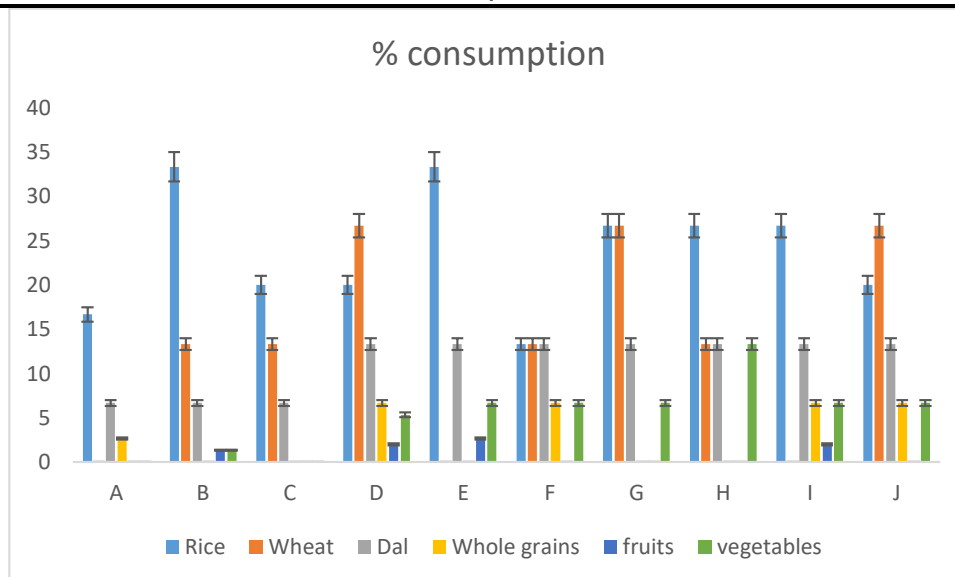


Figure 1: % consumption statistics from *Table 1.2*

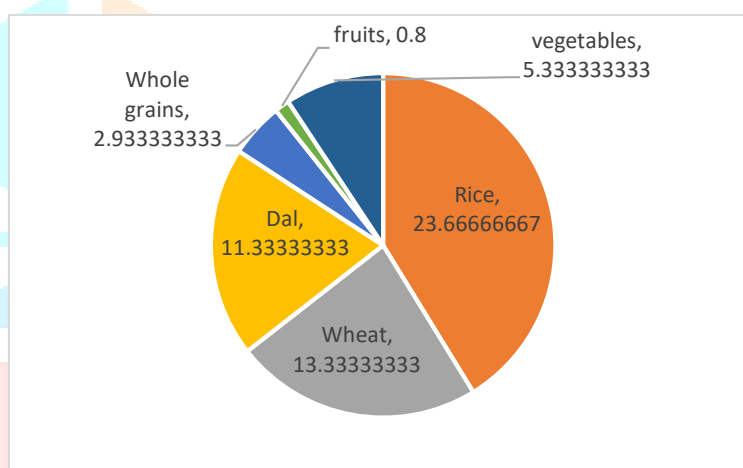


Figure 2: % Average consumption statistics from *Table 1.3*

Table 1.1 represents the data of the population of the age 1 to 18 years is to be 25, 19 to 40 years is 22 and 41 years of age and above is observed to be 15. The table represents the data of income and their consumption of food materials of individual family based upon their income sources.

The consumption proportion of individual families from figure:1 represents % consumption of the food materials possible to consume as per their daily wages/ income. The figure indicates the amount of rice consumption at a range between 15 % - 26%. While the wheat consumption ranging between 13% - 26%. The third highest consumed food material is the dal which ranges between 6% -13% while the whole grains ranging between 2% - 6% and vegetables between 6% - 13%. The least value of consumption observed is of the fruits ranging between 1% -6%.

The figure 2 represents the % total average consumption of the food materials enlisting Rice at about 23.66%, wheat 13.33%, Dal 11.33%, whole grains 2.9%, fruits 0.8% and vegetables 5.33%.

CONCLUSION

The complete research study completed on the total number of population ranging between 1 years to 18 years, 19 years to 40 years and 41 years and above of random 10 families from wrapper/ waste collector community represents the order of consumption Rice > Wheat > Dal > Vegetables > Whole grains >Fruits. Based upon the obtained results such group of people are observed to be on a primary consumption of dietary contents such as carbohydrates, proteins in limited amount, fats and fibres in a minimal quantity with no extra supplements of any natural food materials that are enriched in multivitamin sources and nutraceuticals. As per the number of population of '1 years to 18 years' which is a prior age of high consumption to enriched body with health effective diet and nutrients it is observed that this age group is facing difficulty due to an impact of poverty factor or lower income factor.

The required rate of consumption if not fulfilled may lead to serious health effect leading to severe impact in healthcare disparities in future. The case study of this research priorly analyse the basic issue of their unhealthy lifestyle is due to their non-fulfilled income impacting on individual growth of every family member Thus in-order to regain the stability in health disparity its necessary to have a provision of schemes or a wide job opportunity for such group of population on a large scale. The stability in the income might impact their life for a change of lifestyle and also the fulfilments of basic amenities on timely basis further minimizing the huge loss of health and healthcare disparity sections.

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