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# **A Comprehensive Study on the Socio-Economic and Health Conditions of Ragpickers of Backward Areas of Vadodara City**

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## **1. PREFACE**

The vibrant city of Vadodara, while showcasing its cultural richness, also harbors a less visible reality: the challenging lives of ragpickers residing in its backward areas. This dissertation, "A Comprehensive Study on the Socio-Economic and Health Conditions of Ragpickers of Backward Areas of Vadodara City," seeks to illuminate the often-overlooked struggles of this vulnerable segment of society.

My interest in this area stems from a deep concern for the socio-economic disparities and health vulnerabilities faced by these individuals. The research aims to explore the specific challenges ragpickers encounter in Vadodara's backward areas, examining how these conditions are manifested and perpetuated within the broader social fabric.

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## **2. Executive Summary**

This project titled "A Comprehensive Study on the Socio-Economic and Health Conditions of Ragpickers of Backward Areas of Vadodara City" explores the living and working conditions of ragpickers in the socio-economically underdeveloped regions of Vadodara. The study aims to uncover the challenges faced by these individuals, who play a critical yet largely invisible role in urban waste management. Through a combination of field observations, surveys, and interviews, this research seeks to shed light on the harsh realities faced by ragpickers in terms of socio-economic disparities, health issues, and the general lack of societal awareness regarding their plight.

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## **3. Objectives of the Study**

- To assess the socio-economic status of ragpickers in backward areas of Vadodara.
- To identify the health-related challenges faced by ragpickers due to their occupation.
- To explore the social stigma associated with ragpicking and its impact on the lives of individuals.
- To provide recommendations to improve the living and working conditions of ragpickers.

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## **4. Research Design:**

A mixed-method approach combining both Qualitative and Quantitative research methods.

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## **5. Tools of Data Collection:**

- **Primary Data:**
  - ❖ Questionnaire – Containing 45 questions related to demographics, income, working conditions, and health status.
  - ❖ Personal Interviews – Conducted to gather in-depth insights about their struggles.
  - ❖ Observations – To record their working conditions and daily routine.
- **Secondary Data:** Analysis of existing reports, academic articles & government publications.

## 6. Sample and Sampling

A purposive sampling technique was used to select 25 ragpickers from different areas of Vadodara. The criteria for selection included:

- Individuals actively engaged in ragpicking.
- Residents of slums or informal settlements.
- Diversity in age and gender to get a broad perspective.

## 7. Literature Review

1. Chikarmane and Narayan (2009) highlight that ragpickers are often migrants, women, and children who belong to economically disadvantaged and socially marginalized communities. Their work is largely driven by poverty and lack of employment opportunities.
2. Beall (1997), the income of ragpickers is precarious, fluctuating with market demands for recyclables and the prices offered by scrap dealers. These earnings are often insufficient to meet basic needs, leading to a cycle of poverty.
3. Lal (2015) notes that healthcare and health practices in these areas remain basic. People continue to rely on traditional beliefs, customs, and practices, often seeking help from unqualified para-medicals and quacks. While Primary Health Centers (PHCs) and sub-centers exist, the availability of health services is limited due to a shortage of specialists and doctors' reluctance to work in these remote locations. In the case of thandas, access to these services is even more scarce.
4. Ray et al. (2004). The inhalation of dust, fumes, and toxic gases, coupled with poor living conditions, leads to chronic respiratory issues such as asthma and tuberculosis. Infectious diseases like skin infections and gastro-intestinal diseases are also prevalent due to poor hygiene and sanitation.

## 8. Case Study

Rani - A Female Ragpicker from Vadodara

### Background:

Rani is a **35-year-old woman** who migrated to Vadodara from a rural area in search of better employment opportunities. She lives with her three children in a small slum area near a garbage dump. Rani works as a ragpicker, collecting plastic, paper, and metal scraps that she sells to local scrap dealers.

Despite the dangerous and hazardous nature of her work, Rani continues working for over **12 hours a day** to support her family. Her income is irregular, but she earns between **₹100-₹150** per day.

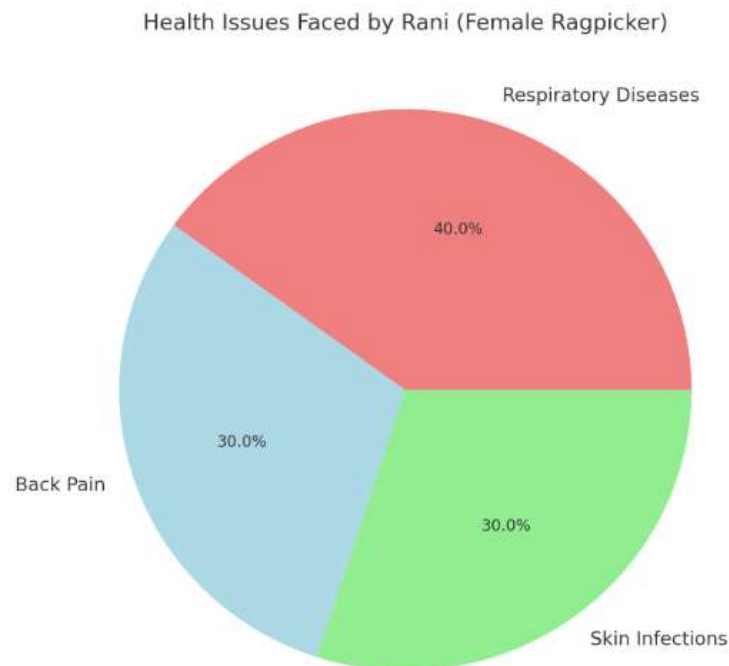
**Table: Socio-Economic Profile of Rani**

Attribute	Details
Age	35 years
Gender	Female
Education Level	Illiterate
Work Hours	12 hours per day
Income	₹100-₹150 per day
Health Issues	Respiratory diseases, Back pain, Skin infections
Social Stigma	Experiences social exclusion due to her work
Living Conditions	Lives in a slum, near a garbage dump, poor sanitation and overcrowded housing
Family Status	Mother of 3 children, primary breadwinner

### Pie Chart: Health Issues Faced by Rani

- **Respiratory Diseases:** Chronic bronchitis (40%)
- **Back Pain:** Due to carrying heavy loads (30%)

- **Skin Infections:** From constant exposure to waste (30%)



## 9. Suggestions

Based on the findings, the following suggestions are made to address the socio-economic and health challenges faced by ragpickers:

### 1. Increase Income Opportunities

- Implement **waste segregation at source** and include ragpickers in the formal waste management system, ensuring they receive better wages for their contributions.
- **Microfinance schemes** and **income-generating programs** could be introduced to help ragpickers diversify their income sources.

### 2. Improve Educational Opportunities

- Provide **free education** for the children of ragpickers, as well as **adult literacy programs** for ragpickers to improve their skills and increase their employability.
- **Vocational training** programs should be made available to ragpickers, particularly women, to enable them to find alternative employment opportunities.

### 3. Health and Safety Measures

- **Health insurance schemes** and **regular health check-ups** should be introduced for ragpickers, focusing on the prevention of respiratory diseases and treatment for musculoskeletal disorders and skin infections.
- Ragpickers should be provided with **protective gear**, such as gloves, masks, and boots, to reduce their exposure to hazardous materials while working.

### 4. Social Inclusion and Gender Equality

- Efforts should be made to reduce the **social stigma** associated with ragpicking. Community awareness programs can help change societal perceptions and promote **gender equality** in ragpicking.
- Provide **social support services**, such as counselling and mental health care, to help ragpickers cope with stress and discrimination.

### 5. Access to Government Schemes and Social Security

- Government schemes should be **extended to ragpickers**, including access to healthcare, social security, and educational subsidies. Special efforts should be made to register ragpickers in **government databases** to ensure they benefit from these schemes.
- **Public-private partnerships** can be formed to integrate ragpickers into the formal waste management sector, providing them with access to safer working conditions and a more stable income.

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## 10. Conclusion

This study examines the socio-economic and health conditions of ragpickers in Vadodara, focusing on their working conditions, income, education, health issues, and social stigma. Ragpickers, mostly women and migrants from rural areas, live in extreme poverty and face hazardous working conditions. They earn ₹50 to ₹150 per day, far below the minimum wage, and struggle with irregular income. Education levels are low, with 80% of ragpickers being illiterate or having minimal schooling, limiting upward mobility. Health risks include respiratory diseases, skin infections, and musculoskeletal disorders, worsened by poor healthcare access.

Social stigma is prevalent, with 70% of ragpickers reporting discrimination, which isolates them from essential services. Gender dynamics are significant, as 70% of ragpickers are women, often the primary earners, who also face gender-based exploitation. Migration plays a key role, with 65% of ragpickers being migrants who struggle with legal and social recognition, limiting their access to welfare programs. The long working hours, with 50% working 12-14 hours daily, add to the physical and mental strain. Most ragpickers lack access to government healthcare, education, and social security, highlighting their exclusion from societal support systems.

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