

# **ASHANA TRUST & BHARATIYA MUSLIM MAHILA ANDHOLAN**

## **ANNUAL REPORT 2018**

### **SEHER & UDAAN GROUP:**

- 50 sessions with over 206 children. Sessions on Identity, Gender Sensitization game Lion & Goat played and role of power and gender explained in the training.
- Session on Child Rights with children and parents.
- 2 Exposure visit conducted for children: One visit to St. Xavier's College at Church Gate with 22 children where film screening on "I am Kalam" followed by discussion and a visit to garden with 40 children.
- Along with 2 Students of TISS, conducted Gender Sensitization sessions for children of Shantilal Compound.
- Training sessions on Sexual Abuse were conducted. Each session was planned for one day. 163 children aged between 6-7 years were reached in the process. A movie was shown to them and discussion about good touch and bad touch was carried out. The program proved to be successful in initiating conversation among children regarding a sensitive and important issue.
- Visit to BKC Police Station with 14 girl children and Nirmal Nagar Police Station with 20 girl children for civil awareness and ways to avail services from Police.
- Visit to BMC Ward Office twice with girls and shared information of the functions of the i.e. safe and clean water, electricity bill, birth certificate, clean toilets etc.
- Session held to create awareness on the Muslim Personal/Family Law draft with children. Discussion held on the age of marriage, consent, amount of meher etc. 71 young children from the age group of 8-18.
- Activity and games played conducted for 22 children of Bharatnagar. Sessions held with the children on group/team building at Bharatnagar.
- Training session held at Bharatnagar with girls, aged from 12-17 years. 10 girls were present for the discussion on body and gender, sexual and reproductive health information.
- Meeting with the Udaan group (young boys) held at Bharatnagar on gender equality with 10 children.
- 3 summer session for the children held in the month of May one at Bharatnagar, Bandra West and Shatilal compound. The camp was attended by 30, 23 and 45 children respectively. Ball juggling techniques were taught to the children and were asked to practice followed by team building games played with the children.
- Session on Child Abuse held at Shantilal Compound for 24 children (11 girls and 13 boys) of Domestic workers. Created awareness of the children on good touch and bad touch and also encouraged the children to dialogue with the parents when ever in trouble.
- Session held on leadership held with 23 children (15 boys and 8 girls) at Bharat nagar. To short stories read on courage and sang songs.

- 2 Session on child rights held at Kherwadi followed by games. Session was attended by 15 & 22 children
- Cricket Match organized at Bharatnagar. 3 teams of 11 children in per group, total 33 boys were part of the tournament. Trophy and gifts were given to the winners and best players.
- Training on child sexual abuse was organised at Shantilal compound in Golibar. There were 24 children who attended the training i.e. 11 girls and 13 boys. A film on child sexual abuse was shown to the students. Children were encouraged to speak up and report sexual abuse as the abuser is the culprit who is at fault and the child are only victims. They were told that they should approach people who they trusted. They should not hold themselves responsible for such incident.
- Roshan BMMA is a three day Certificate Course on the topic of Innovative Leadership. Topics covered in this training were the qualities of Courage, Kindness and Innovation. The training was simultaneously held in Kherwadi, Bharatnagar and Shantilal compound. Total 110 children were awarded certificates.
- Session held with 14 children on Good Touch & Bad Touch in Bharatnagar for the children between the age of 8-12 years.

### **TRAINING WITH WOMEN:**

- Visit of the St Xavier College student through Bheramnagar (Bandra east) followed by a joint leadership sensitisation activity by Xavier college representatives for the BMMA area leaders and the students studying in Std XI. Total 31 people were present for the session.
- BMMA Area leaders meeting held at Kherwadi Bandra East in Jan'18. It was attended by 20 members. Discussion held with the team about the Triple Talaq Bill passed by the Lok Sabha. Suggestion was taken from the leaders on whether the triple talaq offense should be bail able or not. Based on the meeting State level amendments were passed in the Lok Sabha.
- Two sessions on Basic Gender were held with 15 girls & 16 girls aged above 18 at Kurla, Jarimari. First day activity, made them play a game and learning of the game was strength in equality. Discussed various instances of discrimination since birth between these girls and their brothers. Society as judgemental, views women's work as having no value, always have so many restrictions. Played another activity where asked to first recite name of mother and then the name of father. Most of them easily spoke fathers name but took a little more time taking mother's names. Discussed how this was because in all official documents, fathers name important and mothers names don't matter. Both are important and family and mother should be valued as much as the father was the learning from this activity. Second day activity. Tiger and Goat game. Analyzed in the light of men being attributed qualities if the tiger, aggressive and roaming outside, while women are the goats, quite and domestic.
- Roshan BMMA is a three month Certificate Course consisting of two session per month on the topic of Innovative Leadership by Noorjehan Safia Niaz. The first batch of the workshop was on the topic of courage held on 21<sup>st</sup>-22<sup>nd</sup> Feb'2018 and was attended by 27 & 24 BMMA women leaders. The Second batch of the workshop was

held on 23<sup>rd</sup> -24<sup>th</sup> March 2018. 23 & 24 BMMA women leaders were present respectively for the two days on the topic of kindness. BMMA is The Third batch of the workshop was held on 19<sup>th</sup>-20<sup>th</sup> April 2018 on the topic of Innovation attended by 23 & 22 BMMA women leaders respectively.

- A discussion held with 18 BMMA leaders on the topic of Polygamy and Halala
- Three day training held on Mental health organised by BMMA for its members and area leaders. The sessions included to understand self better, work on self mental health and the skills of counselling. The session as attended by 20 leaders.

#### **AURTO KI SHARIYA ADALAT:**

- In the Legal aid centre total 210 people approached of which 150 person have their cases with the centre. Of the 150 cases registered, 4 cases were registered for safety, 63 cases were resolved of which 40 cases reconciliation were achieved, 10 cases ended on mutual divorce and another 10 cases women choose to take Khula, 2 cases were transferred to the MSCW centre and one went to the court.
- Coordinate with various to Police Sations i.e. Chembur, BKC, Kurla, Sewri and Chunna Batthi etc to and seek support to help resolve cases registered to Sharia Adalat.
- Coordinate with Mahila Aayog and refer cases to the Mahila Aayog. Referred 3 cases to the Mahila Aayog.in 2018.

#### **HEALTH:**

- A health Conference held at Marathi Patrakar Sangh on the issues of Bhabha hospital. The press conference was attended by 30 people. Farheen Sayyed, Bharti Shetty, Tahir Ssayyed and Sameer Shaikh were on the panel and spoke on the issues that need to be improved in Bhabha Hospital. Farheen Sayyed spoke to the Press reporter Wasim Shaikh on the problems of Bhabha hospital.
- Monthly visits to Bhabha Hospital to ensure the sanitation, medical facilities, security and hospitality of patients by doctors and other workers.
- 5 visits made to V.N.Deasi Hospital for the facilities available for the patients like sanitation, treatment, etc.
- Medical camps was organised twice in Bharat nagar.
- Polio Awareness session conducted in Bharat Nagar for 12 children.
- 8 visits conducted by BMMA members to the Public Health Post Hospital Centres in Kherwadi, Seven Number and Golibar to enquire about the services provided to the community.
- Clicked photos of the Public toilets. Visited the local co-operator office and gave a written complaint and showed photos and spoke about the repairs and maintenance of the toilets and drainage system. In the meeting we were informed that the construction work is causing blockage in the drainage. The construction work to be completed and soon after that they will start the repair work of the toilet.
- Monthly visits of the ration shops of Bandra East (Navpada, Behrampada, Bharatnagar), Khar (Shantilal), Kalina, to check whether products like Rice, Wheat,

Dhal, etc. and available for people in the government determined price. Awareness meetings / sessions with people in the respective localities to ensure they receive the benefits of Ration Products.

- The Bandra East station roads were in a bad condition with lots of huge pot holes, garbage dumped on the road side, and puddles of water everywhere making it impossible for the commuters to walk. 12-15 BMMA members along with the slogan “Where is the co-operator?” marched from the office to station road and stood there for about an hour and a half. Few other localities joined us and short videos of the members were made and posted on the Media. To our luck there was a reporter who was present at the scene. Due to this protest work started and within a day the work was completed. People should come out on the street and put pressure on their respective co-operators and demand for their rights. Within a day the work started and the pot holes were filled.
- Ashana Trust/BMMA has registered for life membership with Ration Kirti Samiti. 2 members of Ashana Trust/BMMA i.e. Bharti Shetty and Farheen Sayeed attend the monthly meetings held on the 2<sup>nd</sup> Tuesday of every month. In the meeting the details and Information with regard to the functioning of the ration shops is shared. New changes in the PDS are shared, trainings conducted, problems faced at the local level by the members are discussed. Monthly visits to the local ration shops are conducted by BMMA member due to which all the items as per the GR are distributed if not the shopkeepers are questioned, many families facing problem that they were not given ration have been resolved. Reached out to approx 1000 women through monthly awareness meetings conducted in the communities of Bharatnagar, Gyaneshwarnagar, Navpada, Golibar, Teenbangla, Kalina- Shastri Nagar. In 2019 continuous advocacy and correspondence to ensure ration shop functioning
- Conducted a study of 250 Muslim women to understand their health issues in collaboration with Maharashtra State Women’s Commission. It is said that few women organisation instead of standing in solidarity and demanding a better life for all women provided a feedback stating that the Hindu women too have similar issues so what? In 2019 we are planning to will use this study to build pressure on the state to improve certain parameters to help improve community health services.
- Press conferences attended on ‘Nasha Mukti’.

### **EDUCATION:**

- Visits to 6 schools consisting of Maulam Azad School of Golibar, Lal School of Kherwadi, Kher Nagar School, Awami Siddique School, Puroshotaman School, and Father Angel School in Banstand to give complaint letters against teachers’ using coercion on children and the shops nearby adding drugs to snacks to addict children to buy regularly.
- School asked parents to open Bank accounts in the name of the children. Two such parents approached BMMA members for support to fill up forms and help them start a bank account in the bank. Helped the two students open a bank account at Central Bank of India. Their phone numbers were linked to their Aadhaar card.

- 3 meetings held with member of Bachpan Bachao Andolan on how BMMA team and BBA could work together and help the kids who have dropped out from school and are now engaged in manual labour. A street play was organised in the community of Shantilal compound followed by signature campaign to protest against Child labour.
- A BMMA member intervened in the case of a child who was not being admitted to a school in Bharatnagar. She visited the Bal Vibhaag Kendra in Charni road which houses an RTE office.

### **EMPLOYMENT:**

- Life skill training organised for making of Paper bags. Training was taken by Kokila Madam with 15 women. 5 types of paper bags were thought to the women. 8 sessions held in the communities of Kalina, Lohianagar, Bharatnagar, Shatilal compound, teen bungla with 115 women on paper bag making An order received for 4 pages bag for 100 bags @ Rs.2.50 per bag. The order was completed in three days. Few community women supported for making of 100 bags and ensure delivery of the order.
- Meeting held with 8 women on the various free courses available i.e. Learn hotel with Taj, Hello Didi teaches to ride a bike or drive a car and help get your own car on loan or get a delivery job, ICICI Vocational Training centre have advance course on beautician, nursing, house-keeping, office assistants, technical courses etc.
- Six girls were awarded certificate for the successful completion of the Mhendi course held at Golibar Karwaan centre.
- Training in Lohianagar for 15-20 women on cooking gas safety measures and precautions sand how to generate income by sale of gas safety product.
- 2 women provided job with a starting pay of Rs.3000/- p.m. in March for thread cutting and button stitching.
- Ashana Trust has organised awareness session/meetings with Vocational Training Centre i.e. ICICI Vocational Training, Kotak Vocational centre, Taj etc to encourage the young boys and girls above the age of 18 years who have either dropped out of school or not gone to college to attain skills for various professional courses for free and these centre provide their students with jobs paying a salary from 10000-18000 p.m.(based on the course) to register. 3 young men and 8 young girls have completed their courses and have got jobs.
- Apna Mahila Bachat Gath is a self help group formed in 2017 to help generate income from the sale of pure, good quality products. These members put up stall in 20 Exhibition in 2018 at TISS College, Sophia College, SNDT College, BSNL, Alibai Pheer Moahmeed College, BMC exhibitions, Intelenet Global services branches Malad, Thane and Goregoan E, etc. and were able to generate a little income.
- Two meeting organized in collaboration on Finance/Money literacy in collaboration with Dhan Gyan. Through these training women received knowledge on the type of banking system, difference between the Debit Card v/s Credit Card, need to save money and various other options available for saving money. It was helpful to the

women. Few women inquired with their respective banks and have started investing small sums.

## **SECURITY**

- BMMA members attended once every month i.e. 12 visit with Mahulla Committee Movement Trust meetings on awareness and training on working with the Police Department and Civil Services for women. Leaders share their experiences and seek guidance and support.
- Public Meeting held at Navpada to create awareness on the constitutional rights of equality, freedom, justice, secularism and fraternity among people and hence maintain peace and harmony and beware of hate speeches by the political leaders. The meeting was attended by 97 people.
- BMMA members attended the 25 years successful completion program organised by Mohulla Committee Movement Trust.
- Organised in solidarity with other civil society groups to safeguard the constitution and protest against increasing attack on the social fabric of the society. In Dec'2018 along with Yuva foundation organised a peace meeting to create awareness on the constitution and request to maintain peace in the area and condemned the politics of dividing the people on the basis of religion. We will continue to express such solidarity whenever the need be.
- Ashana Trust work has been appreciated by Mohulla Committee Movement Trust and thus in 2018 has appointed Zubeda Khatoon Shaikh as a facilitator. BMMA/Ashana Trust team members have regularly attends the meetings held on 1<sup>st</sup> Saturday of the month. Law training of various issues to maintain peace and harmony, women and children (i.e. POSCO, domestic violence, rape etc.) held in these meetings followed by discussions of the problems faced by the community due to the police. Community meetings were organised in the community to create awareness and ensure peace is maintained in the various Muslim communities.
- BMMA member attended a two day training of Centre Human Rights & Law on networking with the women rights NGO's and the Police followed by a meeting on how women organization can network together to ensure women receive justice.
- BMMA members, its Area leaders along with Bandra Peace Committee attended the Dharna outside Bandra Station-West to condemn the killing in Syria in collaboration with NGO, other Muslim organisation.
- BMMA/Ashana Trust has been part of the Daskshata Committee of Bhabha hospital for one year and along with the support of the Human Rights Committee members have managed to build pressure and bring about an improvement in the cleanliness of the wards, better behaviour of the hospital staff, better care and facilities to the patients of Bhabha Hospital. In 2017 an application was given to Bhabha hospital on the issue relating to making remove Burkha in the open has been resolved. CCTV has been installed and a cabin has been installed for the checking of women.
- BMMA/Ashana Trust have supported and joined in solidarity with other organisations to protest, against rape through Dharna's and Candle march from Marine lines to Churchgate, Gateway of India.

## ***ENTITLEMENTS :***

- Supported in the voter ID camp held. Called 75 people and informed about the camp and 25 people forms were filled by a BMMA member.
- Helped 3 people open their bank account.

## **MPL DRAFT ADVOCACY**

- Letter to Maharashtra State Women's Commission asking for amendments in the Lok Sabha bill against triple talaak. Attended at MHADA a function held of Mahila Ayog for their 25<sup>th</sup> anniversary program.
- Press Conference to release the amendments required in the Triple Talaq Bill passed by the Lok Sabha in the Media. The press conference was attended by 30 people including press.
- A research conducted A Study Capturing Views of Muslim Women on Muslim Family Law in Maharashtra. 505 Muslim women were surveyed from various districts of Maharashtra.
- One day fasting Dharna held at Azad Maidan to demand that the Bill against the offence of Triple Talaq be passed in the Rajya Sabha. The Dharna was attended by 40 people.
- A conference held to Ban Polygamy and Halala conducted in collaboration with Maharashtra State Women's Commission held at Sarvodaya Centre, St Pious Seminary, Goregaon to emphasize the Government to neutralise the practice of polygamy in Muslims and to make it illegal. A national study by BMMA conducted on polygamy was released in this meeting. The meeting was attended by 120 women

## **Codification**

1. Outreach
  - Article in Indian Express by Anubha
  - Article by Masooma Ahuja on Qazi Training
  - Article on BMMA and Codification in State Women's Commission magazine
  - Workshop with Special Cell workers at TISS
  - Screening of 3-Seconds Divorce at MIFF
  - Muslim women and Media – panelists on the programme organized by Vinta Nanda
  - Panel discussion organized by the Navbharat Times
  - Discussion on Muslim women's issues organized by Teva Pharma company
  - Speech done and Felicitation by the Jondhale Law College, Dombivili
  - Speech done Felicitation by SNDT D.Ed College, Wadala
  - Presentation on BMMA at a national seminar organized by Mumbai University on 'Disparity, Discrimination, Deprivation and Idea of Social Justice'
  - Understanding of the functioning of the ASA by the visitors from the US Consulate
  - Felicitation by Muslim Satyashodhak Mandal, Pune
  - Wrote article for Olakh magazine on UCC
  - Interview to Gopika on feminism, secularism and law reform
  - Interview to MA intern from London
  - Session in Goa on codification organized by HRLN
  - Meeting with Mumbai Mirror for interview on Darul Uloom Niswan

- Presentation at the Refresher course UGC HRD Centre, Mumbai University, Refresher Course in Social Sciences [Interdisciplinary] topic 'Contemporary Issues in Social Sciences'
- Muslim Women's Constitutional Rights – A Reality Now.
- Interview given to Bhavin of Humlab for Muslim women and legal issues
- Interview to Akashwani on Muslim women's achievements and challenges, went on air on Moharram
- Interview to Stanford News.
- Received Business Today, Most Powerful Women Award
- Session with Special Cell for Women workers, Session from 9 – 1 pm
- Interview with Manisha Desai
- Lecture in TISS about BMMA and Codification
- Hindi ppt on Islamic Feminism
- Notes in hindi and English on tawheed, Islamic feminism

## **2. Campaign**

- Press conference in Delhi and Mumbai to give out amendments to the Bill passed by Lok Sabha. Sent the letter to Modi and Rahul Gandhi
- Discussion of the amendments to the Bill with NC through Whats app.
- Discussion of the amendments to the Bill with Area Leaders
- Involved with the Rajya Sabha Debate where the Bill was not cleared
- Public Hearing and release of Study on polygamy done and released in a seminar supported by State Women's Commission
- Women's Day programme in collaboration with the State Women's Commission highlighting the demands for amendments to the triple talaak Bill and cultural programme
- Press conference against the AIMPLB's march against reforms
- 19 SEPTEMBER ORDINANCE AGAINST TT PASSED – HISTORIC
- 10 JANUARY ORDINANCE AGAINST TT PASSED
- Submission to Susieben Shah, Congress Manifesto about reforms in the Muslim family law.
- Guided the WB team for Maya's nikaah
- For the first time, HUNGER STRIKE at Azaad Maidan to demand law against triple talaak
- Wrote articles on the same issue.
- Continuously uploading on social media about the need for a law against triple talaak

National Council meeting and Ubharte Rehnuma Programme in Delhi  
NC in Kolkata

## **PLANNING & REVIEW MEETINGS:**

- Two day meeting Annual review program held in Kherwadi office for BMMA leaders to review the work done in the year 2017 held in Feb'2018. The meeting was attended by 25 & 15 members respectively.
- BMMA planning meeting held at Charni road was attended by 21 members. Discussion was held on BMMA amendment demands on the Triple Talaq Bills i.e. First demand that the crime of triple talaq should be cognizable crime and an FIR can be registered in the police only by the wife. Second the offenses should be bail able offence, third the punishment for triple talaq should be for one year imprisonment not three years, fourth the method and procedure for talaq should be defined in the bill and fifth there should be a ban on mootaa marriage and halala etc. Members were informed about the next batch of Qazi training to be organised and



Roshan BMMA Leadership training planned for the 21-22 Feb'18 interested members to register their names.

- Two day meeting for the Annual planning meeting held with the BMMA leader team at Choota Kashmir. In these two day keeping in mind the vision activities and training were planned for the year 2018. The meeting was attended by 12& 11 BMMA members respectively.

### **MENTAL HEALTH COUNCELLING CENTRE:**

- Counselling centre (Mental Health) started in March 2018 for Men, Women and children. It was observed that they have shown huge signs of improvement was seen not only in their mental health but also in their physical health too. 31 women and men took services from Ashana Trust.

### **ALLIANCES:**

- BMMA representatives attended 6 meetings conducted by CHRI on Child Labour, Section 498, POSCO Act, Child line 1098 and Documentation of Police Cases.
- Attended a meeting held at Prabhadevi to plan advocacy for the children killing at Syria. The meeting was attended by 25 members from various social groups. It was decided to share videos on Face book and twitters in our various groups and planned a protest.
- BMMA members and Area leaders attended the Dharna outside Bandra Station West to condemn the killing in Syria in collaboration with NGO, other Muslim organisation.
- 7 BMMA members joined in the peaceful protest on 13<sup>th</sup> April'18 at Azad Maidan to condemn the act of rape and demand justice for Asifa.
- 45 BMMA members attended the candle rally held to demand justice for Asifa.
- BMMA member attended a one day training of Centre Human Rights & Law on networking with the women rights NGO's and the Police followed by a meeting on how women organization can network together to ensure women receive justice held at Holy Family Hospital Hall on the 6<sup>th</sup> Floor.
- 30 Members attended the meeting of Centre Human Rights & Law on networking with the women rights NGO's held at BMMA Kherwadi office.
- 15 BMMA members attended mental health program organised by MSCW on mental health day. Awareness was created that all humans at a certain point need to seek help when we are stressed out. If a person is going through sleepless nights, loss of hunger, unreasonable anger, mood swings or other mental stress should not feel any shame and guilt to seek professional help. We need to understand our minds and behaviour better. Avoid blaming other and take responsibility of one's action.
- 2 BMMA members attended a session on Young Urban Women Rights to Safe and Gender Responsive Cities organised by Actionaid in collaboration with Maharashtra State Women's Commission on 29<sup>th</sup> and 30<sup>th</sup> November at YMCA, Mumbai Central, Mumbai.

## REWARDS & RECOGNATION:

- National Women's Parliament presents Khatoon Shaikh award for empowering women for participatory democracy on 29 March 2018.
- Mumbai B.Ed. College for Women in Collaboration with MSCW awarded paradigm shift in Women Empowerment to Dr. Noorjehan Safia Niaz on 10 March 2018.

### **Bharatiya Muslim MahilaAndolan AurtonkiShariatAdalat, Mumbai Report 2018**

<b>Areas where litigants come from</b>	<b>Number of litigants</b>
Mumbai	111
Thane	1
Pune	1
Others (outside Mumbai)	2
<b>Total number of litigants</b>	<b>115</b>

- Most litigants (96.52%) have come from Mumbai.
- There is one litigant from Thane. (0.87%)
- There is one litigant from Pune. (0.87%)
- There are two litigants from outside Mumbai (1.74%).

<b>Person who filed the case</b>	<b>Number of litigants</b>
Wife	84
Husband	18
Others [MIL, BIL, SIL]	13
<b>Total number of litigants</b>	<b>115</b>

About 73.04% of the cases were filed by women against their husbands. Women remain the largest category of persons approaching the court. About 15.65% men have also approached the court. There are other parties, apart from husband and wife who have approached the court including mothers-in-law, sisters-in-law, etc.

<b>Age of the litigant</b>	<b>Number of litigants</b>
15-20	6
21-30	71
31- 40	27
41-50	4
51- 60	5
61+	2
<b>Total number of litigants</b>	<b>115</b>

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Most of the litigants – about 61.74%- who have approached the court are in the age group 21 – 30 years. Since most of the litigants are women, it can be concluded that most of the women filing cases are in the age group 21 to 30 years.

<b>Education level of the litigant</b>	<b>Number of litigants</b>
Illiterate	11
Till 5 <sup>th</sup> Std	5
5 <sup>th</sup> - 9 <sup>th</sup> Std	35
10 <sup>th</sup> - 12 <sup>th</sup> Std	48
Graduation (12 <sup>th</sup> - 15 <sup>th</sup> )	11
Post-graduation	5
<b>Total number of litigants</b>	<b>115</b>

About 41.74% of the litigants who approached the group were of the education level between 10<sup>th</sup> to 12<sup>th</sup> standard. About 30.43% were of the education level between 5<sup>th</sup> to 9<sup>th</sup> standard. This shows that the education level of both men and women is quite low on the whole. Only 13.91% of the litigants are graduates or postgraduate.

<b>Age at marriage of litigant (in years)</b>	<b>Number of litigants</b>
Unmarried	2
Less than 15	9
16-18	20
19-22	33
23-26	31
27-30	14
31-35	5
36-40	0
40+	1
<b>Total number of litigants</b>	<b>115</b>

About 28.70% of the litigants married between the age of 19 and 22 years. About 26.96% of the litigants got married between the age of 23 and 26 years. About 12.17% got married between the age of 27 and 30 years. About 17.39% of litigants got married between the age 16 and 18 years. 25.22% of women or men got married below the legal age of marriage.

<b>Occupation of women</b>	<b>Number of women</b>
Housewife	73
Domestic worker	4
Teacher	3
Others	17
Not applicable	18
<b>Total number of women</b>	<b>115</b>

About 75.26% of the women were housewives and only 24.74% were engaged in work outside. This shows that most women who approach the court are housewives.

<b>Income of women (in rupees)</b>	<b>Number of women</b>
NIL	74
Less than 2,000	1
2,000- 4,000	2
4,000- 6,000	3
6,000- 8,000	4
8,000- 10,000	7
Above 10000	6
Not applicable	18
<b>Total number of litigants</b>	<b>115</b>

The data on occupational status coupled with the income of women shows the impoverished state of women with about 76.29% of women having no income at all. Most of the women who approach the court are housewives who do not have any other source of income. Even those who have a source of income, are extremely impoverished as is shown by the data. About 2.06% of the women earn between Rs 2000 to Rs4000 a month, 3.09% between Rs.4000 to Rs. 6000 per month, 4.12% between Rs. 6000 to Rs.8000 per month, 7.22% between Rs.8000 to Rs. 10,000 per month and 6.19% earn above Rs.10,000 per month.

Religion of women	Number of women
Islam	87
Hinduism	10
Not applicable	18
<b>Total number of women</b>	<b>115</b>

Of the women who approached the Mandal, about 89.69% practiced Islam and the rest practiced Hinduism.

Mehr amount (in rupees)	Number of women
Ignorant	3
Gold	4 (55gm gold, gold, gold chain, gold ring)
786	21
Less than 2,000	14
2,000 to 4,000	9
4,000 to 6,000	23
6,000 to 8,000	5
8,000 to 10,000	0
More than 10,000	18
Not applicable	18
<b>Total number of women</b>	<b>115</b>

About 21.64% of the women claimed to have received Rs.786 as Mehr. About 0.031% women were ignorant about the mehr they had received. This shows that many women are aware of their marital rights under Muslim personal law or Islamic law. 23.71% of women received mehr between Rs.4000 and Rs.6000. The mehr amounts also remain quite low with 74.23% of women getting mehr below Rs 10,000.

Dowry amount (in rupees)	Number of women
Didn't give	41
Don't know	2
Less than 25,000	3
25,000- 50,000	5
50,000- 1,00,000	10
1,00,000- 1,50,000	12
1,50,000- 2,00,000	10
2,00,000- 2,50,000	12
2,50,000- 3,00,000	0
3,00,000- 4,00,000	0
4,00,000- 5,00,000	2
5,00,000- 8,00,000	3
Above 8,00,000	0
Goods and jewellery (worth not mentioned)	5
Not applicable	10
<b>Total number of women</b>	<b>115</b>

Dowry was also prevalent with only 39.05% of the women reporting to have not given any dowry.

About 59.05% women report that they have given some form of dowry. The dowry amounts are also quite high. They range from Rs.25,000 to Rs.8lakhs. About 32.38% of the women are said to have given dowry between Rs.1 lakh to Rs.2.5 lakh.

Status of Cases	Number of cases
Reconciled	21
Khula	13
Fasq	2
Mubarat	2
Triple Talaq	2 (1 resolved and 1 pending)
Talaq given by man	1
Resolved property disputes	4
For safety	11
Pending	36
In court	2
Other resolved	21
<b>Total number of cases</b>	<b>115</b>

65 cases have been solved in total. About 56.52% of the cases that came to the adaalat were resolved. These include settlement, divorce, and other forms of resolution. Some form of settlement was reached between the parties in about 40% of the cases. Divorce was initiated in 17.39% of the cases. Of these cases, demand of talaq initiated by men were 2.61%, instance of triple talaq was 1.74%, andkhula was taken by women in 11.30% of the cases.

Resolution period	Number of cases
Within 1 month	38
Within 2 months	16
Within 3 months	6
Within 4 months	1
Within 5 months	2
Within 6 months	4
More than 6months	0
Not applicable	48
<b>Total number of cases</b>	<b>115</b>

33.04% of the cases were resolved within the first one month of the litigants approaching the adaalat. 13.91% of the cases were resolved within two months. 58.26% of cases were resolved within 6 months. This shows that most cases reaching the court are resolved speedily.

Age of men (in years)	Number of men
15-20	1
21-25	10
26-30	40
31-36	28
37-40	10
41-50	6
Above 50	5
Not applicable	15
<b>Total number of men</b>	<b>115</b>

Most men who approached the Mandal (40%) belonged to the age group 26-30 years.(The number of men here indicates all the men involved in the cases and not just the persons who filed the case)

Education level of the men	Number of men
Illiterate	13
Till 5 <sup>th</sup> Std	8
Till 9 <sup>th</sup> Std	28
10 <sup>th</sup> - 12 <sup>th</sup> Std	24
Graduation (12 <sup>th</sup> - 15 <sup>th</sup> )	15
Beyond	3
Not applicable	24
<b>Total number of men</b>	<b>115</b>

About 30.77% of the men have attained education between 5<sup>th</sup>- 9<sup>th</sup> standard,26.37% of men have attained education between 10<sup>th</sup>-12<sup>th</sup> standard. There were only 19.78% men had pursued graduation and beyond. This is yet again evidence of the low education levels of the men who approach the court.

Age at marriage of men (in years)	Number of men
15-20	7
21-25	39
26-30	42
31-36	10
37-50	2
Not applicable	15
<b>Total number of men</b>	<b>115</b>

While 42% of the men married between age group 26 and 30 years and 39% of the men married between age group 21-25 years, 7% below the age of 21 years. This shows that there are still instances of men getting married below the legal age of marriage. The overall age of marriage has gone up from previous years.

Occupation of men	Number of men
Unemployed	5
Employed at someone's place	25
Government job	1
Driver	22
Office	3
Self employed	24
Company	16
Others	3
Don't know	2
Not applicable	14
<b>Total number of men</b>	<b>115</b>

21.74% of the men were working at someone's place, 19.13% of the men were employed as drivers and 20.87% were self-employed.

<b>Income of men (in rupees)</b>	<b>Number of men</b>
NIL	7
Don't know	13
2,000-5,000	0
5,000-7,000	1
7,000-10,000	13
10,000-12,000	5
12,000- 15,000	15
15,000- 20,000	9
More than 20,000	37
Not applicable	15
<b>Total number of men</b>	<b>115</b>

37% of the men earned above Rs. 20,000. 7% men did not have any earnings (this includes all men who have come, not just the litigants). 50% of the men (definitely) have income levels below Rs. 20,000. It shows that the income levels of most men are low.

<b>Number of times the man has married</b>	<b>Number of men</b>
Only once	73
Twice	24
Thrice	0
Not applicable	18
<b>Total number of men</b>	<b>115</b>

24.74% of the men who had approached the Mandal had married more than once. This proves the existence of polygamy.

<b>Referred by</b>	<b>Number of referrals</b>
Mandal member	4
Area leader	19
Khatoon Sheikh	8
Noorjehan	2
Staff	7
Relatives	7
Others	54
Self	14
<b>Total number of referrals</b>	<b>115</b>

Only 12.17% of the cases came on their own, rest were referred by Mandal members, area leaders, relatives, staff members, Noorjehan, Safia Niaz, Khatoon Sheikh and others. 46.96% of the cases were referred by outsiders including the police, local activists etc. This shows that a number of outsiders are aware of the work carried out by the adalat.

<b>Religion of men</b>	<b>Number of men</b>
Muslim	93
Hindu	9
Not applicable	13
<b>Number of men</b>	<b>115</b>

91.18% of the men practiced Islam while 8.82% were Hindus.

<b>Nature of cases</b>	<b>Number of cases</b>
Husband- Wife disputes	98
Disputes with in-laws	9
Property disputes	4
Others	4
<b>Total number of cases</b>	<b>115</b>

85.22% of the cases were disputes between husband and wife and other disputes included disputes with relatives, in-laws and property disputes. After husband and wife disputes, the next biggest category of cases is dispute with in-law.

## **REPORT**

### **Women's Dignity through Legislation Against Unjust Practices**

#### **Public Hearing of Victims of Polygamy and Halala**

27<sup>th</sup> November 2018, Sarvodaya, St. Pious College, Goregoan East, Mumbai

Bharatiya Muslim MahilaAndolan and Maharashtra State Women's Commission

It has been 70 years and the women of the largest minority community, i.e. close to 8 crores Muslim women do not have a law that protects them within their own families. While the Hindu Code Bill happened in 1955-57, the Indian Christian Marriage Act happened in 1872 and the Parsi Marriage and Divorce Act came in 1936, the Muslim community still does not have a codified law. Muslim nations have had their own shariah laws codified. Closer home, Pakistan has the Muslim Personal Law (Shariat) Application Act, 1962, Bangladesh has the Muslim Family Law Ordinance, 1961 and the Muslims in Sri Lanka have the Muslim Marriage and Divorce Act, 1954. And yet the Indian Muslims, specifically the women are being denied their right to legislative protection.

Muslim women have faced discrimination, harassment and have been denied their fundamental rights as a citizen of India in the absence of any law which can offer her protection. Moreover, Quran has ensured her rights within family but those rights have not been converted into a law so that a harassed woman can access it. Without a codified statutory law it is not possible for anyone seek protection from the state machinery.

BMMA has been in the forefront since the last 11 years in highlighting the legal concerns of Muslim women and as a result The Muslim Women (Protection of Rights on Marriage) Ordinance was passed on 19<sup>th</sup> September 2018. This Ordinance prohibits one-sided divorce and has stipulated punishment for those who continue to divorce their wife unilaterally. While a small step has been taken, the larger battle for a gender just Muslim family law continues.

In a study done by BMMA in 2015, close to 5000 women were asked about their views on polygamy. 91.7% said that the Muslim man must not be allowed to remarry in the subsistence of his first marriage. In the current study, 84% of the women said that polygamy should be outlawed and 73% even said that the husband should be punished for the same. In the years 2017 and 2018 the BMMA's Aurton Ki ShariahAdalat has received 145 cases of polygamy. In 2016, BMMA had filed a PIL against triple talaak, polygamy and halala. The Supreme Court of India passed a judgment against triple talaak which eventually led to the above mentioned Ordinance. In 2018, BMMA has again filed a PIL asking the Supreme Court again to intervene and give a judgment against polygamy and halala as well. BMMA has already in its draft codified law has proposed a ban on both the practices which violates the dignity of women.



Legal protection and security is one of the most crucial means for social and economic development of women. When a woman knows that the law is with her, she is filled with confidence to fight out the violence and discrimination that she faces. Muslim women are equal humans and equal citizens. They cannot be denied their rights as a citizen of India. She must have law by her side just as other women have it. It is also time that all political parties, in power and in opposition, work together and alleviate the terrible discrimination that a Muslim woman faces in the absence of a law. How can she prosper if she is insecure within her own family? It is the responsibility of the state, including the courts, the legislatures and the opposition to fulfill their constitutional obligation towards the most vulnerable.

The programme on the 27<sup>th</sup> of November was scheduled to achieve multiple objectives. The main purpose was to give platform for victims of polygamy to come forward and share their stories of discrimination. More than 150 women attended the programme many of whom were representative of various civil society groups. Women from the communities in Mumbai and also representatives from Amravati came for the meeting. Mr. Dolphy D'Souza from the Commonwealth Human Rights Initiative extended his support to BMMA in its fight for legal rights. He also explained how women can use social media to file complaints with the police and to know our rights vis-à-vis the police.

This public sharing gives a lot of strength to other women to come forward and unburden themselves. Many women were present amongst the audience and three of them shared their stories. Shaheen [name changed] shared how her husband has made polygamy his past time. He has married multiple times and has abandoned the woman. He is a khadim at the Ajmer dargah and in the name of religion and spirituality he has duped so many women.

Another victim shared how she was thrown out of the house and her husband remarried. She is now dependent on her parents for her maintenance and the maintenance of her two children. Her brother accompanied her and has been supporting her. Another victim's husband also has been remarrying women and abandoning them. All the victims wanted justice for themselves and for their children. They felt that a man must not be allowed to have more than one wife.

QaziZubedaKhatoon, State Convener of Maharashtra mentioned how halala happens quietly in the bylanes of our city. The qazi themselves arrange for the halala groom and at times offer themselves for the same. She shared how the Mumbai BMMA team did a sting operation to find out how qazis are in the knowhow and it is at their behest that halala happens. She also shared the efforts of the team of the Aurton Ki ShariahAdalat who painstakingly take efforts to give legal justice to litigants who come to the centre.

On this day, the above mentioned study, 'Status of Women in Polygamous Marriages and Need for Legal Protection' was released. In this study the findings of which were shared by Dr. NoorjehanSafiaNiaz, Co-Founder of BMMA, shared the findings of the study. She shared that the survey indicates that being in a polygamous marriage causes tremendous emotional trauma to the woman apart from economic and other hardships. It affects the woman's sense of self respect, self-esteem and dignity as a human being. The issue is compounded by educational and economic deprivation as they are in no position to raise their voice and demand fair treatment. Most wives in polygamous unions have low education and income status. 77% first wives are dropouts below SSC, 43% do not have an income. Further, a large proportion of women in such arrangements – about 52% - have an income below Rs 10,000. This indicates that women in these marriages are deprived of economic independence. In 45% cases the age of the husband at the time of the 1<sup>st</sup> marriage is between 21 and 26 years and in 38% of the cases the age of the husband at the time of the second

marriage is between 21 and 26 years. With only 9% of the husbands having studied between graduation and post-graduation, it can be concluded that the educational level of husbands in such unions is also quite low. Another important piece of data that has come out of this survey is that in 49% of the cases where the woman happens to be in a polygamous union, the parents have selected the spouse. This shows the relatively little autonomy that women have within this institution and makes a mockery of the Quranic provision of consent. It also highlights that assumptions about free, autonomous choice of spouses in polygamy is not true.

It is clear that women hardly have the same bargaining power as men when it comes to choice of spouses, especially in instances of polygamy. An overwhelming number of women said they felt a sense of betrayal, loss of dignity and loss of self-respect when the husband remarried despite her being the wife. The survey highlights severe mental health issues that plague the women. 50% of the women said that they were depressed most of the time. They also reported other symptoms of depression such as lack of adequate sleep (43%), frequent aches and pains (33%), not feeling good about themselves (33%), and even a tendency to self-harm (43%). An overwhelming number of women (84%) felt that polygamy should be outlawed. A large number of them (73%) even said that the husband who takes a second wife should be punished.

Zakia Soman, Co-Founder of BMMA mentioned that Bharatiya Muslim Mahila Andolan has been working for equal citizenship and for gender justice for the last 12 years. In the course of our work on the ground across different states women have been approaching us with a range of issues faced by them. We work on education, livelihoods, skill training, health entitlements, family issues and law reform. One of the key areas in need of legal protection is the area of Muslim family law. We have been calling for a codified Muslim family law which is based on the Quran and in consonance with constitutional principles of gender justice and gender equality. This law must regulate all aspects of marriage such as age, divorce, polygamy, custody and guardianship of children, inheritance, share in property etc. A copy of the draft family law prepared by us can be found at the end of this report. Nikahhalala and polygamy are the most unjust practices [apart from instant triple talaq] that violate women's equality and gender justice. What is broadly referred to as polygamy is actually polygyny in the context of a Muslim marriage where the husband can have up to four wives. We spoke to 289 women who are in a marriage as either first wife or second wife to understand their emotional, social and financial condition. They shared with us details about their emotional state, economic status, their life condition and other aspects of being one of the two or more wives.

In a patriarchal society any situation is considered from the men's perspective. A man can come up with reasons or justifications to marry more than once and go on to have multiple wives simultaneously. We want to put the experiences and concerns of women at the centre stage for it is they who are bearing the brunt of their husband's actions. It is they who deal with the emotional trauma of the husband bringing another wife home. When a man marries second time, it is the existing wife who deals with the pain, agony and insecurity about herself and her children. It puts a question mark on her children's future apart from her own. The man can come out with outlandish justifications and reasons but it is the woman who finds it hard to come to terms with the fact of her position being undermined apart from the emotional trauma it causes.

Apart from listing the detailed experiences of women in polygamous marriages we attempted to put together some arguments about how one husband one wife or monogamy should be the norm today. Monogamous marriage is encouraged when we view religion with a gender just lens or with a human

rights lens. Monogamous marriage is encouraged when we apply common sense and logic which are both encouraged by Islam.

Adv. ShriyaMaini who is BMMA's lawyer in the Supreme Court and is working on the PIL which will be filed against polygamy and halala in the coming days expressed her happiness at being associated with BMMA and its fight for legal justice.

Adv. Rukhsar Memon, presented an overview of the laws related to polygamy in India as well as in other countries including Islamic countries. The table given below gives an overview of the laws prevailing. Turkey and Tunisia have completely invalidated polygamy. Muslims staying in countries like UK, US, Germany, Canada are subjected to the country laws and are not allowed to have more than one wife. Even Islamic countries have put conditions and restrictions. There the court is required to intervene and without its permission, another marriage cannot be solemnized. India remains the only country where polygamy is unrestricted.

### **POLYGAMY AND LEGISLATION**

Sr.no	Name of the Nation	Legal status on Polygamy	Conditions (if any)
1.	Australia	Illegal.	
2.	Bangladesh	Legal	As per Muslim Marriage and divorce (registration) act 1974, an application to be given to the Arbitration Council by a man desiring to marry other women. The arbitration counsel will look into the consent of earlier wives and use its discretion to allow polygamous marriage. If polygamous marriage done without permission of arbitration council then he shall be ordered to pay the prompt or deferred dower and if not paid it will be recovered from arrear of land revenue or will be punishable with imprisonment up to one year or a fine up to ten thousand taka or with both.
3.	Canada	A criminal offence under section 293 of the Criminal Code. Punishment upto 5 years.	
4.	China	Illegal under Marriage Law.	
5.	France	Civil marriage registry illegal.	
6.	Germany	Illegal and punishment with fine or prison time up to 3 years.	
7.	India	Recognizes only Muslim Polygamous marriage.	
8.	Indonesia	Bans civil servants from polygamous marriage. But allows military personnel to practice polygamy.	As per 1974 Marriage Law for Muslims man should be able to support each equally. For a man to take a second, third or fourth wife he must obtain court permission and the consent of first wife.
9.	Iran	Legal	According to Family Protection Law, 1975, a man can marry second wife only by permission of the court (valid permission) and after obtaining the express consent of his first wife. Concurrently, the wife was given right to wife to obtain divorce in case husband took second wife.
10.	Iraq	Illegal. However is being considered to be legalized due to war like situations.	
11.	Malaysia	Recognizes only Muslim Polygamous marriage.	The 1984 Islamic Family Law states that a polygamous marriage must be 'just and necessary';

			however it has been amended to 'just or necessary'.
12.	Morocco	Legal	Amendment done by government in 2004 husband has to prove financial capabilities to the court. Get written permission from is current wife before marrying a second wife and breaking this rule can result in his arrest.
13.	Pakistan	Legal	Required to obtain consent of earlier wives and show capability of properly take care of all of them.
14.	Philippines	Recognizes only Muslim Polygamous marriage.	As per article 27 of Presidential Decree No. 1083 husband has to deal with the wives with equal companionship and just treatment.
15.	Singapore	Recognizes only Muslim Polygamous marriage.	Approval for Polygamy is needed to ensure that the husband can afford the wives.
16.	Sri Lanka	Recognizes only Muslim Polygamous marriage.	Polygamy is permitted only under certain limited grounds. The Administration of Muslim Act mandates that a Kadi's approval is required before a man may enter into a Polygamous marriage.
17.	Switzerland	Illegal. But may accept or refuse polygamous marriage performed outside the state.	
18.	Tunisia	First Arab state to formally abolish polygamy in 1956.	Second or third or fourth marriage is considered invalid. It is also considered to be criminal offence according to Code of Personal Status 1957, Article 18.
19.	<b>Turkey</b>	Criminalized with upto 5 years of imprisonment.	
20.	United Kingdom	Polygamy is treated as bigamy.	Only first marriage is recognized.
21.	United States	Illegal	
22.	Saudi Arabia	Legal upto four wives	Has to be able to take care of all the wives equally and also a ground for divorce for woman.

### Excerpts from the Study

It is clear that women hardly have the same bargaining power as men when it comes to choice of spouses, especially in instances of polygamy. An overwhelming number of women said they felt a sense of betrayal, loss of dignity and loss of self-respect when the husband remarried despite her being the wife. The survey highlights severe mental health issues that plague the women. 50% of the women said that they were depressed most of the time. They also reported other symptoms of depression such as lack of adequate sleep (43%), frequent aches and pains (33%), not feeling good about themselves (33%), and even a tendency to self-harm (43%). An overwhelming number of women (84%) felt that polygamy should be outlawed. A large number of them (73%) even said that the husband who takes a second wife should be punished.

- **Under- age marriages:**
  - 29% girls [ who are 1<sup>st</sup> wives] and 18% [ who are 2<sup>nd</sup> wives] were married below the age of 18
- **Low education:**
  - 71% second wives are dropout below SSC, 20% illiterate, 4% graduate
  - 77% first wives are dropout below SSC, 11% upto SSC, 7% graduate, 1% PG
- **Poverty:**
  - 42% first wives have no income at all; 40% have an income of below Rs 1000
  - 45% second wives have no income at all; 34% have an income of below Rs 1000
- **Wife's permission not sought:**

- Only 23% husbands informed the wife about their second marriage
- 72% women learnt about husband's second marriage through family or external sources like neighbours or friends.
- 90% wives' said their permission was not sought by the husband
- **Reasons:** the women narrated the kind of reasons provided by the husbands as follows:
  - 35% of the husbands gave the reason that they fell in love with someone else
  - 11% gave the reason of no children
  - 6% said they remarried to support a widow or divorcee
  - 12% said their parents asked them to
  - 4% said their wives were bed-ridden
  - 10% blamed their first wives
  - 6% remarried because they wanted sons
  - 11% were not happy with her body (skin colour, too fat/thin)
- 45% of the husbands threatened their first wife with divorce if she resented his second marriage
- **Role of Qazi Court**
  - 29% of the women approached a Qazi for redress after their husband's second marriage
  - 42% of the women were told to adjust because it is allowed in Shariat
  - 10% said it was his right in Islam
  - 22% were asked to take Khula
  - 26% were asked to file a case against the husband if they were unhappy
- **Relations after Second marriage**
  - 41% of the husbands do not live with her anymore,
  - 25% husbands spend less time with her,
  - 16% said the frequency of fights has increased,
  - 15% husbands do not at all care for the first wife
- **Monthly maintenance**
  - 40% of the husbands provide first wife's monthly maintenance,
  - 47% do not provide monthly maintenance,
  - 13% husbands provide monthly maintenance irregularly
  - 44% of women started working after the husband remarried
- **Housing status**
  - 41% moved to their parent's house,
  - 35% live in the same house as before,
  - 14% live on their own in a rented house
  - 10% live in a new house provided by their husband
- 45% women said they are tolerating the second marriage because they have no other option and they are concerned about their children
- Over 50% women suffer from mental trauma such as depression, self-blaming, suicidal tendencies
- 84% women feel that polygamy should be made illegal
- 73% women feel that husbands indulging in polygamy should be punished.

## **HEALTH STATUS OF MUSLIM WOMEN**

### **A Short Study**

## **CHAPTER 1**

### **HEALTH STATUS OF MUSLIM WOMEN**

A health survey was conducted in various parts of Bandra East, Mumbai to understand the health conditions of Muslim women. The respondents were from various localities of Behrampada, Bharatnagar, Navpada, Nirmal Nagar, Tata Colony and Jyaneshwar nagar. Some respondents were from the neighbouring areas of Golibar in Khar east, Lohiya Nagar of Parla west and Kalina in Santacruz east. All respondents belonged to the slum communities in this area. The women belonged to lower socio-economic strata. The age group of women was between 13-45 years of age. 13% of the women surveyed were between the age of 13-17 years, 18% were between the age group of 18-21 years, 15% between the age of 22-25 years of age, 14% between the age of 26-29 years, 16% between the age of 30-33%, 11% between the age of 34-37 years and 13% for the women between 38-45 years of age. Largely the educational status of the women was low. Most of them have studied up to class 10. 13% of the respondents are illiterate, 3% are educated less or till Std 4<sup>th</sup>, 27% have studied between 5<sup>th</sup>-8<sup>th</sup> std. 28% have been educated between 9<sup>th</sup> and 10<sup>th</sup> std. 28% of them have attended college of which only 8% have graduated. Out of the 250 respondents, 27% of the respondents are un-married, 62% are married, 5% are widow, 3% are divorcees and 4% are single.

### **GENERAL HEALTH**

To get a firsthand understanding of what women felt about their health, 88 women reported to be having a fair health, somewhere in-between good and poor health. At least the perception about ones health is a positive one where collectively 56 women reporting to be having very good to excellent health. 34 women say that they have poor health. This is reflected in the figure where 145 have reported to have visited the doctor in the last one month. So all those women who reported 'fair' and 'poor' health and a few others [145] have visited the doctor in the past one month. And as is widely known that the health care sector has been largely privatized. 164 respondents go to private doctors which line the communities where the study was conducted. The clinics of these doctors and the community health posts are within 10-15 minutes of walking distance from their home. A good number, 54 have to travel by a vehicle mostly an auto to visit the doctor.

20% of the respondents have a history of prolonged illnesses. Out of the 20% women, 6% of the women suffer from blood pressure, 8% suffer from diabetes, tuberculosis, thyroid and body/joint pains and another 3% each suffer from asthma, kidney stone and skin problem. 44% of the women have been suffering for any time between one to five years, 26% of the women live with the sickness for any time between 6 to 12 years and 18% have contracted their sickness anytime between 1 to 6 months. Women don't really prioritize their health. They prolong its treatment till it becomes unbearable.

While 164 women have said that they eat 3 square meals a day, 56 say that they are not able to eat 3 times a day and 30 women are able to do it only sometimes. Combined 86 women are under eating. This is just the fact of eating three times. What they eat during these three meals also needs to be looked into.

Popping pills is fairly common with 64 women reporting to be taking painkillers once a month and 43 taking it every single day and 29 taking once a week. If we combine these numbers than 136 women out of 250 take painkillers on a daily, weekly and monthly basis. Makes sense as earlier we saw 145 visiting the doctor practically once every month. And one does not even have to visit a doctor to take painkillers. It is also reflected in the figures concerning the HB count. 76% of the respondents had no idea about their HB count.

A large majority, 210, reported to having regular bowel movements. It may be an insignificant number but 16 women go to the toilet twice a week and 24 go only four times a week. Irregular bowel movements which is as infrequent as only twice a week can lead to severe health problems apart from playing havoc with one's mental state, mobility and activities. Out of which a large number, 148 go in the morning. A very significant number, 69, go whenever it is free, 22 in the night and 11 in the evening. Given that most communities have public toilets, safety of women around public toilets is a major concern. Another significant data is whether women are dependent on any substance for easy bowel movement. 73 women are dependent which goes well with another data where 74 women have reported to be addicted to paan, gutkha, tobacco and masher. Dependence on substance for clear bowels indicates a deeper health malaise. To add to this dependence is the inadequate amount of water intake. 72 women out of 250 drink only 2-4 glasses of water and 80 drink 4-6 glasses. 152 women drink less than 6 glasses of water.

Lack of healthy, fibrous food, inability to have 3 square meals, inadequate water intake, unhealthy timing of eating meals, especially dinner, all combine to give a situation like this.

Deficiency of sunlight is a cause of deficiency of vitamin D. 132 women out of 250 do not get sunlight into their homes thus depriving themselves and their families of this vital source of natural energy. Moreover 157 women out of 250 wear burkha when they leave the house for any chore. Another method to keep the sun away from even touching one's body. 12% of the 157 women who wear burkha have reported breathing difficulty, 10% suffer from headache, 6% have skin problems and 3% have hyper tension.

### **REPRODUCTIVE HEALTH**

250 respondents were checked on for their reproductive health. A large percentage of them showed that they got their periods at the right time although 21 of them got it between 9-12 years and 6 after the age of 16. The cause of concern is that 40 reported to be having irregular periods. 30 of them had heavy bleeding including clots and flooding.

On the gap between two menstrual periods, it needs to be analyzed further. If we take 29-32 days as a normal gap between two cycles than only 40, which is 16% of the respondents have

a normal gap of 29-32 days. 76 respondents have a gap of 25-28 days. So if we combine the two numbers, 76 and 40, then a fairly good number, 116 have a normal gap of 25-32 days. Cause of concern is 53 who have a gap of less than 21 days and 42 who have a gap of 22-24 days. If we combine this with 10 who get their periods twice a month, then we have 84 respondents who get periods in less than 24 days.

Only 37 women reported not having any symptoms. Rest reported experiencing pelvic pain, nausea, weakness, lower back pain, headache, leg ache and other aches and pains. Out of which lower back pain and weakness was the most common difficulty faced.

If we combine always and sometimes, then 120 out of 250 women have complained of white discharge other than that experienced before or after the periods. White discharge is symptomatic of infections and if kept untreated can lead to debilitating illnesses. Another indication is that of genital itching where 18 have reported to be always having this problem and a big number, 81 say that they experience it sometimes. Given the shame attached to reproductive health and lack of access to public health care coupled with poverty, it is no wonder that a whopping 82 women do not seek treatment at all.

Comparing this data with data on how quickly women reach out for medical help in non-reproductive ailment, shows that 66 women reached out to the doctor immediately, 95 women within a day and 38 within a week and 43 when it was completely unbearable. There was nobody who did not seek medical treatment in non-reproductive health issues! 24 reached out for medical care within 15 days and 17 within a month. Of the 250 women surveyed it is observed that only 26% of them visit the doctor immediately, 38% visit the doctor within a day, 15% within a week, 3% within a month and 17% when the pain becomes unbearable. Only 46 women sought treatment immediately.

If we look at pregnancy related issues, 95 respondents had pregnancy between the ages of 15-20 and 17 before the age of 15. 112 have had pregnancies before the age of 20. Which also implies and is validated by the data that early marriage and pregnancy keeps them away from education and skill development. Early pregnancy means many physiological and psychological ramifications which all of us are aware of. Copper T appears to be the most favoured family planning method followed by condom. 13 have undergone sterilization. Another study will be required to see the impact of use of invasive methods like Copper-T and even injections on women's health.

### **MENTAL HEALTH**

Sleep is an indication of good health. 6-8 of hours of sleep is considered to be adequate for complete rest to the body. A completely rested body is ready to face the challenges and helps keep the mind alert and fresh. Out of the 250 women surveyed 154 women get less than 6 hours of sleep. Many reasons are attributed for lack of adequate sleep. Husband or the earning member of the house, which in a Muslim household is largely involved in informal work which has long and irregular hours. Working late night, eating late night dinner and thus sleeping late becomes a norm. Women with small children have to get up early for their school and also to fill up water. Thus they do not get block undisturbed sleep. Long term



impact of inadequate sleep have been widely researched and women are highly susceptible towards those diseases.

Out of the 250 women surveyed, 51 have reported to be feeling sad and depressed most of the time and 115 feel so sometimes. 107 of them feel angry and upset most of the time. It would be interesting to explore further through case studies the link between lack of sleep and feelings of sadness and anger. Comparatively women experience anger more than sadness. Expression of anger in a constructive way is crucial for a healthy mind and body. Repression of anger has short and long term impact of physical health. As the socio economic status of women of this study shows that the respondents are from a lower socio-economic strata. Poverty, illiteracy, lack of means for self fulfilment could also lead to negative feelings.

74 women out of 250 are addicted to *paan*, *gutka*, *masheri* and tobacco. Thus 30% of respondents have some or the other form of addiction. Long term impact of addiction to these substances can be very fatal. Also the reasons for the addiction needs also to be explored. Easy availability and accessibility of these substances and its dependence for various reasons have made women dependent on these substances.

Mental health is in many ways linked to physical violence. 66 women have reported to have faced physical violence. 18 women said they faced violence during sex most of the time and 7 women said they faced violence during sex sometimes. 25 women have been subjected to violence during sex.

Lack of sleep, addiction to substances, physical and sexual violence on one hand and feelings of anger and sadness on the other are very clearly visible in this study. It is an indication for the state and for the community to take note of it.

## **CHAPTER 2**

### **SURVEY OF MUSLIM SLUM COMMUNITIES**

Behrampada , Bharatnagar, Garibnagar, Jogeshwari, Kalina, Mahim, Navpada, Andheri  
Dongar, Gyaneshwar nagar

#### **PART ONE**

##### **➤ MOST COMMON DISEASES IN THE COMMUNITY**

###### ***CHILDREN***

Cold, cough and fever are the diseases seen most frequently among children. Typhoid, dengue, chikangunya, malaria, tuberculosis, vomiting, jaundice, viral fevers are the most prevalent diseases detected among children. As the weather changes, more and more children fall sick with cough, cold, throat irritation and fever.

###### **YOUTH**

The most common diseases among the youth in the area include tuberculosis, jaundice, typhoid, pneumonia, malaria, chikangunya, diabetes, blood pressure, cancer.

The youth are intoxicated and addicted to tobacco products (tambaku, gutka, cigarette) and medicines (freely available at the chemist) which leads to cancer, lung related diseases and kidney problems. Hand and joint pains, eye infection, back aches, elephantiasis, tonsillitis and tuberculosis are also common.

### **WOMEN**

Women mostly complain of ovarian and breast cancer, blood clot, backaches, white discharge and weakness, irregular menstrual cycle, stomach ache, knee ache. Diabetes, heart diseases, blood pressure, elephantiasis, kidney stones, appendicitis, typhoid, tonsillitis and pneumonia are the diseases which are prevalent among women. Women also complain of eye problems, arthritis, joint pains, obesity, blood vessel blocks, acidity, anaemia and calcium deficiency.

### **ELDERLY**

Frequent complaints made by the elderly are weakness, fever, diabetes, cancer, arthritis, eye diseases (glaucoma), heart diseases, tuberculosis, kidney failure, anaemia and calcium deficiency. Diseases most common among the elderly are, block in blood vessels, weak bones, knee pain, leg and hand pain, weak or loss of eyesight, cough and cold and insomnia.

### **CAUSE OF THESE DISEASES**

A recurrent cause seen among all the groups mentioned above relates to dirty environment, presence of a big open drains, unclean public toilets, water contamination and stress/anxiety.

Lack of food, insufficient knowledge of a healthy diet, stress and anxiety and obesity are seen as the main reasons for the diseases among women. Stress is caused by lack of employment which leads to worries and tensions. Women meanwhile have erratic meal timings, consumption of unhealthy oil, adulterated food, calcium deficiency and lack of exercise. Women's diseases can also be attributed to use of tobacco products (tambaku, gutka and masher].

Youth are highly affected by intoxicants like gutkha. They also consume unhealthy junk food, fast food, Chinese food which are also made in dirty and unclean surroundings.

Weakness, tension, lack of food, tobacco products (tambaku and gutka), betel nut (supari), betel leaf (paan), cigarettes and alcohol are the causes for the diseases among the old. Lack of food and sleep along with tension are the primary reasons for the spread of these diseases. Adulterated food, high oil content, calcium deficiency, rise of inflation and hence non-accessibility to basic food items is also the cause of diseases amongst the old.

Change in weather, lack of proper garbage disposal and breeding of mosquitoes are seen to be the main culprits for diseases seen among the population. Houses being small and no gardens nearby, fresh air doesn't come in. Children also don't have spaces to play. This affects the health of both the elderly and children.

➤ **NEW DISEASES WITNESSED IN THE PAST TWO YEARS**

Dengue, chikengunya, malaria, thyroid, arthritis, jaundice, diabetes and swine flu are diseases reported to have come up in the past two years. Diseases which are most prevalent in the community include cancer, blood pressure, kidney failure, tuberculosis, thyroid, jaundice, heart diseases, diarrhoea, cold, cough and fever.

**PART TWO**

**STATUS OF HEALTH FACILITIES IN THE COMMUNITIES**

➤ **CONDITION OF HEALTH CENTRES**

In *Behrampada* Kherwadi and Bhabha hospital are the two health centres nearby. Medicines and injection for tetanus are available here. These facilities aren't sufficient. Facilities like x-ray, sonography and treatment for big diseases are required. Doctors visit regularly and since it is new, they come on time as well. A lot of people come here for treatment.

In *Bharatnagar*, government health centres are present nearby. However, they do not have any facilities. Treatment for cough, cold, rat bites, antiseptic medicines and injections are provided. Polio vaccine is also administered here. No other facilities are given and if at all they are given, they are sent to Sion or Bhabha hospital. Not a single doctor is available and even when he comes, he leaves quickly. Also, Rs.5 is charged by the government hospital every time they visit the hospital.

In *Garibnagar*, there are no government health centres nearby and hence a huge lack of all medical services.

In *Jogeshwari* government health centres are present nearby, but they do not have any facilities. Medicines are not available and they are asked to be bought from outside. Neither does the doctor come on time, nor does he give enough time to discuss problems. Medicines aren't administered well either. A laboratory and x-ray machine is a necessity here. The hospitals charge Rs.250 from the pregnant women in the first month of their pregnancy itself. Medicines are available in only one medical shop. The things bought for the pregnant women are siphoned off at the BMC as well as the anganwadis.

In *Kalina*, no government health centres are present nearby in Shastri Nagar and hence there are no facilities. This is not acceptable and facilities are required.

*In Mahim, Mori Road*, there are no facilities in the government medical shop. Check up isn't done and medicines are asked to be bought from outside. From the side of the government, there are no facilities. Blood test, x-ray and sonography are all available at Bhabha hospital, but not in Mahim. In case of any emergency, patients are sent to Bhabha hospital. Such facilities are lacking in Mahim and are a necessity. The facilities are insufficient and services that are available in private hospitals like sophisticated machines are required here as well. Doctor isn't available round the clock and especially aren't available during hartals.

*In Navpada*, no government health centres are present nearby. There are only private ones. BCG, TB, cough and cold medicines are the facilities available. All other medicines are asked to be bought from outside. The facilities at the health centre are grossly insufficient. The doctor doesn't visit the health centre on a regular basis either. There are about 2-3 government health centres present nearby. Medicines for cold, cough, leprosy, jaundice, polio and iron capsules are available here. These facilities aren't enough. The doctor visits the health centre regularly.

In *Andheri* too there is no facility available. They get only medicines for cough and cold, vaccination for polio and antiseptics. That clearly is not enough. Many more facilities need to be provided by the state. The doctors come very late and leave early.

In *Jyaneshwar nagar* the health centre has medicines for cold and cough, ointment for leprosy and treatment for TB. Those facilities are not enough. More medicines are also required. The doctors also come daily.

## ➤ **CONDITION OF GOVERNMENT HOSPITALS**

People in *Behrampada, Navpada and Garibnagar and Pipeline* go to KEM, Sion hospital in case of big diseases and in case of jaundice, they go to Kasturba hospital. The closest government hospital is 1 km away from Behrampada. Medicines for TB, worms and polio and injections for tetanus are available. They were aware of only Kherwadi hospital and they felt that the behaviour of the doctors there were good. The behaviour of nurses is also satisfactory and they don't get irritated. While the aya bai in Kherwadi were well behaved, the ones in Bhabha hospital weren't. They squander away money and if they aren't given money, they don't pay attention to the patients.

Kherwadi hospital and Bhabha hospital are at a minimum distance of 2 kms and 5 kms respectively from Navpada. Private or trust run hospitals like Lilavati and Millat are preferred over government hospitals as the latter don't have the necessary facilities. Only the check up by the doctors is free of cost. Medicines have to be bought from outside. CT scans aren't available. X-ray and sonography are available at Bhabha hospital. But none of these machines are there in Kherwadi hospital. The behaviour of doctors at both the hospitals mentioned above is satisfactory. Nurses

behave very rudely to the patients. In case of any emergency or help, they do not come to the aid of the patients and don't provide them with good facilities. They refuse to respond to patients. Injections are also given with no proper care. The behaviour of the aya bai is the worst of the lot. They make a lot of fuss, behave very rudely and steal from the ward. They also slap pregnant ladies and don't let people enter the wards.

In *Bharatnagar*, in case of big diseases, the hospitals preferred are Kasturba, Cooper, Nair, Tata, Sion and Bhabha. The two nearest government hospitals are at a distance of one and five kilometres. Facilities for diseases like cold, cough, tuberculosis, polio and also facilities for pregnant ladies are available here. The behaviour of doctors, nurses and aya bai is good. It is only the doctors in Bhabha hospital who behave well. The aya bai in Bhabha hospital however don't treat the patients well. The behaviour of doctors, nurses and ward bai at both the hospitals mentioned above is satisfactory. Burkha clad women are especially treated badly. Nurses make a lot of fuss while the aya bai behaves as if the hospital belongs to them.

In *Jogeshwari*, on going to BMC hospital, Sector Colony which is 15 kms away from Jogeshwari, patients are sent to KEM hospital. Only labour facilities and TB medicines are available here. The doctors in the hospital make a lot of fuss and don't talk properly to the patients. The nurses, on the other hand, make them run around like dogs. The services rendered by them depend on the social standing of the person or otherwise based on personal bias. The behaviour meted out by the aya bai is the worst and they trouble the patients a lot.

In *Kalina, Santacruz east*, JJ hospital, KEM hospital, Bhabha hospital, VN Desai hospital, Sion hospital, Wadia hospital are approached in case of big diseases. The closest government hospital is at a distance of about 5 kms. The facilities available in the government hospital include x-ray and medicines for minor diseases. The behaviour of doctors at these hospitals is satisfactory when they are known to the doctors. Those doctors who speak in Marathi don't behave well. Nurses behave very offensively. They ask the women not to wear the burkha as they feel that it leads to diseases and body pain. The aya bai's behaviour on the other hand was reported to be good.

KEM, Sion, Nair, Cooper and other big hospitals are approached in case of major diseases for people in *Mahim*. The closest government health centres are at a distance of 5-10kms and hence one can say that there is none nearby. KEM hospital has all facilities. But medicines aren't available and they need to be bought from elsewhere. The behaviour of doctors in these hospitals depend on their mood and isn't consistent. The nurses and aya bai on the other hand mete out very bad behaviour and are domineering. On asking the aya bai to clean, they would rudely ask the patients to get someone from their home itself. They also ask for food expenses in order to take care of the new born babies.

In *Andheri* too people go to Cooper, Nair, Sion, Tata and Kamgar hospital for treatment. The closest public hospital is 3-5 kms. away from the community. The behaviour of doctors, nurses and wardboys is good and basic health care is given properly.

People in *Gyaneshwar nagar* go to Sion, KEM and Kurla Bhabha hospital.

➤ **Condition of Anganwadis**

In *Behrampada* pregnant and lactating women are given adequate health facilities. Immunization camps happen and injections/vaccinations are also done here.

In *Bharatnagar*, all pregnant and lactating women are called and given health facilities. Food, calcium capsules and medicines are provided and weights of children are also recorded. Information about immunization is provided once in a while. Polio vaccine is administered here.

In *Garibnagar*, pregnant and lactating women are given adequate health facilities and food at the anganwadi present nearby. Immunization camps are undertaken by the anganwadi and polio vaccination is also done. Pregnant and lactating women are given adequate health facilities. Immunization camps are conducted and injections/vaccinations are also done in Navpada.

But in *Jogeshwari*, pregnant and lactating women don't get any health facilities. Not even iron capsules are given. Children aren't given food. The teachers fill everything in their bag and take it along with them. No information about immunization is given. Injections/vaccinations are done. Polio vaccine is administered here. There are no facilities. The children and their mothers aren't given food or medicines.

Same in *Kalina*. Pregnant and lactating women are not given any health facilities. Immunization camps aren't held by them neither is vaccinations done regularly.

Even in *Mahim*, neither is pregnant and lactating women given adequate health facilities nor are immunization camps held. However, polio vaccine is administered.

In *Andheri* the anganwadis function properly. They give medicines and calcium and immunization is also done regularly.

In *Gyaneshwar nagar*, the mothers do not get any services, children get khichdi. No immunization camps are held. Only children are given polio dose.

➤ **Condition of Public Toilets**

In *Bharatnagar*, there are 8 public toilets of the BMC in the entire basti. This is sufficient and there is a person entrusted to clean them. Basera society maintains it which is private and money is paid to them. The BMC officials refuse to respond and maintain that they have sold it to the builders.

*Behrampada* has ten public toilets. They are sufficient and clean. BMC takes the responsibility for the cleanliness and they send people for the same.

There are no public toilets in *Garibnagar*. Since the ones available are private and one pays to use them, they are generally kept clean by the private agency itself.

In *Jogeshwari*, there are about 10-12 public toilets of the BMC. They have become private and one has to pay to use them. Private people clean them and extract money in the name of BMC.

Public toilets are present in *Kalina* but they aren't clean and they charge money for its usage. Makadwale sit outside, but don't keep it clean. They are enough, but need to be renovated. Women throw sanitary napkin which also sticks to the feet.

*Mahim* has ten public toilets, but they are used by people from three areas. No one comes to clean them. Though private people have been assigned to clean them, they don't do it either. Not only are they dirty, but don't have doors, lights or even water.

*Navpada* has two public toilets. They are not sufficient and many more are required. The public toilets are all very dirty and there is no one around to clean them.

In *Andheri* the total area has only 6 toilets which is not enough. They are also not cleaned regularly.

There are 3 public toilets in *Gyaneshwar nagar*. But they are all paid toilets. The number of toilets are enough but they need to be cleaned.

➤ **Condition of Drains**

In Behrampada, the drains are cleaned regularly and it is undertaken by the BMC itself. People from BMC come to clean the drains once in 15 days and the roads are cleaned every day. Fumigation is done regularly, so are medical camps organised once in a month.

In *Bharatnagar* drains aren't cleaned at regular intervals. Private people clean it when given money and do it once in two or six months. No one from BMC /comes to clean

these drains and the people have kept individuals to clean the drains. Fumigation is done every 15 days or a month. Medical camp isn't undertaken by the municipality.

*In Garib Nagar* the drains are not at all clean. The person appointed by the BMC does come, but demands money for the services. They feel that the BMC is just namesake and private contractors are assigned to clean them. Fumigation is done once in fifteen days. However medical camps aren't organized By BMC.

*In Jogeshwari*, drains aren't cleaned. People save money and get it cleaned by private people. To clean one chamber, Rs. 150 is demanded. It is people like beggars and waste pickers who are made to clean the drains. No one from BMC come to clean these drains. Fumigation is done every month. Medical camp is however not conducted by the BMC. Drains are open with dirty water, so are the pipelines which are on the streets. Public toilets of the BMC and water facilities need to be made available in the basti.

*In Kalina*, the BMC comes, but do not take away the waste and yet ask for money. They are cleaned privately through contracts. No one from the BMC comes to clean. Makadwale and contractors come only once in a month to clean. Fumigation is done 15 days in a month and then in the next month only. Medical camps aren't organised here by BMC. Only road visits are done by them.

*In Mahim*, neither are the drains clean nor does anyone come to clean it. No one from BMC come to clean the drains regularly. Fumigation is done once in a month. Medical camps are however not organised here by BMC.

*In Navpada*, neither are the drains cleaned nor does anyone come to clean it regularly. Privately, people come and clean the drains and no effort is taken by the municipality for the same. No one from Brihanmumbai Mahanagarपालिका come to clean the drains unless they are called and an application is filed. They come to clean only when some leader comes to visit the area. Neither is fumigation done during the monsoon season nor is medical camp undertaken by BMC.

*In Andheri* the drains are not cleaned regularly. People have employed private persons to do the cleaning. The BMC is absent completely. Fumigation is done regularly. No health camps are held.

*In Gyaneshwar nagar* the Mithi river flows along which is cleaned regularly. There is another pipe running through it. But that is cleaned by public only. BMC does not clean it.



### **PART THREE**

#### **DEMANDS TOWARDS THE GOVERNMENT**

##### **➤ FOR CLEAN SURROUNDINGS**

- In all the communities the women interviewed demanded that:
- Drains and public toilets be cleaned regularly by the BMC.
- There should also be waste bins at regular intervals. These bins must be cleared regularly by the BMC.
- Waste should be put only in the bins and they acknowledge that it is the people's fault for not doing so always.

##### **➤ FOR BETTER HEALTH CARE**

Everyone felt that free medicines and tests should definitely be available in hospitals.

Respect and good behaviour is also expected from the staff of the hospitals.

There should be a fully functional health centre in each slum community.

The health centre must have the following facilities:

- General body check up
- Treatment for minor illnesses
- Medicines [tablets, ointments and injections]
- Machines like x-ray and sonography
- Facility for blood test, ECG, tetanus shots
- Gynaecology services like regular check up, sonography etc.
- Basic health care in case of sudden illnesses and emergencies

*They believe that hospitals should be state run and not be privatised. Doctors, medicines and machines must be available round the clock so that the poor does not have to run from pillar to post. The poor depend on the state run hospitals and state must not run away from its responsibility. The state must spend on medicines, machines and total health care facility for the poor.*

Earlier the roads in Bharatnagar used to be good, but once they have been handed over to the builder, everything has gone haywire. The builder along with the general atmosphere of greed that has been created has brought a bad name to the community. The state must monitor the work of the builders.

## **CHAPTER 3**

### **INDIVIDUAL COMMUNITIES AND THEIR HEALTH CONCERNS**

Health and education facilities are an important part of the development process. It is the responsibility of the government to ensure that these amenities are available. It has been observed that health care facilities aren't good in the Muslim bastis. The government doesn't provide these. On behalf of the society it is important to demand these facilities. The objective of this survey is to formulate such a demand. In order to help bring about change, BMMA aims to understand the health care needs and also the health services being provided to the community. This survey has been divided into three parts. The first part deals with the specific needs of the community and their solutions. The second part deals with the facilities available in the bastis, its importance and condition. Part three will deal with the specific demands that are to be asked from the government.

#### **OBJECTIVES OF THE SURVEY:**

1. To document the health issues of Muslim communities.
2. To analyse the health facilities given to these communities by the government.
3. To formulate the demands to initiate changes.

#### **AREA:**

Behrampada, Bharatnagar, Garib Nagar, Jogeshwari, Kalina, Navpada and Mahim

#### **PROCESS:**

Get information through the medium of group discussions with the people of the area.

#### **TECHNIQUE:**

1. The facilitator led the group discussion with the questionnaire and another member wrote the answers given by the group.
2. Health services in the community were evaluated.

### **BEHRAMPADA**

#### **PART ONE- THE NEEDS AND SOLUTIONS OF THE COMMUNITY RELATING TO HEALTH**

##### **➤ *Most commonly seen diseases among different groups:***

Cold, cough and fever are the diseases seen most frequently among children. The most common diseases among the youth in the area include white discharge, tuberculosis, jaundice, typhoid, pneumonia, irregular menstrual cycle and blood clot due to this. Women mostly complain of ovarian cancer, blood clot, backaches, white discharge and weakness. Frequent complaints made by the elderly are weakness, fever, diabetes, cancer, arthritis and eye diseases (glaucoma).

➤ *Causes of these diseases:*

A recurrent cause seen among all the groups mentioned above relates to dirty environment and presence of a big open drain. The primary problem is that cleanliness isn't taken care of. Another cause for the diseases among the children include their consumption of cold water and ice. Lack of food, insufficient knowledge of a healthy diet and obesity are said to be the main reasons for the diseases among women.

➤ *New diseases witnessed in the past two years:*

Dengue, thyroid and swine flu are diseases reported to have come up in the past two years. Diseases which are most prevalent in the community include cancer, tuberculosis, thyroid, jaundice, cold, cough and fever.

## PART TWO- IMPORTANCE OF FACILITIES GIVEN IN BASTIS AND THEIR CONDITION

➤ *Condition of health centres:*

Kherwadi and Bhabha hospital are the two health centres nearby. Medicines and injection for tetanus are available here. These facilities aren't sufficient. Facilities like x-ray, sonography and treatment for big diseases are required. Doctors visit regularly and since it is new, they come on time as well. A lot of people come here for treatment.

➤ *Condition of government hospitals:*

KEM, Sion hospital are those that the community visits in case of big diseases and in case of jaundice, they go to Kasturba hospital. The closest government hospital is 1km away from Behrampada. Medicines for TB, worms and polio and injections for tetanus are available. They were aware of only Kherwadi hospital and they felt that the behaviour of the doctors there were good. The behaviour of nurses is also satisfactory and they don't get irritated. While the ward bai in Kherwadi were well behaved, the ones in Bhabha hospital weren't. They squander away money and if they aren't given money, they don't pay attention to the patients.

➤ *Condition of Anganwadis:*

Pregnant and lactating women are given adequate health facilities. Immunization camps happen and injections/vaccinations are also done here.

➤ *Condition of Public Toilets:*

Behrampada has ten public toilets. They are sufficient and clean. BMC takes the responsibility for the cleanliness and they send people for the same.

➤ *Condition of Drains:*

The drains are cleaned regularly and it is undertaken by the BMC itself. People from Brihanmumbai Mahanagarpalika come to clean the drains once in 15 days and the

roads are cleaned every day. Fumigation is done regularly, so are medical camps organised once in a month.

### PART THREE- DEMANDS TOWARDS THE GOVERNMENT

➤ *For clean surroundings:*

The community interviewed demand that the drains and public toilets be cleaned regularly by the Brihanmumbai Mahanagarpalika. There should also be waste bins at regular intervals.

➤ *For better health care:*

Everyone felt that free medicines and tests should definitely be available in hospitals. Respect and good behaviour is also expected from the staff of the hospitals. Not only should there be a health care centre in the basti, but also availability of injections and treatment for all kinds of diseases. There is also a need for a hospital in every ward. They believe that hospitals should be state run and not be privatised.

### BHARATNAGAR

### PART ONE- THE NEEDS AND SOLUTIONS OF THE COMMUNITY RELATING TO HEALTH

➤ *Most commonly seen diseases among different groups:*

Cough, cold, fever, typhoid, dengue and malaria are the most prevalent diseases detected among children. As the weather changes, more and more children fall sick. The most common diseases among the youth in the area include tuberculosis, typhoid and cancer in different parts of the body. Women mostly complain of tonsillitis, breast cancer and tuberculosis. Sometimes women even die due to stomach pains. Frequent complaints made by the elderly are diabetes, blood pressure, arthritis and heart attack.

➤ *Causes of these diseases:*

The environment of the community is very dirty and no one comes to clean. Roads are also littered with waste. There are mobile towers of Reliance and Vodafone which along with unclean surroundings are seen to be the main reason for the diseases seen among the youth. The prime causes for the diseases among women include tension and anxiety. Germs are also spread through coughing and sneezing. Weakness, old age, tension, lack of food, tobacco products (thambaku and gutka), betel nut (supari), betel leaf (paan), cigarettes and alcohol are the causes for the diseases among the old.

➤ *New diseases witnessed in the past two years:*

Dengue, cancer, heart disease and thyroid are the diseases reported to have come up in the past two years and the whole body becomes weak due to these diseases. Meanwhile, the diseases most prevalent in society include cold, cough, fever and thyroid.

## PART TWO- IMPORTANCE OF FACILITIES GIVEN IN BASTIS AND THEIR CONDITION

### ➤ *Condition of health centres:*

Government health centres are present nearby. However, they do not have any facilities. Treatment for cough, cold, rat bites, antiseptic medicines and injections are provided. Polio vaccine is also administered here. No other facilities are given and if at all they are given, they are sent to Sion or Bhabha hospital. Not a single doctor is available and even when he comes, he leaves quickly. Also, Rs.5 is charged by the government hospital every time they visit the hospital.

### ➤ *Condition of government hospitals:*

In case of big diseases, the hospitals preferred are Kasturba, Cooper, Nair, Tata, Sion and Bhabha. The two nearest government hospitals are at a distance of one and five kilometres. Facilities for diseases like cold, cough, tuberculosis, polio and also facilities for pregnant ladies are available here. The behaviour of doctors, nurses and ward bai is good. It is only the doctors in Bhabha hospital who behave well. The ward bai in Bhabha hospital however don't treat the patients well.

### ➤ *Condition of Anganwadis:*

All pregnant and lactating women are called and given health facilities. Food, calcium capsules and medicines are provided and weights of children are also recorded. Information about immunization is provided once in a while. Polio vaccine is administered here.

### ➤ *Condition of Public Toilets:*

There are 8 public toilets of the BMC in the entire basti. This is sufficient and there is a person entrusted to clean them. Basera society maintains it which is private and money is paid to them. The BMC officials refuse to respond and maintain that they have sold it to the builders.

### ➤ *Condition of Drains:*

Drains aren't cleaned at regular intervals. Private people clean it when given money and do it once in two or six months. No one from Brihanmumbai Mahanagarpalika comes to clean these drains and the people have kept individuals to clean the drains. Fumigation is done every 15 days or a month. Medical camp isn't undertaken by the municipality.

## PART THREE- DEMANDS TOWARDS THE GOVERNMENT

### ➤ *For clean surroundings:*

The community interviewed demand that the drains and public toilets be cleaned regularly by the Brihanmumbai Mahanagarpalika. Similarly waste bins must be maintained at regular intervals.

➤ *For better health care:*

They demand free medicines, especially for the poor. It would be great if everyone is treated equally and if the hospital staff behaves well with all. They also feel that all tests must be available free of cost. There should be BMC hospital in every basti and ward. Facilities for labour, sudden illnesses and difficulties should be made. They believe that the hospitals must remain under the BMC and not be privatised so that they get some relief.

Earlier the roads in Bharatnagar used to be good, but once they have been handed over to the builder, everything has gone haywire. The presence of the mobile towers and dirty surroundings are major cause for concern. The builder along with the general atmosphere of greed that has been created has brought a bad name to the community.

## **JOGESHWARI**

### **PART ONE- THE NEEDS AND SOLUTIONS OF THE COMMUNITY RELATING TO HEALTH**

➤ *Most commonly seen diseases among different groups:*

Cold, cough, fever, throat irritation, tuberculosis, vomiting, diarrhoea, malaria, typhoid and dengue are the most prevalent diseases detected among children. The most common diseases among the youth in the area include white discharge, back aches and tuberculosis. Women mostly complain of eye problems, arthritis, diabetes and backaches. Frequent complaints made by the elderly are arthritis, cancer, diabetes, tuberculosis and heart disease.

➤ *Causes of these diseases:*

The environment of the community in general and toilets in particular are very dirty. Poor quality of water is also observed to be a main cause for the prevalence of the diseases among children. The main cause attributed to the diseases among the youth and women is tension. There is also an inability to explain the disease among the youth. Women also blame a lack of work to be a reason for their diseases. The reasons for the diseases among the elderly include tension and unhealthy, dirty surroundings.

➤ *New diseases witnessed in the past two years:*

Chikungunya, dengue and jaundice are three diseases reported to have come up in the past two years. Meanwhile, the diseases most prevalent in society include fever, heart attack and cancer.

## **PART TWO- IMPORTANCE OF FACILITIES GIVEN IN BASTIS AND THEIR CONDITION**

### ➤ *Condition of health centres:*

Government health centres are present nearby, but they do not have any facilities. Medicines are not available and they are asked to be bought from outside. Neither does the doctor come on time, nor does he give enough time to discuss problems. Medicines aren't administered well either. A laboratory and x-ray machine is a necessity here.

### ➤ *Condition of government hospitals:*

On going to BMC hospital, Sector Colony which is 15kms away from Jogeshwari, patients are sent to KEM hospital. Only labour facilities and TB medicines are available here. The doctors in the hospital make a lot of fuss and don't talk properly to the patients. The nurses, on the other hand, make them run around like dogs. The services rendered by them depend on the social standing of the person or otherwise based on personal bias. The behaviour meted out by the ward bai is the worst and they trouble the patients a lot.

### ➤ *Condition of Anganwadis:*

Pregnant and lactating women don't get any health facilities. Not even iron capsules are given. Children aren't given food. The teachers fill everything in their bag and take it along with them. No information about immunization is given. Injections/vaccinations are done. Polio vaccine is administered here.

### ➤ *Condition of Public Toilets:*

There are about 10-12 public toilets of the BMC. They have become private and one has to pay to use them. Private people clean them and extract money in the name of BMC.

### ➤ *Condition of Drains:*

Drains aren't cleaned. People save money and get it cleaned by private people. To clean one chamber, Rs. 150 is demanded. It is people like beggars and waste pickers who are made to clean the drains. No one from Brihanmumbai Mahanagarpalika come to clean these drains. Fumigation is done every month. Medical camp is however not conducted by the BMC.

## **PART THREE- DEMANDS TOWARDS THE GOVERNMENT**

### ➤ *For clean surroundings:*

The community interviewed demand that the drains and public toilets be cleaned regularly by the Brihanmumbai Mahanagarpalika. There should also be waste bins at regular intervals. Waste should be put only in the bins and they acknowledge that it is the people's fault for not doing so always.

➤ *For better health care:*

They demand free medicines and most importantly better behaviour from the staff of the hospital. They also feel that all tests must be available free of cost. There should be a health care centre and facilities like blood test, eye check up, labour facilities, treatment for cough and cold and sonography. They feel that there should be a hospital in every ward, especially because a ward like theirs is very big. They demand a BMC hospital nearby with proper facilities and do not want it to be privatised. A big chemist run by the BMC is also a necessity.

The hospitals charge Rs.250 from the pregnant women in the first month of their pregnancy itself. Medicines are available in only one medical shop. The things bought for the pregnant women are siphoned off at the BMC as well as the anganwadis. The latter lack any kind of facilities. The children and their mothers aren't given food or medicines. Drains are open with dirty water, so are the pipelines which are on the streets. They experience trouble at the BMC run schools too. Public toilets of the BMC and water facilities need to be made available in the basti. They feel that there is an urgent need to do something about all these problems.

## **MAHIM**

### **PART ONE- THE NEEDS AND SOLUTIONS OF THE COMMUNITY RELATING TO HEALTH**

➤ *Most commonly seen diseases among different groups:*

Malaria, fever and typhoid are the most prevalent diseases detected among children. The youth meanwhile are troubled by tuberculosis, menstrual problems, anaemia and calcium deficiency. Women mostly complain of stomach pains, knee pain, diabetes, ovarian cancer and acidity. Diseases most common among the elderly are kidney failures, block in blood vessels, heart attack and insomnia.

➤ *Causes of these diseases:*

The environment of the community and waste bin is dirty and not cleaned. This is responsible for the prevalence of diseases among children. Among the youth, TB is hereditary/ genetic. Apart from these main causes include changes in weather and tension. Diseases among the women are attributed to erratic meal timings, lack of attention to one's own health and tension. Lack of food and sleep along with tension are the primary reasons for the spread of these diseases among the elderly.

➤ *New diseases witnessed in the past two years:*

Dengue, chikungunya and swine flu are three diseases reported to have come up in the past two years. On the other hand, heart diseases, diabetes, blood pressure, malaria and kidney failure are those that are most prevalent.



## PART TWO- IMPORTANCE OF FACILITIES GIVEN IN BASTIS AND THEIR CONDITION

### ➤ *Condition of health centres:*

There are no facilities in the government medical shop. Check up isn't done and medicines are asked to be bought from outside. From the side of the government, there are no facilities. Blood test, x-ray and sonography are all available at Bhabha hospital, but not in Mahim. In case of any emergency, patients are sent to Bhabha hospital. Such facilities are lacking in Mahim and are a necessity. The facilities are insufficient and services that are available in private hospitals like sophisticated machines are required here as well. Doctor isn't available round the clock and especially aren't available during hartals.

### ➤ *Condition of government hospitals:*

KEM, Sion, Nair, Cooper and other big hospitals are approached in case of major diseases. The closest government health centres are at a distance of 5-10kms and hence one can say that there is none nearby. KEM hospital has all facilities. But medicines aren't available and they need to be bought from elsewhere.

The behaviour of doctors in these hospitals depend on their mood and isn't consistent. The nurses and ward bai on the other hand mete out very bad behaviour and are domineering. On asking the ward bai to clean, they would rudely ask the patients to get someone from their home itself. They also ask for food expenses in order to take care of the new born babies.

### ➤ *Condition of Anganwadis:*

Neither is pregnant and lactating women given adequate health facilities nor are immunization camps held. Polio vaccine is administered.

### ➤ *Condition of Public Toilets:*

Mahim has ten public toilets, but they are used by people from three areas. No one comes to clean them. Though private people have been assigned to clean them, they don't do it either. Not only are they dirty, but don't have doors, lights or even water.

### ➤ *Condition of Drains:*

Neither are the drains clean nor does anyone come to clean it. No one from Brihanmumbai Mahanagarpalika come to clean the drains regularly. Fumigation is done once in a month. Medical camps are however not organised here by BMC.

## PART THREE- DEMANDS TOWARDS THE GOVERNMENT

### ➤ *For clean surroundings:*

The community interviewed demand that the drains and public toilets be cleaned regularly by the Brihanmumbai Mahanagarpalika. There should also be waste bins at regular intervals which also need to be regularly picked up by the municipality.

➤ *For better health care:*

Availability of free medicines and tests in hospitals is a major demand. Better behaviour from the staff of the hospitals is also necessary. Not only should there be a health care centre and hospital, but also facilities like doctor-round the clock and ambulance. They believe that most hospitals should be under the control of the state as there are a lot of private ones.

➤ *Others:*

It would be great if a Mahila Mandal office is started here. Facilities to make documents like Aadhar card, pan card and caste certificate should also be there.

### KALINA

#### PART ONE- THE NEEDS AND SOLUTIONS OF THE COMMUNITY RELATING TO HEALTH

➤ *Most commonly seen diseases among different groups:*

Jaundice, malaria, typhoid, cold, cough, fever, vomiting and diarrhoea are the most common diseases detected among children. The prevalent diseases among the youth in the area include chikungunya, hand and joint pains, eye infection, itching and back aches. Cholesterol is also being seen among children now. Women mostly complain of backaches, joint pains, cholesterol, obesity and blood vessel blocks. Frequent complaints made by the elderly are heart diseases, diabetes and backaches.

➤ *Causes of these diseases:*

The community is very dirty and the quality of water here is also very poor which cause diseases among children. Change in weather, unclean surroundings, lack of proper garbage disposal and breeding of mosquitoes are seen to be the main culprits for diseases seen among the youth. Women meanwhile have erratic meal timings, unhealthy oil and lack of exercise. Houses being small and no gardens nearby, fresh air doesn't come in. Children also don't have spaces to play. This affects the health of both the elderly and children.

➤ *New diseases witnessed in the past two years:*

Diabetes, dengue, malaria and chikungunya and swine flu are the diseases reported to have come up in the past two years. Fever, cold and malaria on the other hand are most common in society.

#### PART TWO- IMPORTANCE OF FACILITIES GIVEN IN BASTIS AND THEIR CONDITION

➤ *Condition of health centres:*

No government health centres are present nearby in Shastri Nagar and hence there are no facilities. This is not acceptable and facilities are required.

➤ *Condition of government hospitals:*

JJ hospital, KEM hospital, Bhabha hospital, VN Desai hospital, Sion hospital, Wadia hospital are approached in case of big diseases. The closest government hospital is at a distance of about 5kms. The facilities available in the government hospital include x-ray and medicines for minor diseases.

The behaviour of doctors at these hospitals is satisfactory when they are known to the doctors. Those doctors who speak in Marathi don't behave well. Nurses behave very offensively. They ask the women not to wear the burkha as they feel that it leads to diseases and body pain. The ward bai's behaviour on the other hand was reported to be good.

➤ *Condition of Anganwadis:*

Pregnant and lactating women are not given any health facilities. Immunization camps aren't held by them neither is vaccinations done regularly.

➤ *Condition of Public Toilets:*

Public toilets are present in Kalina but they aren't clean and they charge money for its usage. Makadwale sit outside, but don't keep it clean. They are enough, but need to be renovated. Women throw sanitary napkin which also sticks to the feet.

➤ *Condition of Drains:*

The BMC authorised people come, but do not take away the waste and yet ask for money. They are cleaned privately through contracts. No one from the BMC comes to clean. Makadwale and contractors come only once in a month to clean. Fumigation is done 15 days in a month and then in the next month only. Medical camps aren't organised here by Brihanmumbai Mahanagarpalika. Only road visits are done by them.

### PART THREE- DEMANDS TOWARDS THE GOVERNMENT

➤ *For a clean environment:*

The community interviewed demand that the drains and public toilets be cleaned regularly by the Brihanmumbai Mahanagarpalika. They feel that this will lead particularly to a reduction in spread of diseases. As of now there are only two waste bins and they demand that there should be 5-6 waste bins at regular intervals.

➤ *For better health care:*

The community at Kalina were of the opinion that medicines and tests should be done for free as it will be of huge relief to the poor. Consultations should also be free or subsidised. Better behaviour is also expected from the staff of hospitals. They demand for a BMC hospital in the basti and they feel that it can be set up near the school as there is space for the same. If not a hospital in every ward, at least one hospital should

be there for 4-5 wards because they face difficulties especially during the monsoons. Facilities like blood tests, labour services, ECG and doctor especially for women in case of internal diseases are necessary. They believe that hospitals and other institutions too should be under the control of the state and not be privatised. More importantly they should be well maintained.

➤ *Others:*

The community demand implementation of entitlements at the anganwadis for children and pregnant and lactating women.

## **GARIB NAGAR**

### **PART ONE- THE NEEDS AND SOLUTIONS OF THE COMMUNITY RELATING TO HEALTH**

➤ *Most commonly seen diseases among different groups:*

Dengue, cough, fever and chikungunya are the most prevalent diseases detected among children. The youth are intoxicated and addicted to tobacco products (thambaku, gutka, cigarette) and medicines (freely available at the chemist) which leads to cancer, lung related diseases and kidney problems. Diabetes, heart diseases, blood pressure, elephantiasis, typhoid and pneumonia are the diseases which are prevalent among women. Frequent complaints made by the elderly are chest congestion, asthma, cancer and heart diseases.

➤ *Causes of these diseases:*

Surroundings are dirty and people also throw wastes from their houses. This was seen as the primary reason for the diseases among all the categories. Among the youth particularly significant is intoxication and in this context they want all such establishments selling these commodities to be shut down.

➤ *New diseases witnessed in the past two years:*

Dengue, heart diseases, diabetes and arthritis are diseases reported to have come up in the past two years with the first two being most prevalent.

### **PART TWO- IMPORTANCE OF FACILITIES GIVEN IN BASTIS AND THEIR CONDITION**

➤ *Condition of health centres:*

There are no government health centres nearby and hence a huge lack of all medical services.

➤ *Condition of government hospitals:*

In case of big diseases hospitals like Sion and KEM are preferred. Bhabha hospital and Sion hospital are at a minimum distance of 2kms and 7kms respectively from

Garibnagar. No facilities are available and medicines have to be availed from elsewhere.

The behaviour of doctors, nurses and ward bai at both the hospitals mentioned above is satisfactory. Burkha clad women are especially treated badly. Nurses make a lot of fuss while the ward bai behaves as if the hospital belongs to them.

➤ *Condition of Anganwadis:*

Pregnant and lactating women are given adequate health facilities and food at the anganwadi present nearby. Immunization camps are undertaken by the anganwadi and polio vaccination is also done.

➤ *Condition of Public Toilets:*

There are no public toilets in Garibnagar. Since the ones available are private and one pays to use them, they are generally kept clean by the private agency itself.

➤ *Condition of Drains:*

The drains are not at all clean. The person appointed by the BMC does come, but demands money for the services. They feel that the BMC is just namesake and private contractors are assigned to clean them. Fumigation is done once in fifteen days. However medical camps aren't organized By Brihanmumbai Mahanagarpalika.

### PART THREE- DEMANDS TOWARDS THE GOVERNMENT

➤ *For clean surroundings:*

The community interviewed in Garibnagar demand that the drains and public toilets be cleaned regularly by the Brihanmumbai Mahanagarpalika. There should also be waste bins at regular intervals.

➤ *For better health care:*

Everyone was unanimous in their demand for availing of free medicines in hospitals and especially in their demand for better behaviour from the staff of the hospitals. They also feel that all tests must be given free of cost. Not only should there be a health care centre, but also a chemist. Medicines, injections, ointments, proper machines like x-ray and sonography are also a necessity. Hospitals are also to be there in every ward of the municipality. Moreover they believe that hospitals should be under the control of the state as the poor particularly depend on them.

### NAVPADA

### PART ONE- THE NEEDS AND SOLUTIONS OF THE COMMUNITY RELATING TO HEALTH

➤ *Most commonly seen diseases among different groups:*

Dengue, malaria, typhoid, diarrhoea, jaundice and viral fever are the most prevalent diseases detected among children while small children suffer frequently from cough and cold. The most common diseases among the youth in the area include malaria, dengue, typhoid, tuberculosis, cancer, diabetes and blood pressure. Women mostly complain of backaches, weak bones, arthritis and menstrual problems. Breast cancer, ovary cancer, blood pressure, kidney stone, appendicitis are other diseases commonly seen among the women in the area. Frequent complaints made by the elderly are diabetes, heart disease, weak bones, weak or loss of eyesight, cough and cold.

➤ *Causes of these diseases:*

The environment of the community is dirty and ridden with waste. Broken pipeline, poor quality of water and open gutters filled with water are observed to be the main causes for the prevalence of the diseases among children. The main causes attributed to the diseases among the youth include unhealthy, oily junk food, fast food and Chinese food which are made in unhealthy and dirty environments. Women meanwhile have erratic meal timings coupled with calcium deficiency and adulterated food. The causes for the diseases among the elderly include calcium deficiency and adulterated food. Increasing inflation has led to shooting up of prices of basic commodities including dal. Unavailability of food is also a primary cause of most of the diseases among the elderly.

➤ *New diseases witnessed in the past two years:*

Chikungunya and swine flu are two diseases reported to have come up in the past two years.

## PART TWO- IMPORTANCE OF FACILITIES GIVEN IN BASTIS AND THEIR CONDITION

➤ *Condition of health centres:*

No government health centres are present nearby. There are only private ones. BCG, TB, cough and cold medicines are the facilities available. All other medicines are asked to be bought from outside. The facilities at the health centre are grossly insufficient. The doctor doesn't visit the health centre on a regular basis either.

➤ *Condition of government hospitals:*

Kherwadi hospital and Bhabha hospital are at a minimum distance of 2kms and 5kms respectively from Navpada. Private or trust run hospitals like Lilavati and Millat are preferred over government hospitals as the latter don't have the necessary facilities. Only the check up by the doctors is free of cost. Medicines have to be bought from outside. CT scans aren't available. X-ray and sonography are available at Bhabha hospital. But none of these machines are there in Kherwadi hospital.

The behaviour of doctors at both the hospitals mentioned above is satisfactory. Nurses behave very rudely to the patients. In case of any emergency or help, they do not

come to the aid of the patients and don't provide them with good facilities. They refuse to respond to patients. Injections are also given with no proper care. The behaviour of the ward bai is the worst of the lot. They make a lot of fuss, behave very rudely and steal from the ward. They also slap pregnant ladies and don't let people enter the wards.

➤ *Condition of Anganwadis:*

Pregnant and lactating women are given adequate health facilities. Immunization camps are conducted and injections/vaccinations are also done here.

➤ *Condition of Public Toilets:*

Navpada has two public toilets. They are not sufficient and many more are required. The public toilets are all very dirty and there is no one around to clean them.

➤ *Condition of Drains:*

Neither are the drains clean nor does anyone come to clean it regularly. Privately, people come and clean the drains and no effort is taken by the municipality for the same. No one from Brihanmumbai Mahanagarpalika come to clean the drains unless they are called and an application is filed. They come to clean only when some leader comes to visit the area. Neither is fumigation done during the monsoon season nor is medical camp undertaken by BMC.

### PART THREE- DEMANDS TOWARDS THE GOVERNMENT

➤ *For clean surroundings:*

The community interviewed demand that the drains and public toilets be cleaned regularly by the Brihanmumbai Mahanagarpalika. There should also be waste bins at regular intervals which also need to be regularly picked up by the municipality as presently it is only being picked up at night.

➤ *For better health care:*

Everyone was unanimous in their demand for availability free medicines in hospitals and especially in their demand for better behaviour from the staff of the hospitals. They also feel that all tests must be given free of cost. Not only should there be a health care centre, but also facilities like doctor-round the clock and machines so that they don't have to go elsewhere to get tests done. All these facilities are particularly required at Kherwadi hospital. The importance of having a hospital in every ward was also emphasized. They believe that hospitals should be under the control of the state and not privatised as only then will it benefit the people. There is a need for the state to spend more money so that medicines, machines and other facilities come free, especially for the poor.

## ***ANNEXURE***

<b>Particulars</b>	<b>Count</b>
ANDHERI	2
BAHERAM NAGAR	49
BHARAT NAGAR	53
DNYNESHWAR NAGAR	14
GOLIBAR	16
KALINA	31
SANTACRUZ LOHIYA NAGAR	32
NAUPADA	25
NIRMAL NAGAR	18
TATA COLONY	10
<b>Grand Total</b>	<b>250</b>

<b>Age</b>	<b>Count</b>	<b>%</b>
> 17	33	13%
18 - 21	45	18%
22 -25	37	15%
26-29	34	14%
30-33	39	16%
34-37	28	11%
38-41	23	9%
>42	11	4%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

This survey was conducted to understand the overall health condition of Muslim women between the age group of 13-45. As per the table 13% of the women surveyed are between the age of 13-17 years, 18% are between the age group of 18-21 years, 15% are between the age of 22-25 years of age, 14% between the age of 26-29 years, 16% between the age of 30-33%, 11% between the

age of 34-37 years and 13% for the women between 38-45 years of age.



Particulars	Count	%
Ill-literate	33	13%
J.K - IV	7	3%
V - VIII	67	27%
IX - X	71	28%
XI -XII	51	20%
XIII-XV	20	8%
Master	1	0%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

The educational status of the Muslim women surveyed for as per the table states that 13% are Ill-literate, 3% are educated less or till Std 4<sup>th</sup>., 27% have studied between 5<sup>th</sup>-8<sup>th</sup> Std, 28% have been educated between 9<sup>th</sup> & 10<sup>th</sup> STD. 28% of them have attended college of which on 8% have graduated.

Particulars	Count	%
Un-married	67	27%
Married	154	62%
Widow	12	5%
Divorcee	8	3%
Single	9	4%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the Muslim women surveyed for as per the table it is observed that 27% of them are un-married, 62% are married, 5% are widow, 3% are divorce and 4% are single.

# GENERAL HEALTH

## 1. In general, would you say your health is?

Particulars	Count	%
Excellent	34	14%
Very good	22	9%
Good	72	29%
Fair	88	35%
Poor	34	14%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the woman surveyed only 14% of them replied that their health was excellent, 9% said it was very good, 29% said it was Good, 35% said it was Fair whereas 14% of the women said it was Poor

## 2. When did you last visit the physician?

Particulars	Count	%
Past month	145	58%
Past three months	48	19%
Past six months	27	11%
Past year	9	4%
Over a year ago	21	8%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the woman surveyed only 58% of them had visited a physician within a month, where as 19% had visited a doctor over 3 months back, 11% over six months, 12% over a year.

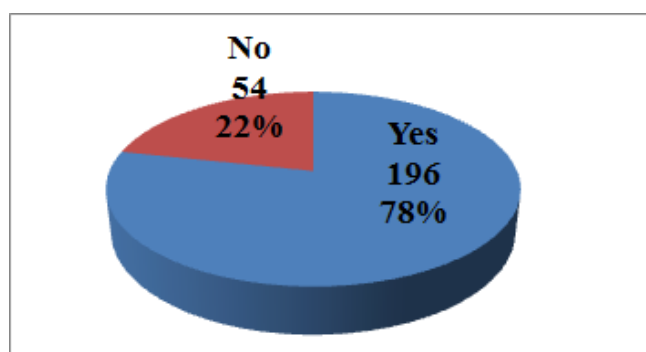
## 3. Which doctor do you go to?

Particulars	Count	%
Private doctor	164	66%
Government health post	79	32%
Hakeem	5	2%
Any one else	2	1%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the woman surveyed it is observed that 66% of them go to Private Doctors as they are near and easily available, 32% go to government health post whereas on

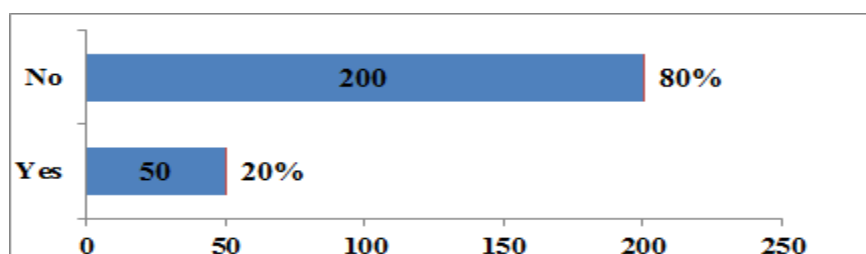
3% visit the Hakeem or other health specialist.

4. Is the health post or doctors clinic within 10-15 minutes of walk?



Of the woman surveyed it is observed that 78% of them have health post or doctors clinic within 10-15 minutes of walking distance whereas 22% of the women had to travel by vehicle to reach a doctor.

5. Do you have a history of prolonged illnesses?



Of the woman surveyed it is observed that 80% of them do not have a history of prolonged

illness whereas 20% do have a history of prolonged illness.

If yes, specify the illness

Particulars	Count	%
Blood Pressure	14	6%
Diabities	5	2%
Asthama	2	1%
Liver Problem	1	0%
Heart Problem	1	0%
Ear ache / Loss of earing	2	1%
Fit	1	0%
Skin problems	2	1%
Itching	1	0%
Kidney stone	2	1%
Body pain (neck, back,leg etc.)	5	2%
Piles	1	0%
Sandhi Vat	1	0%
Stomach	1	0%
Tuberculosis	6	2%
Thyroid	4	2%
Menstuation Problems	1	0%
Not Applicable	200	80%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

As per the Table it is observed that of the 20% women who suffer from prolonged diseases 6% of the women suffer from blood pressure, 8% suffer from diabetes, tuberculosis, thyroid and body/joint pains and another 3% each suffer from asthama, kidney stone, skin

problem.

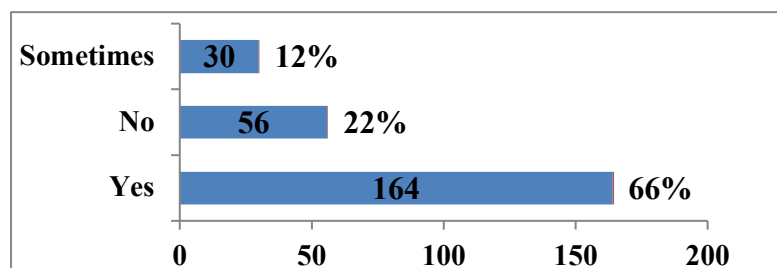
Particulars	Count	%
1-2 Weeks	2	4%
1-6 Months	9	18%
7-12 Months	2	4%
> 1year < 5years	22	44%
> 6year < 12years	13	26%
Since Birth	2	4%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>

How long?

Of the women surveyed 20% suffer from prolonged illness. 44% of the women have been suffering for any time between one to five years, 26% of the women live with the sickness for any time between 6 to 12 years

and 18% have contracted their sickness anytime between 1to 6 months.

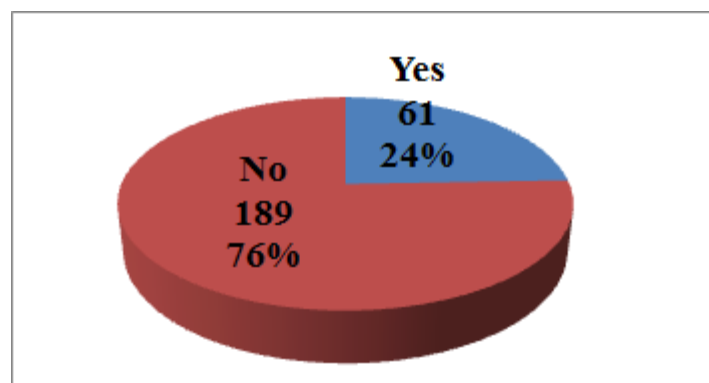
6. Do you eat at least three square meals in a day?



Of the woman surveyed it is observed that 66% of the women have said that they regularly have at least 3 square meals (breakfast, lunch &

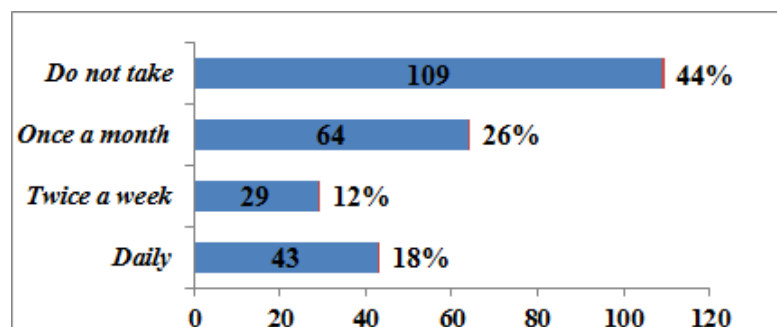
dinner) in a day whereas 22% of the women do not. 12% of the women said sometimes they do eat 3 square meals in a day.

7. Do you know your HB count?



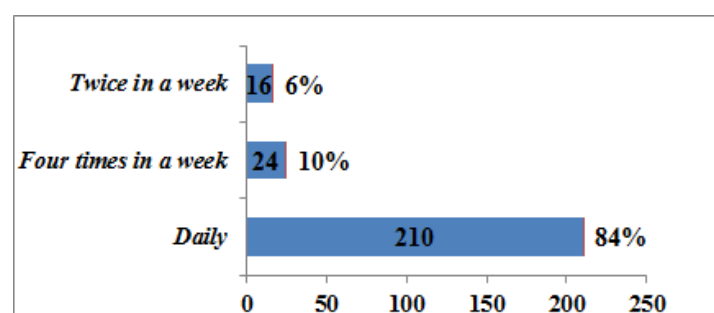
Of the woman surveyed it is observed that 76% of the women have said that they do not know their HB Count whereas only 24% of the women are aware of their HB count.

8. Do you take painkillers regularly?



Of the woman surveyed it is observed that 44% of the women do not take pain killers at all, 26% of them take a pain killer at least once a month, 12% of the women take a pain

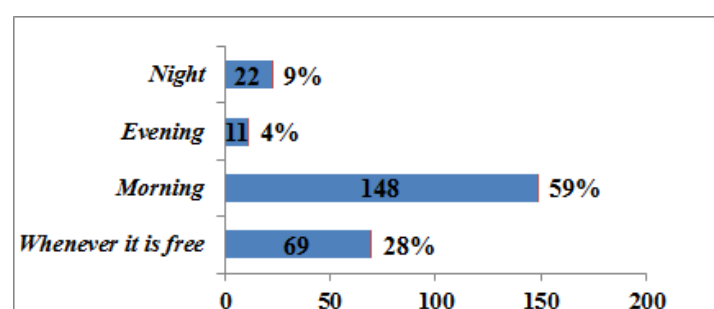
killer at least twice in a week where as 18% of the women said they take pain killers daily.



9. Do you have regular bowel movements?

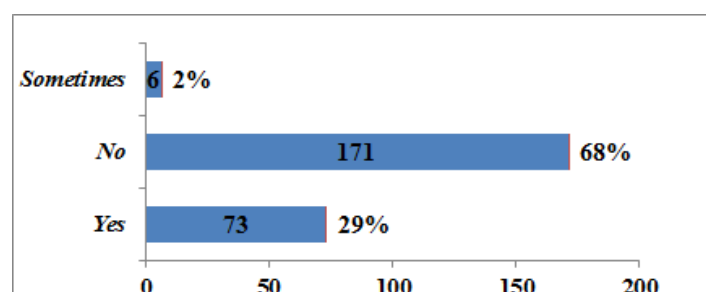
As per the chart it is observed that 84% of the women do have regular bowel movements whereas 16% do not have regular bowel movements of which 10% go four times a week and 6% go twice a week.

10. When do you go to the toilets ?



As per the chart it is observed that 59% of the women do visit the toilet in the mornings. 4% in the evening, 9% at night and the rest 28% visit the toilet whenever it free/available

11. Do you need to eat anything before going to the toilet



As per the chart it is observed that 68% of the women do not need to eat anything before going to the toilet whereas 31% of the women require to eat something before going to the toilet on which 2%

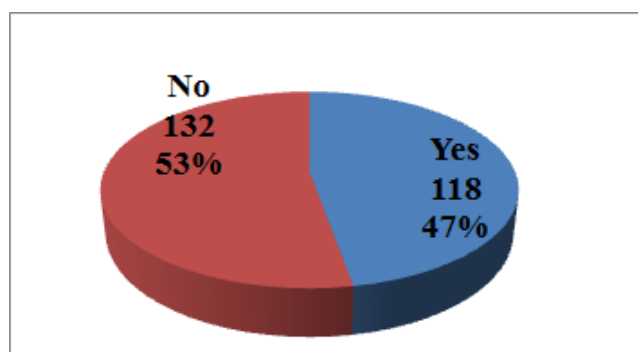
women said they sometimes and 29% said they need it regularly.

12. What do you eat before going to toilet?

Particulars	Participants	%
Tobacco	10	4%
Masher	34	14%
Paan	4	2%
Gutkha	14	6%
Tea	27	11%
Anything else	6	2%
NA	155	62%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

As per the table it is observed that 14% use masheri, 11% tea, 6% gutkha,, 4% tobacco, 2% paan and other 2% other things. 62% do not consume ant thing before going to the toilet

13. Do you get sunlight in the house?



As per the chart it is observed that 47% of the women surveyed get sunlight into their house whereas 53% do not get sunlight into their houses.

14. What do you wear when you get out of the house?

Particulars	Participants	%
Shalwar kameez	86	34%
Saree	7	3%
Burkha	157	63%
Grand Total	250	100%

and 2% drape saree.

As per the table it is observed that 63% of the women wear burkha before leaving the house, whereas of remaining 37%, 34% of the women wear shalwar kamees

15. Do you face any health problem because of hijab?

Particulars	Participants	%
Breathing difficulty	19	12%
Skin problems	10	6%
Hyper tension	5	3%
Headache	16	10%
No Problem	121	76%

breathing difficulty, 10% suffered from headache, 6% had skin problems and 3% have hyper tension.

As per the table it is observed of the 157 women who wear burkha that 76% of them said that they do not face any problem. 12% of the women who wear burkha have

16. How many glasses of water do you drink?

Particulars	Participants	%
Less than one glass	5	2%
2-4 glasses	72	29%
4-6 glasses	80	32%
6-8 glasses	93	37%
Grand Total	250	100%

women drank 2-4 glasses of water and only 2% drink less than 1 glass of water in a day.

As per the table it is observed of the 37% of the women surveyed consumed 6-8glasses of water, 32% of the women drank 4-6 glasses of water, 29% of the

17. Atleast once a week do you eat these food items

Particulars	Participants	%
Salad	125	50%
Green Vegetables	170	68%
Milk	99	40%
Curd	88	35%
Egg	153	61%
Fruit	160	64%

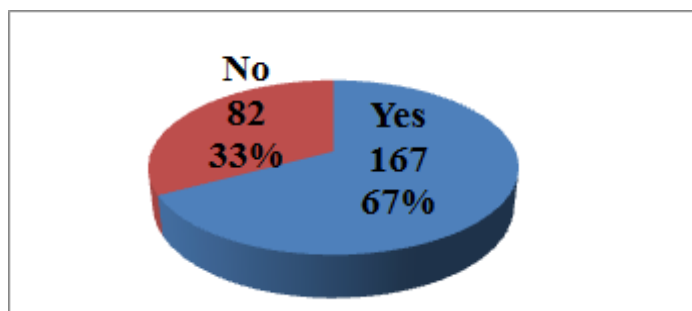
Of the 250 women surveyed it is was observed that 50% eat salad, 68% eat green vegetables, 40% drink milk, 35% have curds, 61% eat eggs and 64% have fruits at least once in a week.

18. When do you go to the doctor when ill?

Particulars	Participants	%
Immediately	66	26%
Within a day	95	38%
Within a week	38	15%
Within a month	8	3%
When unbearable	43	17%
<b>Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is was observed that only 26% of them visit the doctor immediately, 38% visit the doctor within a day, 15% within a week, 3% within a month and 17% when the pain becomes unbearable.

19. Do you know your weight?



Of the 250 women surveyed it is was observed that 67% of the women knew their weight whereas 33% did not know their weight.

20. If yes, then how much?

Particulars	Participants	%
26-35	16	6%
36-45	31	12%
46-55	53	21%
56-65	42	17%
66-75	15	6%
76-85	8	3%
>86	3	1%
Don't Know	82	33%
<b>Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is was observed that 6% of the women where less than 35 Kg, 12% were between 36-45 Kg, 21% were between 46-55 Kg,

17% were between 56-65 Kg weight only 10% were over 65 Kg while 33% did not know their weight.

## **SEXUAL AND REPRODUCTIVE HEALTH**

21. At what age did you have your first period?

Particulars	Count	%
Between 9-12	21	8%
Between 12-14	170	68%
Between 14-16	53	21%
Above 16	6	2%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is was observed that 68% of the women got their period between the age of 12-14

years, 21% got their period between the age of 14-16 years whereas 8% were between 9-12years only 2% got their period after the age of 16.

22. Are your periods regular?

Particulars	Count	%
Very regular	121	48%
Somewhat regular	89	36%
Not regular at all	40	16%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is was observed that 48% of the women got their period very regular, 36 % got it

somewhat regular and 40% faced the problem of irregular periods.

23. How heavy is your menstrual flow?

Particulars	Count	%
Light	74	30%
Moderate	146	58%
Heavy (clots/flooding)	30	12%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is was observed that 30% of the women menstrual flow is

very light, 58% of the women have a moderate flow and 12% of the women have heavy (clots/flooding) flow.



24. How many days are there between the start of one period and the start of the next on an average?

Particulars	Count	%
Twice in a month	10	4%
Less than 21 days	53	21%
22-24 days	42	17%
25-28 days	76	30%
29-32 days	40	16%
33-35 days	14	6%
More than 36 days	6	2%
Too irregular to say	9	4%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is was observed that 30% of the women get their menstrual flow in 25-28 days, 21% get in less than 21 days, 17% get in 22-24 days, 16% get in 29-32 day, 6% get in 33-35

days, 2% get over 36 days and 4% periods are too irregular to say.

25. Do you have any following symptoms when you have a period?

Particulars	Count	%
Pelvic pain	93	37%
Nausea	19	8%
Weakness	85	34%
Lower back pain	90	36%
Headache	31	12%
Leg ache	99	40%
Any other	2	1%
No Problem	37	15%

Of the 250 women surveyed it is was observed that 37% suffered from pelvic pain during periods, 34% complained of weakness, 36 % of lower back pain, 40% of leg ache, 12% of

headache, 8% of Nause, 1% of other problems the balance 15% did not face any problem during their periods.

26. Are you suffering from white discharge?

Particulars	Count	%
Always	34	14%
Sometimes	86	34%
Rarely	17	7%
Only after periods	16	6%
Only before periods	29	12%
Not at all	68	27%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is was observed that 27% of the women did not face the problem of white discharge of the 73% it is observed that 34% sometimes faced the problem of white discharge, 14% faced regular white discharge, 7% rarely , 18% said they got

white discharge before or after periods.

27. Do you itch at your genitals?

Particulars	Count	%
Always	18	7%
Sometimes	81	32%
Rarely	24	10%
No	127	51%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is was observed that 51% of the women did not face the problem of itch in your genitals, it is observed that 7% of the women always suffered from itch at the genitals

part, 32% suffered sometimes and 10% suffered rarely.

28. How long do you usually wait to seek treatment for issues such as irregular periods, excessive bleeding or severe pain?

Particulars	Count	%
Immediately	46	18%
Within 15 days	24	10%
Within a month	17	7%
One to two months	3	1%
More than two months	7	3%
Dont go at all	82	33%
No problem faced	71	28%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is was observed that 28% of the women did not require to seek treatment as they did not face any problem. Of the 72% women only 18% i.e. 46 seeks treatment for

Menstrual problems immediately, 10% of the women seek treatment within 15 Day, 7% within a month, 1% within two months, 3% over three months and 33% don't go at all.

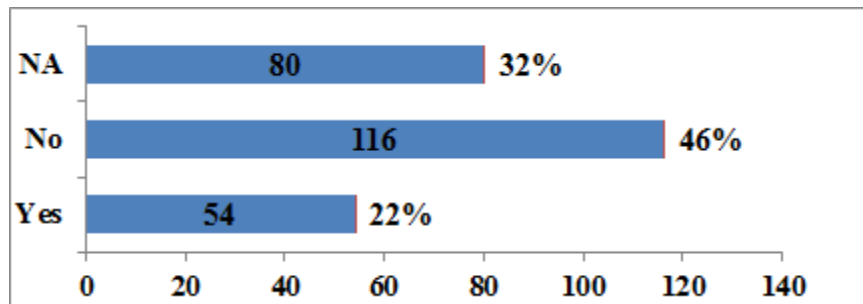
29. How old were you when you had your first pregnancy?

Particulars	Count	%
>15 years	17	7%
15 - 20 years	95	38%
21 - 25 years	40	16%
26 - 30 years	4	2%
31 - 35 years	2	1%
36 - 40 years	5	2%
NA	87	35%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is was observed that 35% i.e 87 of the women did not get pregnant at all. Of the 65% who did get pregnant 7% i.e. 17 women were below the age of 15years for their first pregnancy, 38% women were between the age of 15-20 years, 16% were between the age of 21-25 years, 2% were between the age of 26-30 years and

only 3% were above the age of 30.

30. Have you got your sterilization done?



Of the 250 women surveyed it is was observed that 32% of the women did not required to go for

sterilization 31% of the women are either un-married/single and 1% have problems in conceiving. Of the 68% women only 22% of the women have got their sterilization done whereas 46% have said that they have not done sterilization.

31. Do you use any of the family planning methods?

Particulars	Count	%
Condom	16	6%
Copper T	27	11%
Injection	2	1%
Withdrawal	5	2%
Not having relationship during certain days	5	2%
Operation	13	5%
Any thing else	2	1%
NA	180	72%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is was observed that 72% i.e.180 women do not use any family planning methods. Of the 28% women who used family planning methods 11% used Copper T, 6% used

condoms, 5% got operated, 2 % used natural planning method, 2% used withdrawl method whereas , 5 used injection and still another 1% used other methods.

## **MENTAL HEALTH**

32. How many hours do you sleep in the night?

Particulars	Count	%
Less than 4 hours	42	17%
Between 4-6 hours	112	45%
Between 6-8	93	37%
More than 8 hours	3	1%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

It is observed that 17% of the women sleeps less than 4 hours in the night, 45% of the women sleeps between 4-6 hours, 37%

sleeps between 6-8 hours and 1% sleep more than 8 hours in the night.

33. Do you feel sad and depressed ?

Particulars	Count	%
Most of the time	51	20%
Sometimes	115	46%
Rarely	70	28%
NA	14	6%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

It is observed that out of 250 women surveyed 20% of the women feels sad and depressed, 46% sometimes feels sad and depressed, 28% rarely feel sad and depressed, and 6% did not feel sad and depressed.

34. Do you feel angry and upset?

Particulars	Count	%
Most of the time	107	43%
Sometimes	86	34%
Rarely	57	23%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

It is observed that out of 250 women surveyed 43% of the women feels angry and upset most of the time, 34% said they feel angry and upset sometimes and 23% said that they rarely get angry and upset.

35. Are you addicted to

Particulars	Count	%
Gutkha	18	7%
Masheri	37	15%
Tobacco	7	3%
Paan	12	5%
No addiction	176	70%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

It is observed that out of 250 women surveyed 70% of the women do not have addictions, 15% of the women as addicted to masheri, 7% to gutkha, 5% to paan and 3% to tobacco.

36. Do you face physical violence?

Particulars	Count	%
Yes	51	20%
No	184	74%
Sometimes	15	6%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

It is observed that out of 250 women surveyed 74% of the women do not face physical violence. Only 26% i.e. 66 women said that they faced physical violence of which 6% said that the faced physical violence sometimes.

37. Do you face violence during sex?

Particulars	Count	%
Yes	18	7%
No	123	49%
Sometimes	7	3%
Don't want to answer	32	13%
NA	70	28%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

It is observed that out of 250 women surveyed 49% of the women do not face

violence during sex and 28% are not applicable as they are unmarried and 13% choose not to answer. Of the 10% women who agreed, 7% said that they faced violence during sex and 3 % said it was sometimes.