

Living Condition, Lifestyle Issues and Health-Seeking Behaviour among Rickshaw Pullers in Delhi

Naresh Kumar

Rickshaw pullers are one of the most neglected sections in the urban transport sector. Neither government nor any voluntary organisation has paid attention to their status. The present study is an attempt to understand the living condition, lifestyle issues and health-seeking behaviour of rickshaw pullers in Delhi. Primary data were collected from the rickshaw pullers during the period October 2009 to January 2010.

I Introduction

Rickshaw pullers are one of the most neglected sections in the surface transport sector. They work day and night, carrying fellow human beings and providing cheaper transportation service. Rickshaw services are generally used for short distances in congested and crowded areas, and it is a cheaper and affordable mode of transport. Unfortunately, there is no registration of the actual number of rickshaw pullers working in the larger cities in India. Based on the primary data collected from the field survey conducted from October 2009 to January 2010, this study tries to understand the health-seeking behaviour of rickshaw pullers, their pattern of morbidity and inclination towards various addictive substances which may harm their health fatally. In an expensive city like Delhi, rickshaw pullers (who are generally migrants from the rural districts of Bihar, West Bengal, Uttar Pradesh, other north Indian states and Nepal) cannot afford proper residential accommodation. Most of them spend their nights either on the road or in the rickshaw sheds. Those who are fortunate enough to have a room, either live in slums or in low-income colonies in shabby environment. Meagre income and burden of remittances compel them to live on inadequate and less nutritious diet. Unhygienic living environment and improper diet lead to health problems.

Naresh Kumar, Assistant Professor, Central University of Gujarat, Sector 30, Gandhinagar 382030, India, email: naresh.jnu@gmail.com.

This paper is based on author's Ph.D. work in Jawaharlal Nehru University, New Delhi.

This paper was presented at the conference on 'Knowledge – Evidence – Action: Striving towards Better Health Outcomes' organized by Indian Health Economics and Policy Association (IHEPA) held at the Institute of Economic Growth, Delhi during Nov. 18-19, 2011. The author acknowledges the comments and suggestions of anonymous reviewers of IHEPA and also the participants of the conference.