

A Sociological Study on Status of Dalit Adolescent Girls in Slums

Dr.Ramanjaniah B K

Assistant Professor, Department of Sociology, Ramanagara PG Center Ramanagara-562159, Karnataka

Abstract -This paper focuses on slum is a pervasive phenomenon throughout the developing countries of the world slum cannot be separated from the Social System in the urban life slum is the Product of industrial civilization, capitalist mode of production, growing urbanization, modern mechanism of urban settlement, and increasing rural-urban migration. From this backdrop the present study is based on exploratory views and focused on such a crucial subject of human settlement. Salient features of the problems of adolescent girls in slum area have been analyzed in this study. A view to helping the policy makers in formulating appropriate strategies and approaches whose efficiency would be judged in the removal of gender disparities. Substantially based on empirical Research findings, the present study categorically analyses the problems and prospects of Dalit adolescent girls in slum and positive and viable recommendations are made for improvement of the situation.

INTRODUCTION

Slum cannot be separated from the Social System in the urban life in the world and in India. Adolescence (from Latin *adolescere*, meaning to grow up) is a transitional stage of physical and psychological human development that generally occurs during the period from puberty to legal adulthood (age of majority). The period of adolescence is most closely associated with the teenage years, though its physical, psychological and cultural expressions may begin earlier and end later. For example, although puberty has been historically associated with the onset of adolescent development, it now typically begins prior to the teenage years and there has been a normative shift of it occurring in preadolescence, particularly in females. Physical growth, as distinct from puberty (particularly in males), and cognitive development generally seen in adolescence, can also extend into the early twenties. Thus chronological age provides only a rough marker of adolescence, and scholars have found it difficult to agree upon a precise definition of adolescence.

A thorough understanding of adolescence in society depends on information from various perspectives, including psychology, biology, history, sociology, education, and anthropology. Within all of these perspectives, adolescence is viewed as a transitional period between childhood and adulthood, whose cultural purpose is the preparation of children for adult roles. It is a period of multiple transitions involving education, training, employment and unemployment, as well as transitions from one living circumstance to another.

The end of adolescence and the beginning of adulthood varies by country and by function. Furthermore, even within a single nation state or culture there can be different ages at which an individual is considered (chronologically and legally) mature enough for society to entrust them with certain privileges and responsibilities. Such milestones include driving a vehicle, having legal sexual relations, serving in the armed forces or on a jury, purchasing and drinking alcohol, voting, entering into contracts, finishing certain levels of education, and marriage. Adolescence is usually accompanied by an increased independence allowed by the parents or legal guardians, including less supervision as compared to preadolescence.

In studying adolescent development, adolescence can be defined biologically, as the physical transition marked by the onset of puberty and the termination of physical growth; cognitively, as changes in the ability to think abstractly and multi-dimensionally; or socially, as a period of preparation for adult roles. Major pubertal and biological changes include changes to the sex organs, height, weight, and muscle mass, as well as major changes in brain structure and organization. Cognitive advances encompass both increases in knowledge and in the ability to think abstractly and to reason more effectively. The study of adolescent development often involves

interdisciplinary collaborations. Might focus on pubertal changes in brain structure and its effects on cognition or social relations. Sociologists interested in adolescence might focus on the acquisition of social roles (e.g., worker or romantic partner) and how this varies across cultures or social conditions. Developmental psychologists might focus on changes in relations with parents and peers as a function of school structure and pubertal status. We can see the various studies about adolescent girls in India are,

- Mohit.R.V & team studied on “common menstrual problems among slum adolescent girls of western Maharashtra”, India in 2013. this study has observed, mean age at menarche of 12.8 year and prevalence of under nutrition and anemia as 40.86% & 60-43%. Respectively, poor nutritional status and anemia were associated with common menstrual problems among girls from slum area.
- Jolly Vaishnav, & team researched on “Socio-demographic study among school going adolescents”, in 2013. The main outcome measures were growth, nutrition, various social and psychosomatic problems. Height and weight measurements were also taken. All students were examined clinically for pallor (palms, conjunctiva, and tongue). General examination was done to look eyes, teeth (for staining, dental caries), throat and nails. On Health Check-up it was found that dental caries was most common illness 25% followed by tonsillitis 16%, bigot’s spots 11%, and refractive error 5% and skin diseases 0.9%. Various problems found at health check-up indicate poor access to regular health services.
- J.Singh & team researched on “Health status of adolescent girls in slums of Lack now” in 2006. Research point out, majority of girls were found to be anaemic & suffered from one or more illness. Majority of the girls lag far behind the standard weight & height revealing the extant of malnutrition in girls. Girls in slum areas of Lack now & optional environmental factors are the main culprit for their poor growth.
- Jennifer & team studied on “violence against women & girls lesson from south Asia” in 2014. This study documents the dynamics of violence against women in South Asia across the life cycle, from early childhood to old age. It explores the different types of violence that women may face

throughout their lives, as well as the associated perpetrators (male and female), risk and protective factors for both victims and perpetrators, and interventions to address violence across all life cycle stages. The report also analyzes the societal factors that drive the primarily male but also female perpetrators to commit violence against women in the region. For each stage and type of violence, the report critically reviews existing research from Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka, supplemented by original analysis and select literature from outside the region. Policies and programs that address violence against women and girls are analyzed in order to highlight key actors and promising interventions. Finally, the report identifies critical gaps in research, program evaluations, and interventions in order to provide strategic recommendations for policy makers, civil society, and other stakeholders working to mitigate violence against women in South Asia. So many questions are arising on adolescent girls especially in slum community those are.

- Why adolescent girls neglected from the social, economic & health status within the community?
- What are the reasons for gender discrimination within the slum area?
- Study the life style of adolescent girls in slum.
- Identify the new problems of the adolescent girls in slum area.
- How slum environment impact on an adolescent girls life style?

Adolescent girls are future mothers. In slum community, compare to women, adolescent girls are facing various problems like, health (Mal-nutrition, menstruation disorder, skin related, eye related diseases, depression, anxiety, agoraphobia, mood swing, stress ect). Education (dropouts, illiteracy, lack of encourage to higher education etc) social (early marriage, sexuality concept, patriarchal behavior, traditional values, customs, etc). Economic (unemployment, wage discrimination, etc) and different kinds of violence (rape, eve-teasing, molestation, beating, sexual harassment, forced to prostitution, stalking etc physical, sexual, emotional, psychological, financing etc). We and Community should respect, protect adolescent girls for societal

development in future, and also work for their development. Status of Dalit adolescent girls in slums encompasses a detailed examination of their lives, focusing on the interplay between caste, gender, and socio-economic conditions. Dalit girls in slums are often subjected to multiple layers of marginalization that significantly impact their health, education, social status, and overall well-being.

1. Educational Barriers

- **Access to Schools:** Many slums lack nearby schools and the existing ones may not be equipped to handle the needs of all children.
- **Quality of Education:** Schools in slum areas often suffer from poor infrastructure, lack of trained teachers, and inadequate educational materials.
- **Discrimination:** Dalit girls may face caste-based discrimination from teachers and peers, leading to a hostile school environment and high dropout rates.

2. Health and Nutrition

- **Malnutrition:** Poor living conditions and limited access to nutritious food contribute to high rates of malnutrition and anemia among Dalit girls.
- **Healthcare Access:** They often lack access to essential healthcare services, including reproductive health care, which is crucial during adolescence
- **Sanitation:** Inadequate sanitation facilities in slums increase the risk of infectious diseases and complicate menstrual hygiene management.

3. Child Marriage and Early Pregnancy

- **Child Marriage:** Financial burdens and traditional practices push families to marry off their daughters at a young age, curtailing their educational and personal development opportunities.
- **Health Risks:** Early pregnancies pose significant health risks for both the young mothers and their children, including higher maternal and infant mortality rates.

4. Violence and Discrimination

- **Domestic and Community Violence:** They are at a higher risk of experiencing physical, emotional,

and sexual abuse both within their families and communities.

- **Systemic Discrimination:** Caste-based discrimination extends to public spaces and institutions, limiting their access to justice and support services.

5. Economic Exploitation

- **Work Conditions:** They often work in hazardous conditions for meager wages, which further jeopardizes their health and future prospects.
- **Economic Dependence:** Lack of educational and vocational opportunities perpetuates the cycle of poverty and dependence.

6. Social Exclusion

- **Limited Social Mobility:** Caste and gender biases limit their social mobility and access to resources.
- **Voice and Representation:** Dalit girls are often excluded from decision-making processes, both within their families and in the broader community.

RECOMMENDATIONS

- **Education:** Implementing scholarship programs, ensuring safe and accessible schooling, and conducting anti-discrimination training for teachers and students.
- **Health Services:** Expanding access to healthcare, providing nutritional support, and improving sanitation facilities.
- **Legal Protections:** Strengthening laws against child marriage and gender-based violence, and ensuring effective enforcement.
- **Economic Empowerment:** Offering vocational training and economic opportunities to reduce reliance on exploitative labor.
- **Community Engagement:** Encouraging community-based initiatives that promote social inclusion and empowerment of Dalit girls.

CONCLUSION

Addressing the multifaceted challenges faced by Dalit adolescent girls in slums requires a comprehensive approach that combines education, healthcare, legal protections, and economic opportunities. Address

these areas, it is possible to improve their quality of life and ensure their rights and dignity is upheld.

REFERENCE

- [1] Martha.B.straus (2007), *Adolescent girls in crisis: Intervention and hope*, w.w Norton & company, England.
- [2] Susan.M.Coupey (1995), *Primary Care of Adolescent girls*, appleton & lange publisher, England.
- [3] Edited By, Timothy.J.Strauman, Philip.R. Costanzo & Judy garber (2011), *Depression in Adolescent gilrs: science & prevention*, the guilford press, Newyark, London.
- [4] R.N.Pati (2004), *Adolescent girls*, aph publishing corporation, New Delhi.
- [5] Patricia.H.Davis (1996), *Counselling Adolescent girls*, fortress press, USA.
- [6] Anupama Sigh (1997), *Adolescent girls in slum: problems & prospects*, Anmol publications, New Delhi.
- [7] The International Journals of social science: vol-9, no-1, 28th march, 2013.
- [8] Indian Journal of community medicine: vol-31, no-2, April-June, 2006.
- [9] The journal of Krishna institute of medical science university: vol-2, no-1, January-June, 2013.
- [10] Commission for protection of child rights, Status of an adolescent girl in the urban slums of Delhi: a report, November, 2014.