©*Genus Homo* (ISSN 2457-0028)
Dept of Anthropology
West Bengal State University

Genus *Homo*, Vol. 9, 2025
Chakraborty & Biswas, pp 104-112
Accepted on 28th December 2025
Published on 31st December 2025

Original article

A STUDY ON THE HEALTH AND NUTRITIONAL STATUS OF THE BEGGARS OF DAKSHINESWAR AND KALIGHAT TEMPLE AREA, KOLKATA, WEST BENGAL, INDIA

Chandrima Chakraborty[1]* and Subir Biswas[1]

ABSTRACT

Background:
The present study was conducted on the Beggars of Kalighat and Dakshineswar temple areas of Kolkata, West Bengal, to examine health and nutritional status of the said group. This study also includes the impact of socioeconomic condition on health and nutritional status and lastly the acceptance and reluctance against modern biomedicine or other form of medicine.

Methods:
This study was cross sectional in nature and conducted on 134 (Male=66, Female=68) adult Beggars of Kalighat and Dakshineswar temple area ok Kolkata. As the population was adult, Body Mass Index (BMI) was used to evaluate their nutritional status after considering World Health Organization reference values. For socioeconomic condition data on educational status, marital status, income per month and prevalence diseases and their treatment were also taken.

Results:
It was found that both the sexes have highest percentage in the normal category of BMI. However, females are more underweight than their male counterpart. However, differences of mean BMI between sexes are statistically significant. The same trend is found for place of begging; though majority are normal, but Kalighat Beggars are more overweight (two fifth of total) whereas, Dakshineswar Beggars are more underweight (one fifth of total) than their counterpart respectively. It was also seen that the educational status, age, marital status, income, as well as health care service do not put much effect on BMI of the studied Beggars.

Conclusion:
The findings showed that although most Beggars fell under normal category of BMI, but variations were observed by sex, age and begging place, indicating the need for focused nutritional and healthcare interventions.

KEY WORDS: Beggars, Nutritional Status, Health, BMI, socioeconomic condition

INTRODUCTION

The World Health Organization (WHO) defined health as "complete physical, mental and social well-being and not merely the absence of any disease or infirmity" (WHO, 1948). In reality, health outcomes are shaped through a complex interaction of biological, social, cultural and environmental factors, forming what is widely understood as a bio-cultural framework. Within this framework, socially marginalized groups—particularly the urban poor—often experience disproportionately higher levels of disease burden, malnutrition and barriers to healthcare access. Beggars represent one of the most vulnerable and understudied sections of this urban marginalized population. Their living conditions are characterized by economic deprivation, food insecurity, social exclusion and a lack of stable shelter, all of which directly influence health and nutritional status.

[1] Department of Anthropology, West Bengal State University, Barasat, West Bengal 700126
*Corresponding author:
chandrimabio@protonmail.com

Begging in India, especially around major religious spaces, is closely tied to socio-economic instability, ageing, physical incapacity, and family disintegration. In metropolitan cities such as Kolkata, temple areas like Dakshineswar and Kalighat attract a large population of Beggars because religious congregations often ensure more regular alms, including food. However, little scientific work has examined whether such food availability translates into better or more stable nutritional outcomes among this population. Most existing literature on Beggars in India and abroad has emphasized either the socio-economic causes of begging or the socio-cultural dimensions of their daily lives, while systematic anthropometric evaluations remain rare. Furthermore, although health-seeking behaviour forms an important dimension of well-being, there is limited documentation on how Beggars perceive and utilize modern biomedicine or alternative therapeutic systems, despite their high vulnerability to chronic illness and untreated morbidity.

In this context, the present study attempts to fill a significant gap by examining both the health and nutritional profile of Beggars residing in the Dakshineswar and Kalighat temple areas of Kolkata. By analyzing their Body Mass Index (BMI) status and exploring the potential influence of socio-economic variables, the study aims to generate an evidence-based understanding of their nutritional condition. Additionally, the study investigates the acceptance and reluctance towards modern allopathic medicine, providing insight into the health-seeking behaviour of this highly marginalized group. Together, these dimensions are essential for designing effective public health interventions and developing policy frameworks targeted at improving the well-being of one of the most neglected sections of the urban population.

Review of literature:

Most research conducted on Beggars in Nigeria has been concentrated on understanding the social dynamics of indigenous begging practices within urban environments. A cross-sectional survey in Ibadan utilized purposive sampling to collect information from 250 international migrant Beggars across six locations. The results highlighted that malaria was a common health issue among the Beggars both in their home countries and in Nigeria. Furthermore, sex and country of origin were significantly related to treatment-seeking behavior, while financial limitations and legal status constrained healthcare options for migrant Beggars (Salami & Olugbayo 2013). The study on 130 street Beggars of Central Tanzania showed that street Beggars fell into four categories based on where they slept after begging hours and contacts with their families. Furthermore, the phenomenon of street begging is an outcome of many factors, including poverty, unemployment, physical challenges, death of parents and family disintegration (Namwata *et al*, 2012). Another study on Beggar's was done by Ahamdi (2010) to explore characteristics and attitude of people towards the phenomenon of begging in the city of Shiraz, Bangladesh (Ahamadi, 2010).

In India, at the metropolitan city of Delhi, another work was done in 1959.The study suggested various approaches to addressing begging and proposed possible solutions. It argued that the problem was closely linked to structural inadequacies within the socio-economic system and, therefore, could not be resolved solely at the local level. The author further emphasized that the effective management

of begging required an expanded and strengthened system of social services, along with an economic framework capable of providing broader employment opportunities (Gore *et al*.1959). A 2009 study in the Aligarh district reported spatial differences in socio-economic status among urban Beggars. Those living in the central and western blocks exhibited lower socio-economic conditions, whereas individuals in the south-eastern blocks demonstrated comparatively higher levels of socio-economic status (Menka *et al*., 2014). Another analysis by Menka and Hasan (2013) examined socio-economic determinants of begging, associated unfavourable habits and diseases, and suggested potential remedial measures (Menka & Hasan, 2013). Jha (1979) conducted a study on Beggars and lepers in Puri town to investigate their social stratification, cultural identity, and empirical challenges (Jha, 1979). A social-cultural study on the Beggars of Kalighat was done by S. Chaudhuri (Chaudhuri,1987). The issue of begging lies under the issue of homelessness and the issue of unemployment to a large extent and that the continuance of Anti Begging Act is counter-productive to other parallel institutions like Aman Biradri (Delhi), Ashray Adhikar Abhiyan (Delhi), Koshish (Mumbai), etc.(Malik, 2012). Kumarappa (1945) examined multiple dimensions of begging in order to present a comprehensive and integrated understanding of Beggars and the associated problem. The issue was analyzed from various perspectives by scholars specializing in different fields, with each chapter maintaining its own coherence and distinctiveness. While minor overlaps occurred, the chapters were interconnected and collectively contributed to a systematic and progressive analysis of the subject (Kumarappa, 1945). Ratan (1961) investigated the conditions of Beggars in Kanpur and proposed several remedial measures to address the problem (Ratan, 1961). Rao and Bogaert (1970) focused on the socio-economic background and prevailing living conditions of Beggars in Ranchi, highlighting key structural and contextual factors influencing their situation (Rao & Bogaert, 1970).

OBJECTIVES

The present study was done with the following objectives,

I. To study health and nutritional status of Beggars of Kalighat and Dakshineswar.
II. To study the acceptance or reluctance toward modern biomedicine or other forms of medicine among the Beggars.

MATERIALS AND METHODS

The present study was conducted among Beggars residing in the Kalighat and Dakshineswar temple areas of Kolkata, West Bengal. These locations were selected purposively because a large number of Beggars regularly reside and congregate in these religious spaces, making them suitable for data collection within a limited time frame. The study followed a cross-sectional design and was conducted among adult Beggars, yielding a total sample of 134 individuals (66 men and 68 women).

Study Participants and Sampling:

Beggars generally lead a vagrant lifestyle for this, Judgmental sampling was used to select the study sites, and total enumeration was carried out to include all available Beggars present during the survey period. Only those individuals who were mentally sound and able to respond to the questions were included in the study. Physically challenged Beggars were

excluded due to logistical constraints, except in the case of blind Beggars, who could be assessed with assistance.

Variables used in Data collection:

Variables used in the study are: Age (based on recall method), Gender, Marital Status, Educational Status, Monthly Income, Type of healthcare system used. This information was obtained during face to face interviews conducted in local language.

Anthropometric data included height and weight, recorded following standard procedures described in Mukherji *et al* (2009).

Height was measured using a Martin's Anthropometer. Participants were asked to stand erect with heels together, head positioned in the Frankfurt Horizontal Plane and arms by the side. The crosspiece was gently lowered to the vertex, minimizing hair compression, and the reading was taken to the nearest 0.1cm.

Weight was taken with minimal clothing, without shoes and before the day's principal meal. Each participant was weighed twice to ensure accuracy and the mean value was recorded.

Body Mass Index (BMI) was calculated as weight (kg) divided by height in meters squared (kg/m^2). Nutritional status categories were determined using standard adult BMI cut-offs.

Statistical analysis:

All data were entered into Microsoft Excel for cleaning and analysis. Descriptive statistics such as mean and standard deviation were computed to describe the sample characteristics and nutritional status. Cross-tabulation was performed to examine the relationship between BMI categories and selected socio-economic variables. The results were presented using tables and figures for clarity.

RESULTS

Table 1 shows that, in case of gender, men had maximum number in the Normal category of BMI (74.2% for men, 58.8% for women). Overall chi square value are not significant at $p<0.05$ level. However, if we combined normal and overweight category and compared with underweight, women are more underweight (23.5%) compared to men (9.1%), which is significant at $p<0.05$ level.

In respect of age groups of Beggars, below 40 years are more in normal category (76.2%), followed by 41-60 years (71%) and least among above 60 years (54.6%). Both underweight and overweight are higher in above 60 years group. However, the differences are not significant at $p<0.05$ level.

Regarding marital status, we can find that majority of them are 'widow/ widower/ separated' (45.52%). This is because of the fact that, they don't have formal divorced but remain separated. This third group are less underweight (8.2%), however, the differences are not significant at $p<0.05$ level.

As per education level 41.04% are non-literate with another 16.42% who merely sign. Here also the differences in BMI category are not significant at $p<0.05$ level.

The same trend is true for health care; though about 81.34% Beggars rely on Allopathic form of treatment, the differences in BMI category are not significant at $p<0.05$ level.

In different income group also, no such statistical differences are found in respect of BMI categories and income levels of Beggars.

Table 1: Distribution of nutritional status based on BMI of Beggars by Socio – Economic Variables				
Explanatory variables	BMI of the Beggars			
	Underweight Number (%)	Normal Number (%)	Overweight/Obese Number (%)	Total Number (%)
Gender (The chi-square statistic is 5.4704. The *p*-value is 0.064881) (The chi-square statistic is 5.0882. The *p*-value is 0.02409, if we polled normal and overweight)				
Men	6 (9.1)	49 (74.2)	11 (16.7)	66 (49.25)
Women	16 (23.5)	40 (58.8)	12 (17.7)	68(50.75)
Age group (The Yates' chi-square statistic is 3.881. The *p*-value is 0.42235024)				
≤40 years	1 (4.8)	16 (76.2)	4 (19.0)	21(15.67)
41-60 years	11 (15.9)	49 (71.0)	9 (13.1)	69(51.49)
≥61 years	10 (22.7)	24 (54.6)	10 (22.7)	44(32.84)
Marital status (The Yates' chi-square statistic is 4.506. The *p*-value is 0.34183663)				
Unmarried	5 (20.0)	16 (64.0)	4 (16.0)	25(18.66)
Married	12 (25.0)	28 (58.3)	8 (16.7)	48(35.82)
Widow/Widower/Separated	5 (8.2)	45 (73.8)	11 (18)	61(45.52)
Education (The Yates' chi-square statistic is 11.554. The *p*-value is 0.07269095)				
Non-literate	9 (16.4)	42 (76.3)	4 (7.3)	55(41.04)
Can sign	5 (22.7)	15 (68.2)	2 (9.1)	22(16.42)
Primary	4 (9.8)	23 (56.1)	14 (34.1)	41(30.6)
Upper Primary & more	4 (25.0)	9 (56.2)	3 (18.8)	16(11.94)
Health care (The Yates' chi-square statistic is 0.123. The *p*-value is 0.94035295)				
Allopathic	19 (17.4)	72 (66.1)	18 (16.5)	109(81.34)
Non-Allopathic	3 (12.0)	17 (68.0)	5 (20.0)	25(18.66)
Income category (The Yates' chi-square statistic is 1.525. The *p*-value is 0.822204)				
≤1000 Rupees	6 (14.6)	26 (63.4)	9 (22.0)	41(30.6)
1001 – 1500Rupees	12 (16.7)	51 (70.8)	9 (12.5)	72(53.73)
≥1501 Rupees	4 (19.0)	12 (57.2)	5 (23.8)	21(15.67)
Place of begging (The Yates' chi-square statistic is 30.107. The *p*-value is < 0.00001)				
Kalighat	6 (10.7)	28 (50.0)	22 (39.3)	56(41.79)
Dakshineswar	16 (20.5)	61 (78.2)	1 (1.3)	78(58.21)

However, regarding place of begging, we can find significant differences in respect of BMI categories at $p<0.05$ level. Beggars of Kalighat are more overweight whereas Beggars of Dakshineswar are more underweight respectively.

Overall, majority of the Beggars had normal BMI (66.4%), followed by more or less equal proportion of overweight-obese group (17.2%) and underweight group (16.4%) (fig-1)

The calculated mean BMI for men are 21.77(±3.29) kg/m^2 and for women it is 21.44(±3.98) kg/m^2; however, the differences are not significant at $p<0.05$ level. (Table-2)

Fig. 1: Distribution of nutritional status of the studied Beggars based on BMI

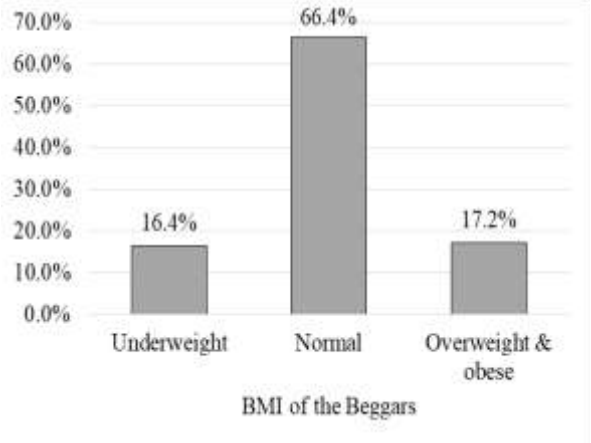

Table 2: Sex differences in mean BMI of studied Beggars

Men Mean ±SD	Women Mean ±SD
21.77(±3.29) kg/m^2	21.44(±3.98) kg/m^2

t-test= 0.515, p=0.606

DISCUSSION

The primary objective of the present study was to assess the health and nutritional status of Beggars residing in the Kalighat and Dakshineswar temple areas of Kolkata. The findings indicate that the majority of the studied individuals, irrespective of sex or age group, fall within the Normal BMI category. This is a noteworthy pattern because it challenges the widely held assumption that Beggars, due to extreme poverty and food insecurity, are predominantly undernourished. The availability of cooked food donations in religious areas may provide a more stable or predictable source of daily nutrition, which can partially explain the high proportion of individuals with Normal BMI.

A closer examination of demographic subgroups, however, reveals emerging vulnerabilities. Women and older individuals (especially those aged 41 years and above) show comparatively higher proportions of underweight. This suggests a gender- and age-linked disparity in access to resources or physical capacity to secure food from public spaces. Older Beggars often report reduced mobility and chronic health issues, which may limit their ability to move across the temple premises or access competitive alms distribution points, resulting in nutritional disadvantage.

The place of begging appears to play an important role in shaping nutritional outcomes. Beggars residing in the Kalighat area exhibited a relatively higher proportion of overweight or obese individuals compared to those in Dakshineswar. Food donation patterns, the type of offered food, and the frequency of religious activities may differ between these locations, potentially influencing caloric intake. The presence of calorie-dense offerings such as sweets, fried snacks, and rice-based meals may explain the higher levels of over nutrition noted in Kalighat.

Socioeconomic variables such as income and educational level did not demonstrate a strong association with BMI in this population. This is understandable because, unlike other low-income groups, Beggars' nutritional status does not depend on cash income or formal education but rather on the nature of alms they receive. Food availability in temple areas is not linked to individuals' socio-economic background, which may neutralize expected gradients seen in other urban poor communities.

Studies on adult male slum dwellers of Dumdum, Kolkata, West Bengal frequently reported a high prevalence of Chronic Energy Deficiency (CED), of 32% (Chakraborty *et al*., 2009). In contrast, the current population of Beggars shows a majority in the Normal BMI

category. This key difference is compelling and suggests that, while both groups are economically poor, the Beggars in the religious zones of Kalighat and Dakshineswar may benefit from a more consistent, non-monetary food security network (i.e., targeted alms) compared to the more precarious economic and food sourcing strategies of typical slum residents.

Despite the high poverty, the presence of overweight/obesity, aligns with the well-documented "dual burden" of malnutrition observed in urban slum populations of Kolkata, West Bengal. The prevalence of over nutrition was 11% whereas the prevalence of thinness was 23.6% among 508 school going, adolescent slum dwelling children of Chetla, Kolkata (Bhattacharyya *et al*, 2021). This similarity suggested that, for both slum dwellers and the begging population, access to low-cost, calorie-dense foods (e.g., donated fried snacks, sweet foods, or fatty rice-based meals) likely drives this nutritional risk, despite the co-existence of underweight individuals.

The study's second objective provided specific insight into health-seeking behavior: 109 (81.34%) Beggars followed Allopathic Medicine, while 25 (18.66%) did not. High Allopathic acceptance among Beggars is noticeable. However, BMI statuses of both the categories are more or less same.

Reluctance and Barrier to Care: The 25 Beggars who did not follow Allopathic Medicine represent a critical subgroup of reluctance. Their decision aligns with patterns observed among the general urban poor. Studies on slum dwellers in West Bengal reveal that financial barriers are the single most important reason for not seeking or continuing allopathic treatment, leading to high rates of untreated morbidity and reliance on non-medical sources or quacks (Mojumdar, 2014).

CONCLUSION

The present study provides an important understanding of the health and nutritional status of Beggars residing in the Dakshineswar and Kalighat temple areas of Kolkata. The findings clearly indicate that the majority of the individuals fall within the Normal BMI category, suggesting that the regular availability of cooked alms in temple environments may help maintain a basic level of nutritional stability. However, notable disparities exist within the population, women and elderly Beggars were more likely to be underweight, highlighting their heightened vulnerability and reduced ability to access food resources consistently.

Differences between the two study locations also revealed that local food donation patterns can influence nutritional outcomes, as Beggars in Kalighat showed a higher tendency toward overweight or obesity compared to those in Dakshineswar. Socioeconomic variables such as income and education did not demonstrate a significant relationship with BMI, suggesting that the nutritional status of Beggars is shaped more by immediate food availability than by typical socio-economic determinants.

The study additionally shows that although many Beggars rely on allopathic medicine, a considerable section still avoids formal treatment due to dependence on informal or traditional healers. These findings emphasize the need for targeted public health initiatives focused on elderly and female Beggars, improvement of accessible healthcare support and regular nutritional monitoring.

Overall, the study contributes valuable evidence on a largely neglected population and underscores the need for policy-level

interventions that address both the nutritional vulnerabilities and healthcare barriers experienced by Beggars in urban religious environments.

Limitations and Future Directions:
It is important to acknowledge the limitations of the current study. No physically challenged Beggars were included in the sample. This exclusion is a significant limitation, as physically disabled individuals often face greater challenges in mobility and earning, potentially leading to a unique and severe level of nutritional risk that was not captured in this study. In conclusion, this research provides a valuable and differentiated understanding of nutritional status among Beggars in Kolkata. The findings have crucial relevance: This study will help the government to take necessary steps to help the Beggars. Policy should move beyond a one-size-fits-all approach to focus on: (1) Targeted nutritional support and better healthcare access for Beggars and (2) Public health education to address the emerging risk of over-nutrition in specific areas like Kalighat. Future research must specifically include physically challenged individuals and explore the mechanism of food donation to fully explain the observed differences between the begging and the slum-dwelling populations.

Ethical clearance
This research proposal was submitted and finally approved by the Institutional Ethics Committee (IEC) of the West Bengal State University, Barasat; verbal consent was also taken from the participants before collecting data during fieldwork.

REFERENCES

Ahamdi, H. (2010) A Study of Beggars Characteristics and Attitude of People Towards The Phenomenon of Begging In The City Of Shiraz. *Journal of Applied Sociology*. 39(3):135-148

Bhattacharyya, M., Roy, S., Sarkar, A., Sinha, R., Mallick , A. K., & Bandyopadhay, S. (2021) Burden of malnutrition among school-going children in a slum area of Kolkata; A matter of concern. *Journal of Family Medicine and Primary Care*. 10(8): 2940-2946

Chakraborty, R., Bose, K., Bisai, S. (2009) Relationship of family income and house type to body mass index and chronic energy deficiency among urban male slum dwellers of Kolkata, India. *HOMO*. 60(1): 45-57

Chaudhuri, S. (1987) *Beggars of Kalighat, Kolkata (Memoir).* Calcutta: Anthropological Survey of India

Gore, M. S, Mathur J. S., Laljani M. R. and Takulia H. S. (1959) *The beggar Problem in Metropolitan Delhi*. Delhi: School of Social Work

Jha, M. (1979) *The Beggars of a pilgrim's city: anthropological, sociological, historical & religious aspects of Beggars and lepers of Puri*. Varanasi: Kishor Vidya Niketan

Kumarappa, J. M. (ed). (1945) *Our beggar problem- how to tackle it?* Bombay: Padma Publications Ltd

Malik, M. (2012) *Street Begging In Delhi: A Study Of Anti Begging Act and Institutional Arrangements for Homeless People*. Researching Reality Internship. Centre For Civil Society

Menka, Hassan. T. (2013) Begging Is A Curse On Society: An Empirical Study. *International Journal of Advanced Research in Management and Social Sciences*. 2(7):44-52

Menka, Khan. J.H, Shamshad (2014) Socio-Economic Status of Beggars In Urban Areas: A Case Study. *Global Journal of Multidisciplinary Studies.* 3(9): 388- 416

Mojmder, K, S. (2015) Untreated morbidity and health care demand among slums dwellers: A case sutudy of urban centres in West Bengal. *Health and Population – Perspectives and Issues*. 38 (1&2): 1-23

Mukherji, D, Debaprasad, Mukherjee, Premananda, Bharati (2009) *Laboratory Manual for Biological Anthropology*. Asian Books Private Limited. New Delhi

Namwata ML Baltazar, Mgabo R Maseke, Dimoso Provident (2012) Categories of Street Beggars and Factors Influencing Street Begging in Central Tanzania. *African Study Monographs* 33(2): 133-143

Rao, T. S., Bogaert, M. V. D. (1970) The Beggar Problem in Ranchi. *The Indian Journal of Social Work.* 31(3): 285-302

Ratan, K. (1961) Beggar Problem in Kanpur. *The Indian Journal of Social Work*. 21(4): 397-401

Salami, K. K., Olugbayo A. O. (2013) Health-Seeking Behavior of Migrant Beggars in Ibandan, Southwestern Nigeria. *Health* 5(4):792-804

World Health Organization (1948) Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June 1946; *In*: Grad, Frank P. (2002). "The Preamble of the Constitution of the World Health Organization". *Bulletin of the World Health Organization*. 80(12):982