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Coping Strategies of the Slum Dwellers during Health Aliments and Child Birth

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Abstract:
A significant result of rapid urbanization is an increase in the urban population in the towns and cities of both developing and developed countries. Especially, cities in the developing countries face a multitude of problems such as improper housing, lack of access to safe drinking water and improved sanitation facilities, degradation of the environment and poor health. Although, urban areas have access to better facilities and services as compared to rural areas, there exist disparities within the cities. The slum dwellers are the most affected groups as compared to other groups. Under such conditions, the urban poor has evolved/adapted their own strategies to survive in the hostile urban milieu. Against this backdrop, the present study attempts to a) identify diverse contingencies encountered by the slum dwellers and b) exemplify the coping strategies adopted by them to meet contingency related to Health Aliments and Child Birth. The study was set in the city of Bangalore. Data was collected from 134 slum households by using structured interview scheduled. The study discloses that the coping strategies adopted by the slum households at the times of health-related contingencies/ emergencies for both financial and non-financial help was to depend upon their support networks such as relatives and friends. Lack of financial resources at their disposal, inadequate public healthcare delivery system and the high cost of private health care had forced many to depend upon informal money lenders to meet their health needs.

Keywords*: Social network, urban poor, contingencies, slum dwellers, health*

1. Introduction

A significant result of rapid urbanization is an increase in the urban population of town and cities, and in particular, a consequent increase of the slum population in the major cities of India. It is generally acknowledged that cities are incapable of keeping pace with growing population and to provide them with basic amenities like affordable housing, potable water, sanitation, education, health and so on. In particular, mega cities of India have been witnessing a tremendous growth of slum population, compared to small towns and cities (Global Report on Human Settlements, 2003). The slum population in urban India alone outnumbered the total population of all but 25 countries in the world. According to Census of India 2011, 17.4% (roughly 1.37 crore households) of the urban households lived in slums. Besides, by the year 2017, slum population is expected to surge to 104 million. Despite the plethora of services provided by the government for uplifting the urban poor, still there is no sign of sustained development and betterment of life. Remedial institutions and services are indifferent to their plight and often far beyond their reach. As a consequence, the poor have limited choices; however, they instinctively deploy a range of coping strategies to meet their basic needs and contingencies to survive in the hostile urban milieu. Thus, the present paper attempts to identify various contingencies encountered by the slum dwellers and exemplify the strategies adopted by them to meet specifically the contingency related to health aliments and child birth.

2. Methodology

Bangalore city, the capital of Karnataka, India was selected for the study purpose. The status of Bangalore, in terms of its scientific, technological, educational and commercial importance, has led to a steep rise in its population. Importantly, the city has also witnessed a considerable increase in the number of slums. Bangalore ranks fifth with 8.5 per cent (Census 2011) of slum population. The study being in-depth and qualitative in nature, in the first stage, purposefully one slum known as 'M.R. Jayaram Colony' characterized by heterogeneity in terms of linguistic, was chosen. In the second stage, by using lottery method, 134 sample households (total 268 households) were chosen radomly to conduct interviews. Primary data have been collected from the sample households with the help of the structured interview schedule.

3. Profile of the Study Area

A slum known as M R Jayaram Colony located in Bangalore city, the capital of Karnataka, India was selected for the study purpose. M R Jayaram Colony had been a village that was absorbed by the fast growing city, prompted by the location of some of its major industries, established in the years immediately after independence. Most of the households of Jayaram Colony are immigrants from the south Indian states of Andhra Pradesh (63 per cent) and Tamil Nadu (24 per cent); while a few are from various regions of

Karnataka (13 per cent). Most of them were agricultural labourers and recent migrants, who were forced to migrate owing to natural calamities like drought and its resultant unemployment. Due to spatial proximity and better job opportunities, Bangalore city has been attracting migrants, both from its hinterland as well as from neighboring states.

At the time of the survey, the slum had 268 households with a population of about 1,189. Being an older slum (50 years) its population density was high. A household in the slum had on an average 4.61 members. The residents were mostly underprivileged and belonged to vulnerable sections of the society (scheduled castes & scheduled tribes 67 per cent). Despite the governmental efforts in the last 50 years towards upliftment of the poor, their socio-economic condition still continues to be abysmal. Majority of the slum dwellers were illiterate (51 per cent) and found to have low educational attainment (11 per cent, 38 per cent completed Primary school and High school respectively). This in turn had a negative impact on their employment and earning potentials. Low status and semi-skilled occupations characterized for a greater proportion of the work force. The resultant low income levels (i.e. 44 percent of the heads of the households earned less than Rs. 2500/- per month) coupled with economic compulsions due to the high cost of living in the city like Bangalore have worked as a catalyst for increased number of family members and especially higher (62 percent) female participation in the labour market to ensure survival.

Even though, most of the respondents lived in own semi- pucca houses (78 per cent), a majority of them were living in small single room dwellings (48 per cent) which served as a bedroom, kitchen, reading room for children and so on. The tenants, particularly were living in miserable conditions as they were staying in single room dwellings by paying exorbitant rent of INR 500-700/- to the house owners. While, the slum dwellers had better access to drinking water (70 per cent, 28 per cent had access to public taps and individual taps respectively), they lacked bathroom facility and had to make use of the available space in front of their houses. In addition, proper underground sewage and garbage disposal system mechanisms were absent in the slum. As a result, the area became a breeding ground of mosquitoes and created problems to the adjacent households. A majority of the households had electricity connections (92 percent); however, the slum did not have proper road and adequate number of street lights.

4. Coping Strategies: Meaning[1] and Approach

A characteristic trait of urban poor, everywhere, is their dependence for work in the unorganized sector where they are seldom paid the state-mandated or equitable wages; they work for less than normal wages and suffer from economic and social insecurities of many kinds. Besides, generally remedial institutions and services are indifferent to their plight and often far beyond their reach. As a consequence, the poor have limited choices; however, they instinctively deploy a range of coping strategies to meet their basic needs and contingencies. During emergency situations, the household's strategy to survive is to utilize the available assets[2]. Among the various assets, the 'individual household draws on the specific type of assets, according to the type of risk it faces depending upon the institutional, social and cultural context' (Fay and Laderchi, 2005). Financial and physical assets are the chief resource for safety during emergency situations. However, studies have shown that the urban poor are denied, or lack, access to formal financial market and therefore have developed their own strategies to cope with their problems (Morduch, 1994; Ari, 2005). Among the several coping strategies adopted by the poor in different social units (slum in the present context), maintaining the existing social network/informal relations while opening up new social contacts, is significant in view of the fact that it enables them to seek credit to meet their day-to-day basic needs and contingencies (Unger and Powell, 1980; Woolcock, 2002; and Tina et al., 2005). Specifically, the networks of relatives and neighbors are vital mechanisms of support and security for the low income groups, particularly those lacking in basic resources and amenities to survive (Sijuwade, 2008). Generally, social bonds and networks based on the principles of trust, reciprocity and mutual help are the most important methods by which the poor rely on each other for help. There is a tendency among the poor to save their wealth in the form of durable goods and invest in other valuable assets like land, jewels and in informal saving instruments like chit funds. At times of urgency, they sell their assets or make use of the informal savings or fall back on their informal contacts to achieve financial liquidity.

5. Social Network[3] as a Resource/Asset of Coping Strategy during Contingencies[4]

Social Networks play a vital role in coping with urban life as it works as 'social capital'. The urban poor maintain both 'blood' networks and 'marriage' networks in the city. Beside they have fictive network, i.e., based mainly on their district of origin. This type of network becomes asset in the context of migration to the city by providing migration related information and adaptation to city life, initial accommodation and food, helping to find shelter in the later stage and to locate the job. After migration, neighborhood where they live becomes an important social network. The poor, mostly maintain their relationships with relatives, friends and co-villagers

[1] Coping is a capacity, a capacity to respond and to recover from something stressful such as crisis or Contingency situations. The concept of coping mechanisms and/or strategies is closely related to the idea of survival, and threat. It is a key concept of emergency management (WHO/EHA, 1999)

[2] Assets can be classified into natural assets; human assets, financial assets and physical assets and social assets (Fay and Laderchi, 2005).

[3] Social networks are the fabric of social relations which as a whole affect the behavior of individuals. They are made up of diverse contacts and links and are resources/ an asset i.e., through which people gathers information, economic and other non-economic support. Social network are not limited to one spatial level, i.e., families, social groups and organizations, but reaches beyond these boundaries.

[4] Contingency situations are defined 'as situation seen by the participants as those characterized by great stress, usually with which people cannot cope alone.

living in the same community. It is evident that 67 percent of the slum dwellers have their kin living in the neighborhood. The poor households living in the city for a longer period of time, i.e. more than five years have a wider social network. These long-term migrant households maintain wider relationships, i.e., outside their communities than the households recently migrated to the city i.e. less than five years. Social network working as a social capital helps to perpetuate reciprocity in their microeconomic life. Visiting the relatives and friends as well as inviting them during social occasion is widely found among the urban poor. Relatives, friends and neighbours help the poor to mitigate their economic and social crisis which is apparent from the subsequent section.

6. Findings and Discussion

6.1. Type of Contingencies Faced by the Slum Households

A sizeable number (67 per cent) of the slum dwellers had encountered one or the other contingency in the last 1 month preceding the study (Table 1). The number or frequency of occurrence of contingency varies across the households. Even for a middle income family, it would require considerable time to cope with one stressful event. For example, death of the prime earner could bring a middle income group/class family to a position of total destitution, and would necessitate invoking various means of social support systems to cope with the contingencies. It would be extremely difficult for slum households to cope up with emergencies/contingencies, given the fact that most of them are daily wage earners and devoid of access to formal financial market.

It was found that more than 40 per cent of the slum households had faced more than one contingency. This suggests that any contingencies incurring high cost could further aggravate the condition of the poor households who are already under financial stress due to paucity of resources. It was found that over 40 per cent of the households with income less than Rs. 3000/- per month had faced two contingencies, while another 12 percent had faced three to four contingencies during the same period.

A substantial number (43 per cent) of households with only one earning member had faced two contingencies during the period under review, while an equal number had faced three to four contingencies. This indicates that households with one earning member and resultant low earning potential are even more vulnerable when contingencies occur in their family. The study also revealed that a majority (54 per cent) of the household with less than 4 members, i.e., nuclear family had faced, on an average, two to four contingencies during the period under review. Being small in size, nuclear families, often find it difficult to handle major problems. It is in such situations that kin, friends, neighbours, etc., are called upon to act as supportive networks by providing both financial and non-financial aid, particularly the later.

	No. of Crises	Frequency	Percentage
Yes	One	51	56.66
	Two	30	33.33
	Three	6	6.66
	Four	3	3.33
	Total	90	67.16
No	--	44	32.83
Total	--	134	100.0

Table 1: Number of Contingencies faced by the Slum Households

The slum households had faced different kinds of contingencies viz., i) health related contingency involving prolonged ill-health of family members, accidents, injuries and resultant surgical operations etc., ii) death of family members iii) childbirth in family, iv) marriages v) housing - demolition of house/eviction and vi) other social functions involving large sums such as celebration of festivals. As most of the slum dwellers have been vulnerable and struggling to survive, any contingency in the households could push them into further penury. To cope up with the contingency situation, they depend upon various resources such as individuals and organizations. Many a time they had to depend upon multiple networks to tackle the situation.

Of the myriad contingencies faced by the slum households, the most common and numerous occurrences (30 per cent) were child births (Table 2). Secondly, 28 per cent of the households reported as having faced contingencies related to health (prolonged ill-health of the family members) such as diabetes, tuberculosis and problems related to heart and kidney. This indicates the prevalence of non-communicable diseases among the poor households. Besides, the slum household had faced other problems such as accidents, and injuries where the members were incapacitated from earning for a few months and sometimes years.

Type of Contingencies	Total	Percentage
Health	39	27.65
Child birth	41	29.07
Death	20	14.18
Housing	3	2.12
Marriage	21	14.89
Other social functions	17	12.05
Total number of crises	141	100.0

Table 2: Type of Contingencies faced by the Slum Households
Source: Primary data

Contingencies related to health have an adverse impact on the family, especially; the patient and the caretaker, as it prevent him/her from engaging in wage labor. Most vulnerable are those families where the main earning member suffers from chronic diseases such as tuberculosis. Since, they are devoid of the wages of the main earning member, simultaneously bearing the high cost[5] of looking after the patient. This was the case with Ramesh family. He had been suffering from TB for four years preceding the study and had stopped working for the past two years due to severity of the illness. His wife was the only earning member in the family. She had been working in a soap factory for 15 years preceding the study earning Rs. 1500/- per month. In order to meet the health expenditure and pay the fee of her son who was studying 10th standard in an English medium, she had to do over-time work. Her son was also engaged in temporary job (loading books in the vehicle), earned Rs. 250/- per month, with which he paid his school fee. In spite of working long hours, she could not cope with the situation financially, and therefore had to rely on various sources such as her mother and brother's friend to meet the health expenditure of her husband.

6.2. Expenditure for Meeting Various Contingencies

The expenditure incurred by slum households to tide over contingency situations is given in Table 3. It is evident that among the various contingencies, marriage in the households was considered as the most significant one. Therefore, largest proportion of money (49 percent) was spent on marriages. Expenditure relating to health was cited as the second contingency (approx. 22 percent) followed by childbirth in the households as the third contingency expenditure for which the slum households had made significant proportion (10 per cent) of expenditure. For contingencies such as death and other social functions, the slum households had spent fewer amounts. As compared to other contingencies for housing, small amounts of money were spent (3 percent).

Type of Contingencies	Total amount of expenditure (Rs)	Total expenditure in Per cent	Average Amount spend(Rs)
Health	480452	22.20	12319
Child birth	213390	9.86	5205
Death	176000	8.13	8800
Housing	65000	3.00	21667
Marriage	1058000	48.88	50381
Other social functions	171500	7.92	10088
Total	2164342	100.00	15350

Table 3: Total amount of expenditure for meeting various Contingencies
Source: Primary data

6.2.1. Financial Support for Contingencies

Due to limited access to formal financial institutions, the slum-dwellers were forced to mobilize resources and services from diverse social networks such as friends, relatives, neighbours, and acquaintances to cope with emergencies. This finding is line with Ari (2005), who argued that 'poor people borrow from their extended family members, distant relatives or neighbors when facing financial hardships' (pg.6). The slum households had faced in total 141 contingencies for which they had approached 326 sources or social networks for assistance.

6.2.1.1. Ill-Health

Contingencies occasioned by Ill-health would often require huge spending[6]. Of the total amount borrowed for treatment of ill-health, money lenders have been the vital source of help (33 percent) (Table 4). Lack of access to formal credit system and inability of contacts to render monetary help had left the slum households with no other alternatives but to borrow money from moneylenders at exorbitant rate of interest. This sort of borrowing was highly expensive and scandalously unreliable. Generally the first month's interest was deducted from the principal amount that was borrowed. There were several instances where the slum households had not been able to repay the principal amount because whatever amount paid to the money lender would be set off against interest. The slum dwellers were being exploited by the money lenders and their continuous dependence on such mechanism often made the slum dwellers indebted for life. Thus, the present study finding confirms to the generally accepted view that urban poor, heavily rely upon the money lenders for meeting various large financial requirements, particularly contingencies (Beall, 1995; Aziz, 1997; and Rao and Woolcock, 2001).

Relatives were the second vital source of financial support by giving 23 percent of the total amount of financial help during critical situations[7]. As contingencies demanded high and immediate delivery of finance, relatives were not in a position to extend their support

[5] TB has been brought under the Health Mission of Government of India through its Revised National Tuberculosis Control Programme (RNTCP), where it provides free treatment. However, still it is tremendous challenge. Besides, the slum households were unaware about this programme.

[6] 'Ill- Health' is considered as contingencies as the problem were 'major' in nature involving assistance for a longer duration as well as high expenditure

[7] The finding is in consonance with the above cited studies who found that relatives had been key source of financial support at times of stress.

to a large extent. Hence, their assistance was largely in the form of kind (explained in the following section). However, the role of relatives still remained supreme as they helped the recent migrants to borrow money from the moneylenders. Recent migrants found it impossible to borrow money without the help of the person trusted by the lender. Many denied providing personal vouching to an unknown person (personally) due to the fear that the lender might demand the 'surety' to pay back the borrowed sum if the borrower failed to return or disappeared from the place. Thus, in such as situation, relatives have been a vital source of help by providing personnel vouching.

Source	Health Aliments		Child Birth	
	Total (Amount in Rs.)	Per centage	Total (Amount in Rs.)	Per centage
Relatives	109063	22.7	62523	29.3
Friend	35073	7.3	4054	1.9
Co-villager	37956	7.9	1921	0.9
Neighbours	2883	0.6	1921	0.9
Acquaintances	2402	0.5	--	--
Employer	61498	12.8	14937	7.0
Money lender	159030	33.1	32009	15.0
Co-worker	-	-	427	0.2
Savings	5765	1.2	18565	8.7
Chit fund	46123	9.6	65938	30.9
Mortgage Jewels/ selling assets	18738	3.9	11096	5.2
Others	1441	0.3	--	--
Total	480452	100.0	213390	100.0

Table 4: Source wise Amount received for Health Aliments & Child Birth
Source: Primary data

Employers were third vital source of monetary help by supplying 13 per cent of the total amount for health related contingencies. Principally, working under an employer for longer duration/years creates a sense of obligation and trust, which in turn makes it morally binding on the employer to offer timely help to the respondent households during contingencies. Like relatives, borrowing from employers was advantageous as they did not charge interest for the sum borrowed. Besides, the principal amount was deducted from their wages on installment basic which enabled them to get out of the debt-trap rather painlessly. This finding is consonance with Rao and Woolcock, (2001) whose study revealed instances where house-maids had established good relationships with their employers, and obtained interest free loans and jobs, etc.

Informal institutional arrangement such as chit-funds schemes (10 per cent) had been vital for pooling resources. Informal arrangement of chit-funds for coping with the critical situation had provided a sort of safety net to the urban poor, yet they were not devoid of risk. Since, many chit fund owners suddenly disappear after pocketing the hard-earned money and no guarantee until the money reaches the hands of the investor.

During emergencies when all other alternatives had been exhausted, poor households often liquidated household assets to raise funds for emergencies. Even though, only 4 per cent of the amount was mobilized from the above source, even the least amount of money raised during emergencies was of grave support. Thus, sale of household assets and the pawning or sale of jewelry and other valuables were the other coping strategies adopted by several of the low income households to meet their contingency needs. Aziz, (1997) and Ari (2005) have also confirmed that poor households sold their valuable assets such as jewelry and durable goods to manage risk.

6.2.1.2. Childbirth

Unlike ill-health, childbirth is not an unexpected contingency and hence one could stay prepared to face. However, as the wage earned by the slum households was insufficient to meet their basic needs, they were forced to depend upon an assortment of sources to meet their expected contingencies such as childbirth as well. The study revealed that a major part (31 per cent) of the money to meet the expenses during childbirth was pooled through chit funds by the slum dwellers. However, as childbirth too entails high costs (if it is a caesarean), the slum dwellers rely upon diverse, source to meet the expenditure. Equally, relatives were a significant source of help; over 30 per cent of the total amount was given by them. Another 15 percent of the amount had been borrowed from moneylenders. Interestingly, 9 per cent of the total amount spent for childbirth was pooled from informal savings. Often women and men tend to save by depositing small amounts in saving boxes or hide money for future emergency needs. Thus, informal savings like chit-funds were found to be indispensable for slum households during critical situations. In spite of a large number of them involved in unorganized sector with lowest return, many preferred to have babies delivered in private especially charity hospitals than in government (maternity) hospital due to reason such as poor quality of services, safety hazards and doubts about the competence of government doctors to deal with cesarean procedure and lack of access at all hours of the day (especially at night) etc. Besides, most of the migrants were unaware about the location of public hospitals in the city and various health related schemes and programmes. Therefore, more than introducing new schemes in every five year plans, it is vital to create awareness about various entitlements to the beneficiaries to achieve its results. A few households reported as having utilized government hospitals for childbirth and few have

arranged deliveries in the house itself. During discussion the slum households reported that nurse and other personnel in the hospital usually demand some amount for the service rendered. In particular during childbirth, the mid-wife demands INR 1000/- for a boy baby[8] and INR 500/- for a girl baby. Despite all shortcomings, government hospitals are cheaper than private hospitals. Therefore, improving the quality of services in public hospitals is a way by which we can cater to the needs of the urban poor and bring down their out of pocket expenses on healthcare.

6.2.2. Source of Non-financial Help during Contingencies

Non-financial help during contingencies comprises of more than one function and includes assistance in the form of help/services (both large and small services) and emotional support, etc. As discussed in the previous section 6.1, major health related contingencies faced by the slum households were accidents, diabetes, respiratory diseases like asthma, typhoid and tuberculosis. The above cited health problems are long-duration afflictions, and thereby, requires services for a longer duration in order to be effective. Therefore, the families call for various services as well as emotional support during a critical time. Due to closeness and obligation, kin network (95 per cent) supported and provided services extensively (Table 5). Essentially, the presence of primary kin[9] nearby was critical, since they voluntarily provided diverse help, such as taking the patient to the hospital, taking care of the patient, and carrying out household chores, etc. Most importantly, they also provided emotional support to the respondents when the members of their household met with accidents or injured. While the service by other informal network such as friends was completely absent in this case, at least 2 per cent of the neighbours had extended their services.

Crises	Relatives	Friend	Co-villager	Neighbour	Employer	Total
Health	45 (95.45)	--	--	1 (2.27)	1 (2.27)	44
Childbirth	19 (48.71)	18 (46.15)	1 (2.56)	1 (2.56)	--	39
Total	112 (79.43)	24 (17.02)	1 (0.70)	3 (2.12)	1 (0.70)	141

Table 5: Source of Non-financial help for Health Aliments & Child Birth
Note: Figures in parenthesis are in row percentages of totals
Source: Primary Date

During child birth too, relatives (49 per cent) were the main source that offered multiple type of help to the respondent followed by friends (46 per cent). In particular, presence of relatives in the neighborhood or in the destination place was critical to those migrants living in nuclear families with children. Support by friends reveals the new network, developed by the respondents in the place of destination i.e. after migration. Their help varied from doing household chores, taking care of the mother and child and looking after the young one and escorting them to school. Thus, the total burden of child rearing is carried out by the personal contacts and in particular by primary kin such as mother, mother-in-law, brothers and sisters. The case of Narayan is illustrative: when Narayan's wife gave birth to a child, his mother-in-law who was also residing in the same locality provided all kind of assistance to Narayan's family. Her help was manifold in nature, i.e., from taking care of the mother and child, doing household chores and so on.

6.3. Conclusion

Maintenance of social networks was one among the coping mechanism adopted by the urban slum dwellers to meet their general health aliments and during child birth related contingencies. Kin network residing in the locality had played a vital role in solving day-day-problems by offering both financial and non-financial help. However, at time of emergency/contingencies when a large sum of money was required, due to limited resources at their disposal relatives and neighbors were seldom helpful. Therefore, the slum households were often forced to rely upon other resources like money lenders and employers. Informal savings such as chit-fund and moneylenders no doubt were key source of financial assistance during emergencies. However, informal mechanisms have many limitations. They may protect the poor from small-income shocks, but not from big or persistent shocks. The study highlights the need to create institutions to promote thrift among the slum dwellers and to ensure their access to formal credit systems. Conversely, there is an urgent need to promote informal thrift/saving societies to help the poor during emergency by pooling their own resources. Besides, not only introducing social security products intended to cover important life contingencies and especially those related to health is essential, creating awareness about them will be of great help to the slum dwellers as most of them are engaged in unorganized sectors. Microfinance is perhaps the most applauded example of intervention built mainly on existing social capital. Therefore, it is essential to facilitate the slum community to start micro enterprises, so that mutual help and instrumental support could be drawn to meet their contingency expenditure. On one hand, this will help the slum dwellers to save money and on the other hand, it will reduce their dependence upon moneylenders who charge high interest rates and thereby protect them from falling into a vicious cycle of poverty. As most of the slum dwellers depend upon private/charity hospitals for childbirth and other health ailments, it is essential to improve the quality of services of public/Maternity hospitals besides creating awareness and providing the right information to the slum dwellers about various entitlements to decrease out-of pocket expenses.

[8] More amount is demanded for boy baby due to son preference in India

[9] This is in consonance with other studies (Ramu, 1974) that had shown the importance of consanguine kin such as parents and brothers as support during health needs.

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