

**URBAN POOR LIVING ON THE STREETS OF
CHENNAI CITY, TAMIL NADU:
AN ANALYSIS OF THEIR SOCIO-ECONOMIC
AND HEALTH CONDITIONS**

Dissertation submitted to the Jawaharlal Nehru University
in partial fulfillment of the requirements
for the award of the degree of

MASTER OF PHILOSOPHY

IMMAGULATE MARY. I



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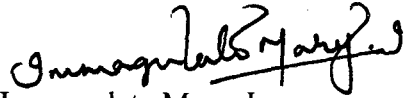
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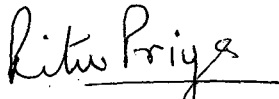
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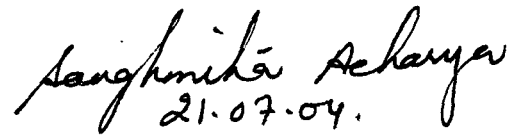
This dissertation entitled “Urban Poor Living on the Streets of Chennai City, Tamil Nadu: An Analysis of Their Socio-Economic and Health Conditions” is submitted in partial fulfillment of the degree of Master of Philosophy of this University. This dissertation has not been submitted for any degree of this University or any other University and is my original work.


Immaculate Mary. I

We recommend that this dissertation be placed before the examiners for evaluation.



Dr. Ritu Priya
(Chair person)



Dr. Sangamithra Acharya
(Supervisor)

DEDICATION

**To the Poor who are,
Economically Exploited,
Socially Rejected,
Culturally Stigmatised,
Politically Manipulated and Repressed.**

and

**To those Who
Strive to Liberate the Poor.**

Acknowledgement.

I must acknowledge the poor people I met on the streets whose everyday life is a challenge, struggling hard to keep their bodies alive. Despite my incapability to help them in any substantial way, despite their suspicion and spite towards the curious and often biased academic gaze, they willingly spared their time to share their experiences with me. Without their openness this research would have been meaningless. I hope to contribute my little efforts to their fight against the vicious social order that perpetuates such poverty.

I thank my parents who gave me their support and encouragement to let me be for what I am. I am immensely thankful to my teachers in Stella Maris college, Chennai for laying the foundations in the field of social work in me thus enabling me to reach out to the real lives of the down trodden. I thank all my teachers at CSMCH, JNU for introducing me to public health and helping me to develop a broader perspective and to understand the lives of the oppressed in more holistic way.

Whenever I turn the pages of my dissertation, I can always feel proud that it was Dr. Sanghmitra Acharya who guided me. It was her open-mindedness that gave me the strength to carry on this work. I am indebted to her for all her support, encouragement and scholarly guidance.

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Introduction

INTRODUCTION

Socio-economic conditions and health are the two sides of the same coin. Health of the urban poor living on the streets cannot be treated as mere bio-medical entity. It is rooted in social, political and economic conditions that prevail in the society. As a consequence of the poor socio-economic conditions, the poor who cannot even afford the bare necessities of life has lower physical immunity, and are vulnerable to all forms of diseases. The more they suffer from illness the deeper they are driven into debts and poverty. This research is an effort to understand the social and economic factors that are responsible for their state of extreme poverty making them susceptible to dangerously poor health conditions.

The socio-economic dimension of health was first observed in the beginning of the 19th century. With the rise of urbanization that followed the industrial revolution, the working class ghettos of Europe witnessed massive outbreaks of contagious diseases. It is in this context that Chadwick and Engels explored the conditions of the laboring population in the Great Britain in the 19th century.¹ They observed the horrendous working and living conditions of the working class poor that were a result of the rapid industrialization. The public health studies initiated at that time measured disease-death rates in different localities and found wide variation between upper and lower class settlements. In some cases members of the upper classes lived three times as long as those from the lower classes.

Chadwick's "*Report to Her Majesty's Principal Secretary of State for the Home Department from the Poor Law Commissioners on an Enquiry into the Sanitary Condition of the Labouring Population of Great Britain*" of 1842, one of the first of its kind, brought out that diseases and poverty are inseparable. This report explained that diseases stemmed from filthy environmental conditions, polluted water supplies, decaying garbage, and waste clogging in the streets. These findings later inspired many public health movements of the times. They demanded radical and revolutionary changes in socio-economic conditions in order to control the problems of the epidemic and endemic diseases. As a result of these movements the mortality and morbidity rates started declining, with the government taking measure to provide better housing, work conditions, food security, clean water and adequate sanitation. Many of the communicable diseases began to wane even before the bacteriological discoveries that began in 1870's made their impact. Small pox, typhus fever, typhoid,

¹ Hay, I (1992) discuss the relation between social status and health status in his article. His study traces the emergence of this concept to Chadwick, 1842 and Engel's 1958.

cholera, and yellow fever disappeared before the specific causes of these infections were discovered and before the transmission became unknown (Rosen, 1971). These findings have influenced many researchers and policy makers thereafter. Many researchers and policy makers over the last two centuries have emphasized social change, rather than improvements in the health care services, as a means of improving health status.²

In the Indian context, a person's place in the social hierarchy in terms of caste and class position to a great extent determines his/her access to work opportunities and basic amenities in life, like housing, drinking water, medical facilities, which in turn determine their health status (Qadeer and Roy, 1989). The lower the social status of a person the worse his/her condition. A report published in 1996 by South-South Solidarity Group in Delhi stated that, one out of every five persons in urban India live in officially declared slums. There may be an equal number of people living in other substandard conditions like in squatter settlements and streets that may never be counted in official estimations. Many researchers like Singh and De Souza (1980), Majumdar (1983), Prasad (1995), have found that those who live in the slums, and on the pavements as well as in squatter settlements are largely rural poor. Though there are quite a few studies that look into the conditions of the urban poor, there are hardly any studies that look into the health status of the urban poor living on the streets.

The life cycle of poverty and ill health that the urban poor living on the streets undergo is quite complicated. During the research we found that the rural poor, due to the economic situations in their native villages move to the city. They come to the city in search of a livelihood. Most of them being illiterates, lack adequate skills fall to find employment in organized sector and often into the clutches of extremely exploitative informal labour. They end up taking up any tedious labor to earn the meager little needed for their bare survival. Due to their uncertain employment and poor economic conditions they often find their homes in the corners of the city space, in the pockets that are precarious, surrounded by filth, decaying garbage, with polluted water supplies, and often with the sky for a roof. Their precarious nature of living conditions in the city and their poor health is largely due to the failure of the public administrative machinery which is controlled by biased democratic

² Some of the prominent studies are, Banerji (1982), Townsend and Davidson (1982), Blaxter, (1983), Qadeer (1985), Zaidi (1988), Townsend (1990), Wolfe, (1991), Narayan et al. (2000), Wag Staff (2002).

politics and bureaucracy, both controlled by the interests of the elite and thus indifferent to the interests of the these urban poor.

The poor who live on the streets are visible in many ways, the shoe shiners, rickshaw pullers, street vendors, tricycle pullers, porters, sex workers, charity seekers, and scavengers, who contribute significantly to the urban economy through their hard manual labor. Though they exist visibly, yet in the eyes of many they are invisible, particularly in the eyes of city administrators and the urban elites, who consciously find ways to deny the basic rights of the poorest of the poor. Thus their hard labour is exploited though their basic rights like the right to housing and right to a dignified living are constantly thwarted with policies like 'anti-encroachment laws', 'city beautification projects' etc. which in effect are aimed at getting rid of these poor.

With the rising urban poverty in the recent years (UN-HABITAT, 2003) the poor in the city are not concentrated only in slums and squatters; there are poor who are peripheralised, living in the corners of the streets. Though there have been studies regarding the pathetic existence of the urban poor living on the streets precious little has been done at the policy level to improve their conditions. However there have been hardly any attempts to understand their problems from the public health perspective, to locate the health of the urban poor living on the streets from a socio-economic perspective. This research is an effort to understand the social and economic factors that are responsible for their state of extreme poverty making that make them susceptible to dangerously poor health conditions.

The present research study is organized into following chapters.

The first chapter is an attempt to understand the phenomenon called urban poor living on the streets, by tracing their conditions across the world. This chapter would also look into the particular situation in India by critically analyzing the available literature like, books, journals, reports, census data and empirical studies related to the urban poor living on the streets. The chapter sets off with an analysis of the concepts used to define the urban poor living on the streets and the politics involved in naming them. The second part explains the magnitude of the problem by tracing their conditions in various developed and developing countries. The third section focuses on the urban poor living on the streets in India. Based on these reviews this chapter further intends to draw rationale for the present study that has been undertaken by the researcher.

Chapter two spells out the conceptual framework adopted in this study and the research methodology is outlined to show how the process of the study has been carried out. It is concluded with the limitations faced by the researcher during the process of carrying out the present study.

Chapter three presents a brief introduction to Chennai to understand the basic socio-economic and demographic features of the city. It briefly sketches the situation of poor living on the streets since 1934 till 2003. It presents very briefly the role of government and civil society organization in reaching out to the urban poor living on the streets. The recent Anti-encroachment drive that was launched by the Chennai city Corporation is also highlighted to show the anti-poor stand by the state.

Chapter four presents the Socio- Economic conditions of the Urban Poor living on the streets of Chennai City. This chapter is divided into three sections.

The **first section** primarily gives the Socio-Demographic background of the respondents. The aspects discussed are their sex, age, marital status and current mode of living, education, religion, language spoken and their caste background.

The **second section** discusses how the respondents faced struggle to lead their lives with low and inconsistent income, coupled with the widespread socio and economic inequality in their rural areas which influenced their process of transition from being rural poor to urban poor. This section mainly looks into the features of, native place of the respondents, the reasons for migration, and their occupation and income earned before migration, linkage with their native place, decision to move to Chennai city and the problems felt by the respondents at their initial period when they moved into the city.

The **third section** mainly focuses on the newer forms of inequalities faced by the respondents when they move into the city in the arena of their occupation and income. This looks into the features of their present occupation, hours of work, hazards they face in their work, average monthly income, savings, means of savings, debts, source of borrowing and the properties they own are discussed in detail.

Chapter five elaborates into how the instability of income and job makes the poor more vulnerable vis-à-vis their day-to-day survival. The features of settlement space, availability of water, sanitation, disposal of garbage, the location and environmental milieu, and the mode of transportation, that characterizes the lives of the urban poor living on the streets and problems faced due to recent anti-encroachment drive are discussed.

Chapter six, analyses how the poor socio and economic condition translates into poor physical and mental health conditions of the respondents who are living in the squalor of urban poverty. The availability of health care services, the utilization pattern of different systems of health care, household expenditure on the health care is discussed.

Chapter seven looks into their felt needs and aspirations of the respondents.

The last chapter eight presents the analysis of the whole study in a comprehensive manner. It lists the main findings of the study and looks into the various issues related to the lives of the urban poor. This chapter also suggests certain measures that could help the urban poor living on the streets break the cycle of poverty and ill-health.

Chapter 1

CHAPTER ONE

PHENOMENON OF URBAN POOR LIVING ON THE STREETS

Before we venture into the study of the conditions of the urban poor living on the streets of Chennai we need to understand the term itself. Different groups depending on their understanding, often determined by their political interests, have named these people differently. This chapter tries to trace the meaning of the phrase 'urban poor living on the streets' and its socio-economic significance. The problems faced by these people are usually misunderstood as a question of housing, sometimes as that of mental health and very often as that of a vagrant culture itself. It is in the backdrop of several entrenched notions and biased policies that we undertook this study. Misled by the notion that the problems of these people are only one of houselessness, the other aspects of their existence are often ignored. Their health condition has been taken as a purely bio-medical concept. This chapter is an attempt to locate the problems faced by the urban poor in the larger context and takes a quick look at way they have been understood in different countries across the world.

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his/her control." (Article 25 of the Universal Declaration of Human Rights)

These words were written more than half a century ago. In 1996, the United Nation center for Human Settlements (UNCHS) stated that the worldwide count of 'homeless' who do not have any right to adequate housing with secure tenure can be estimated at anywhere from 100 million to 1 billion or more, depending on how homelessness is defined. They estimate that about 100 million poor do not have any shelter. These poor literally sleep outside, on pavements, roadsides, shop doorways, in parks, under bridges, or in public buildings like railway, bus or metro stations or in night shelters. These urban poor who live on the streets are the visible face of the poverty, but they remain invisible in the eyes of many who ignore them.

The UNCHS in their report *Strategies to Combat Homelessness* cites Epstein (1996) who studied the difficulties faced by these poor. Some of the features that make the life of the poor living on the streets particularly miserable are,

“First, life on the street implies a public disclosure of personal destitution. One’s poverty is made so visible that there is no escape from confronting its existence for the victim. Second, survival on the streets necessitates the abandonment of a futuristic time orientation. Survival becomes a moment-to-moment preoccupation and, for those in such a situation, the ability to divide and order time so as to contemplate let alone plan for a future is an unfamiliar luxury. Third, street life demands ceding one’s entitlement to private and personal space. Fourth, when one’s ability to gain protection is challenged, all sense of performance with respect to personal and social relations is thrown into question”. (qtd. in UNCHS, 2000: 20)

This chapter is an attempt to understand the phenomenon called urban poor living on the streets, by tracing their conditions across the world. This chapter also intends to look into the particular situation in India by critically analyzing the available literature like, books, journals, reports, census data and empirical studies related to the urban poor living on the streets. The chapter sets off with an analysis of the conceptual terms used to define the urban poor living on the streets and the politics in terms of naming. The second part explains the magnitude of the problem by tracing the conditions of the urban poor living on the streets in various developed and developing countries. The third section focuses on the urban poor living on the streets in India. Based on these reviews this chapter further intends to draw the rationale for the present study that has been undertaken by the researcher.

1. 1. Definition and Conceptual Riddles

The poor, who live on the streets, have been referred to by various terms, such as homeless, houseless, shelterless and pavement dwellers. A review of various government and non-government literature shows that these terms are used interchangeably. The primary problem is there is no one term accepted by all. The terms used to refer to these people as well as the approaches to the study of their problems are many, shaped by different political ideologies. It becomes important to review these definitions to understand the political expediency that determine the various terms that are in use.

The following section reviews the past and the current attempts to define the poor who live on the street. The concept of ‘literally homeless’ or ‘rough sleepers’ is used widely

in western countries, to refer to those who live on the streets (Rossi et al, 1989; UNCHS 2000; Springer, 2000) Recently in India the term 'homeless' has been widely used to refer to those poor who live on the streets (Aashray Adhikar Abhaiyan , 2001; Chennai for Change , 2003). To understand the concept of 'homeless' it is important to understand the concept of 'home'. Home according to the Oxford Advanced Learner's Dictionary, "is a place where one lives especially with the family. The place one belongs, feel comfortable and feel secured".

The home embodies ideas of comfort, belonging, identity, security and it is a place where a person establishes meaningful social relationships. Home could be a place where a person is able to define his or space as his or her own where they are able to control its form or shape. And this space becomes associated with that person (Cooper, 1995). The UNCHS (2000: 15) cites the observations of Cooper (1995) who discusses the ideas of 'relative and absolute homelessness'. 'Absolute homelessness' occurs when there is neither access to shelter nor the elements of home. A person may be relatively homeless, that is he/she might have a shelter but not a home. He adds, that notion of home, however is determined also by cultural conditions. The UNCHS report identifies 'social exclusion' as one of the major component of the life of a 'homeless person', which implies that the homeless person lacks social ties and relations.

However, these kind of definitions that emphasis social exclusion and detachment¹ cannot be applied universally as these terms have been based on much of the traditional research about homeless men, primarily conducted in the United States and the United Kingdom. The situation elsewhere in the world could be different depending on the social and political situations, which are different from that of the UK or the US, as it is evident in the present study. Moreover these definitions do not look into the social contexts that have made a sizable population homeless. However, the problem with the above-mentioned terms is that they are centered on subjective experiences and implicate the personal characteristics and backgrounds of individual people. Issues like mental illness or alcoholism have been

¹ See Bassuk, et al. (1997), Koegel, Melamid and Burnam (1995) for more studies of this nature. Many ethnographic studies carried out in the United States, Canada and United Kingdom, concentrates on the specific population such as substance abusers, mentally ill people, battered women, people infected with HIV/AIDS, war veterans, runaway youth, street children and so forth, giving a close view of their experiences of being 'homeless' as a feeling of 'disaffiliation'. 'Disaffiliation' can be defined as "a detachment from society characterized by the absence or attenuation of the affiliative bonds that link settled persons to a network of social structures"(Bargatta,1992)

used to explain the condition of the poor living on the streets. Terms like 'vagabonds' or 'criminals' have been indiscriminately used to define the conditions of these poor without looking into the other aspects and often the political significance of such terms. These arguments are centered on 'victim-blaming' calling the poor themselves responsible for their condition of being homeless. This again stigmatizes them for what they are and fails to bring into focus the broader socio-structural factors that underpin their situation. The recent studies like Rossi et al. (1989) say that there are not only single men, mentally ill, or vagabonds who are homeless, but there are families of poor blacks and single unwed mothers, or deserted women with their children and migrants to the cities in search of jobs also live without any proper shelters. Their conditions are largely due to poverty and social exclusion in terms of racism and discrimination in housing rights.

In the context of India where poor settle on the streets as families in their failure to afford any other form of accommodation, terms like 'detachment' and 'homelessness' are not appropriate. Those who are completely destitute or abandoned by the family for various reasons like chronic mental illness or leprosy or because of being orphans may be called as homeless people. Even in their situation one should take into account the economic conditions as well as social factors like social stigma. The term homeless cannot be applied strictly to those who have been compelled to live on the streets as a family due to economic reasons such as one's inability to pay rent or one's inability to afford the cost of transportation to places of work. A sizable number of the poor living on the streets that the researcher came across were rural migrants who moved to the city in search of work. They still held strong affiliation with their extended families living in their native villages and send remittances to support them. Even those who lived alone on the streets maintained similar ties. The findings of many researches conducted in India since 1960's show that a majority of the poor who live on the streets held strong affiliation with the family². It is not that their families have disowned them but it is the larger society that had disowned them through systemic structural inequality, which forced them into poverty that eventually led to their lives on the streets. The second-generation urban poor living on the streets suffer from dysfunctional families, desertion or destitution.³

²Ramachandran, P. (1972), Mukerjee, S. (1975), SPARC (1985), Singh and Desouza (1980), Jagannathan and Halder (1988), all of them who have studied the urban poor living on the streets have found that the poor hold strong affiliation with their families. These studies are discussed in detail later in this chapter.

³ This would be discussed in a later chapter

The United Nations Center for Human Settlements (1998:16) has developed the following definition of 'Homeless Households'; " Households without a shelter that would fall within the scope of living quarters. They carry their few possessions with them sleeping in the streets, in door ways or on piers, or in any other space, on a more or less random basis." This definition, which suggests visibly disheveled figures tramping city streets and carrying their possessions to random sleeping places, is universally recognized and simple. This emphasizes the behavior of the population, who specially lack primary family relationships. But in 1999 the United Nations Center for Human Settlements introduced the concept of housing rights in to their definition; " the most obvious and severe manifestation of the unfulfillment of the distinct human right to adequate housing". According to the report the earlier definition was more 'accommodation oriented', without any consideration for housing rights⁴.

According to Springer (2000) people sleeping rough, which means in the street, in public places or in any other place not meant for human habitation are those forming the core population of the 'homeless'. Those sleeping in shelters provided by welfare or other institutions will be considered as a part of this population. Persons or households living under these circumstances will furthermore be defined as 'houseless'. He suggests, 'concealed houselessness' for those categories of people living with the family members or friends because they cannot afford shelter by themselves. Without this privately offered housing opportunity they would be living in the street or be sheltered by an institution of the welfare system. Another group living under the threat of 'houselessness' are those facing the risk of losing their shelter either by eviction or the expiry of the lease, with no other possibility of shelter in view. Prisoners or people living in other institutions facing their release and having no place to go to are considered as part of this population. According to her this category lives with a 'risk of houselessness'. Springer also mentions that those who

⁴ The word 'homeless' is problematic, as the word itself is burdened with non-neutral meanings. For instance, the term 'home' suggests affiliations like family and friends. In an Indian study this word was dismissed and the notion 'shelterless' or 'houseless' used instead. In Austria too, the word 'houselessness' or literally translated 'dwellinglessness' is preferred to the less neutral 'homeless'. In Finland, the term 'homeless' ('koditon') was replaced by the term 'dwellingless' or 'houseless', because the former embodied the idea of having "no established relationship- no one to take care of them". See Edgar (1999) and Springer (2000) for detailed discussions on these terms. Because of the various problems associated with the term 'homeless', there have been proposals and attempts to develop a global definition, to refine the conventional notion of 'homelessness' to 'houseless'.

have been living in 'substandard housing' situation needs to be included in the houseless category as their situation is somehow comparable with those without shelter, as they are also deprived of their right to housing without health hazards, allowing the full development of their individual capacities.

The census of India (1991) uses the term 'houseless population' to define persons who are not living in 'census houses'⁵, the latter referring to 'a structure with roof'. Hence the enumerators are instructed "to take a note of the possible places where the houseless population is likely to live such as on the roadside, pavements, in Hume pipes, and under staircases, or in the open, temple[s], *mandaps*, platforms and the like" (Census of India, 1991). The term 'houseless' is used in this definition to refer to 'inadequate building structure that cannot be called as a house', largely restricting their problem only as one of housing. The persons included would be only those who would be sleeping rough and visible to the eyes of the enumerators, they usually largely ignore those who are at the risk of being houseless, and those live in any other form of shelter, such as prisons or temporary shelter homes.

The people who are enumerated in the census of India, who are found on the pavements, roadsides, and so on need not be 'permanently houseless' because those who come to urban area in search of employment and decide to live on the streets or pavement to save on rent, might have houses in their rural area. They need not be categorized under those defined as 'houseless'. These people may have a tarpaulin stretched out or they live in any possible space available on the streets.

In India many studies refer to those poor who live on the streets as 'pavement dwellers' (Mukerjee, 1975; SPARC, 1985; Singh and Desouza, 1980; Jagannathan and Halder, 1988; Prasad, 1995). According to Oxford dictionary, pavement means largely "a sidewalk, a flat part at the side of the road for people to walk on" (Wehmeier, 2002). These studies have concentrated on the population who may largely find accommodation on the pavements. It may not have taken into account of those people who may live any where on the streets apart from pavement or roadsides, that is they may live under bridges, Hume pipes, shop

⁵ "*Census house*: A census house is a building or part of a building used or recognized as a separate unit because of having a separate main entrance from the road or common courtyard or staircase, etc. It may be occupied or vacant. It may be used for a residential or non-residential purpose or both". (Census of India, 1991)

doorways, in parks, bus stand, near temple man daps, market side, or who sleep on the cart or rickshaw. The persons who live on the streets may be temporarily or permanently houseless, or they may be homeless in case of those who are wanderers because of mental illness or destitution and lack family ties may also face problems of being permanently houseless. Whether the people are defined as homeless or houseless or pavement dwellers, their condition largely explains that they are deprived of their basic needs, socially excluded and economically oppressed as a result of larger socio- structural inequalities.

Review of these definitions and concepts helps to gain deeper clarifications, as Cooper (1995) points out, that defining 'homelessness' or 'houseless ness' is a political act rather than a semantic exercise. It is through a definition that certain values, concepts and approaches are synthesized. The definition adopted determines our understanding of the issues and how we respond. It also influences how to assess the effectiveness of the programmes, policies, responses that have been implemented to address the problem.

The present research considers 'homeless' or 'houseless' people as people who are poor, economically deprived, are located in urban areas due to economic reasons and live on the streets. Thus the term 'Urban Poor Living On The Streets' is used in this study. This helps in emphasizing the urban space that is discriminately allocated. Another factor, which this term takes into account, is the poverty that is faced by this people and also emphasizes poverty as a cause for their situation. Finally this term takes a holistic approach to their condition rather than isolating it as a 'shelter' related or 'affiliation' related problem.

1.2. Magnitude of the Problem: The Global Scenario

The life of the poor is the same everywhere, in the developed and developing countries. The affluence in the developed countries certainly cannot hide the poverty that is growing deeper by the day, in spite of their inventing newer methods to hide the poor through their indifferent policies and anti-poor laws. A look at the situation in the US would reveal to us the hardships faced by the poor in the middle of affluence. According to a recent survey of 25 cities published by U.S. Conference of Mayors in 2002, December, there are over three million men, women and children who were homeless more than 3 years. Among them about 30% were chronically homeless. The homeless population was very

diverse, 20% were working poor, 22% were mentally disabled, 34% drug or alcohol dependents and about 11% were veterans. Of the homeless people 41% were single men, 13% were single women, 41% were either children or those who lived as families and 5% were unaccompanied youth. Jay Shaft (2003) gives a recent estimate of the homeless in America. According to him about 3.5 million people experienced homelessness in 2003, which was a rapid rise from three million in 2002. He mentions, that 60% of all new homeless cases were single mothers with children. Finding health care was an enormous challenge for the homeless people in the U.S, as they could not avail health care service, as they could not afford health insurance or had the money to pay for medical care. African-Americans are significantly 'over represented' among the homeless people compared to the general population.

Quite a number of studies in America (Bassuk, et al., 1997; Koegel, Melamid and Burnam, 1995)) consciously or unconsciously ignore the larger socio-economic conditions and try to explain away the problem in a narrow individualistic way, like finding individual psychological explanations for the nature of homeless people. They have documented strong associations of negative childhood experiences with homelessness. The most common childhood experiences associated with a higher risk of experiencing homelessness according to them are histories of foster care and other out-of-home placement, physical and sexual abuse (which often precede out-of-home placement), parental substance abuse, and residential instability and homelessness with one's family as a child.

Apart from the negative childhood experiences being considered the cause for homelessness—which is a very individualistic approach—these researchers fail to see the larger social causes. Researchers like Jencks (1994), Rossi (1989), Bogard (1999), argue in a market-oriented industrial nation with a limited commitment as well as resources allotted for safety net services, some people inevitably fall into extreme poverty and homelessness. These scholars and researchers consider declining employment and public support for the poor, and reduced availability of low-cost housing to be the primary reasons for the increase in homelessness since the late 1970s⁶. Programs that target special needs like the

⁶ See Jencks, 1994; Rossi, 1989; Burt 1992; Somerville, 1992

psychological needs as listed above may blur awareness of the structural causes of homelessness. Homelessness is largely a reflection of 'social poverty' (Somerville, 1992)⁷.

According to a report by The National Coalition for the Homeless (1997) since 1997, there has been a wave of anti homeless activity in America which has scourged the nation, stripping their civil rights and further waning the dignity of those without homes. In an attempt to "clean up" cities and counties, policy makers across the nation have ratified ordinances and enacted laws, which in effect criminalizes the state of homelessness. A recent survey of the 50 large U.S. Cities conducted by the National Law Center on Homelessness & Poverty, cited by The National Coalition for Homeless has found that 77% of cities have enacted anti-panhandling laws and that 54% have established anti-sleeping laws. Some cities have even gone so far as to outlaw sitting. In Santa Barbara, California, with the exception of certain "permitted" activities or medical emergencies, it has become illegal for anyone to sit down on the sidewalk regardless of whether they are not blocking pedestrian traffic, panhandling, or playing music; Seattle, Washington, and San Jose, California, have enacted similar anti-sitting bans.

Responding to this new anti-sitting law, homeless activist Becky Johnson comments in the survey,

"There is nothing new about the attempts of the wealthy to remove the poor from their midst. Yet to equate sitting with criminal activity is such a stretch, only a homeless-o-phobic could dream up this prescription. Like a rapidly spread disease, their social cleansing process has been growing and multiplying across cities in California and elsewhere, criminalizing the young, the poor, and the homeless for innocent, necessary acts. Since when has the act of sitting been a crime? Instead of acknowledging the problem and taking responsibility to deal with the problem, the City Council passed an ordinance prohibiting citizens from sleeping, lying down, residing, or storing personal property in public. One final dose of salt in the wound." The National Law Center on Homelessness and Poverty brings out the cruel attempts of the American government in handling the homeless people. About 54% of the American cities have carried out "police sweeps" to remove people who are homeless from the public eye. Homeless persons are either jailed or transported to suburban or rural areas where scarce resources and services for people who are homeless are even more difficult, if possible, to find. These attempts show that instead of attacking the homelessness, its root causes the city ordinances, and the anti-poor laws attack the homeless people, for being poor" (The National Coalition for the Homeless, 1997).

⁷ 'Social poverty' is a term used by Somerville (1992) to refer to long-term exposure to demoralizing relationships and unequal opportunity.

The situations of poor who live on the streets are not very different in other affluent countries. Daly (1996) gives an account of the poor in Canada. She points out that five per thousand-population use emergency shelter in Canada as estimated in 1995. This estimate is based only on the number of people who use temporary night shelter. Apart from these people there are about 130-260,000 homeless people across Canada.

Avramov (1995) explains the situation of homelessness in France. Since the early 1990s the problem of homelessness has been increasing. The census registered 98,000 people having no fixed abode and 59,000 in emergency shelters. Another 45,000 were registered as living in cellars, shacks or abandoned buildings. This gives a total of about 200,000 homeless in France in the early 1990's.

In United Kingdom, according to the United Nations Center For Human Settlements (2000), between four and 12 per thousand of the population is estimated to be homeless. In June 2000, The Rough Sleeper's Unit, a government initiative group to tackle the problems of those sleeping on the streets particularly those who had not been helped by the previous initiatives, estimated that 1180 people were sleeping on the streets in England on any one night. Among them 535 of them were from London itself.

In Japan the phenomenon of homelessness did not become an issue until the 1990's when the numbers of homeless people defined as 'rough sleepers' increased alarmingly throughout 1990's. In 1999 a total of 17,172 rough sleepers were identified in the five Japanese cities of Yokohama, Kawasaki, Nagoya, Tokyo and Osaka. The people who were rough sleeping were mostly found as men and most of them were day laborers. (Iwata and Kennet, 2003). According to Tamaki (1999) the homeless men were workers, many of whom appear to suffer from alcoholism and mental illness. A sizeable proportion of these people were Koreans (an ethnic minority in Japan) and Burakumin, an untouchable lower caste. In Japan, homeless has been largely understood as a problem of unemployed day labourers in the Yoseba (Labour hunting area) districts. The government policy response to the rising number of people sleeping rough has mainly been area based and largely focused on these Yoseba areas. However, a recent survey carried out by Iwata and Kennet (2000) found that 60 percent of the street sample did not belong to the Yoseba area. Since 1998 even non day labourers and younger people including a large number of women were becoming homeless.

The safety net proposed by Japanese policy makers is growing increasingly inadequate in responding to the new risks, challenges and circumstances emerging in the Japanese cities.

In the Russian Federation, the problem of homeless people has been recognized recently. During the early 1990's homelessness was considered as a simple administrative problem and was assigned to the police department. According to an estimate by the Ministry of Internal affairs in 1992, there were about 100,000 homeless people in the Russian federation. The estimate is, however, based on very narrow definitions and the number of non-registered and vagrants lied beyond it. New aspects of homelessness have since been accepted and according to the Ministry of the Internal affairs, the figures has doubled from that of 1996 to 1997 when it reached 350,000. These estimates are based on the number of persons using some kind of homeless facilities (FEANTSA, 1999). A recent report given by Ford (2003) brings out the serious conditions of the homeless people who live in Russia. According to him hundreds of homeless people die of Hypothermia in Moscow city in Russia every year. Thousands suffer from illness, frostbite or permanent disability resulting from exposure to freezing temperatures during the winter months. As of February 2003, three hundred and sixty people have died of hypothermia, bringing the total number of deaths on Moscow streets in the past four years to one thousand nine hundred and sixty seven. Nathan Ford says that about 100,000 of Moscow's 12 million populations were homeless in 2001 according to one of the socio-economic studies research institution in Moscow. In spite of the vulnerability of the homeless to disease and hunger the Moscow government has stated that the Homeless people represent only a small proportion and are therefore not a priority. Moscow's night shelters and hostels have only a total 750 beds and there are hardly any emergency measures when temperature falls below freezing point.

In China, homeless people are called the '*mongliu*' (blindly migrating people). The '*non ming gong*' refers specifically to peasants who come to the city for work. These migrants are referred as the 'floating population' who are denied of services and benefits which other urbanites are entitled to, particularly a residence in the urban area. So the migrants are left with out any place to live in and therefore spend their nights sleeping in the open areas such as railway stations, harbours and in empty buildings. It was estimated that the size of the floating population in the late 1990's has gone up to 110 millions (Solinger, 1999). Because of their poor education as well as skills than their city born contemporaries, they tend to become self-employed peddlers, cobblers, repairmen, tailors, and many engage in

manual work such as construction. Most women work in factories or as domestic helps. They are channeled to low paying jobs, which are not desired by the urbanites (Fan, 2003).

It was only recently that the problem of homeless people recognized in Korea. According to Nobuo (1999) the homeless people are noticeable in Korean society, queuing up for a free evening meal and sleeping in subway stations. Homeless people in Korea are estimated to be about 3,000. They were mainly daily wage laborers with a monthly income of less than 500,000 won (\$380) most of them attached to construction labor. These low-income households could not afford to spend on housing, as the housing cost is very high in the urban areas.

In South Africa, Olufemi (1998) reports, the number of homeless people in inner city Johannesburg is about 7,500 of whom half are men, 36% were women and 15% were children. They were all predominantly from the ethnic groups previously exploited under apartheid.

The estimation of the homeless people given by the different countries, may not give a true count of the homeless people. The UNCHS (1999) states that the worldwide count of 'homeless' who do not have any right to adequate housing with secure tenure can be estimated at anywhere from 100 million to 1 billion or more, depending on how homelessness is defined. The estimate of 100 million would include those who have no shelter at all, including those who sleep outside (on pavement roadsides, shop doorways, in parks or under bridge or in public buildings like railway, bus or metro stations) or in night shelters set up to provide homeless people with a bed. The estimate of one billion homeless people would also include those who live in very insecure or temporary and often poor quality modes of accommodation (as in the case of squatters) who have found accommodation by illegally occupying someone else's home or land and who face constant threat of eviction. This would include all people who lack an adequate home with secure tenure i.e. as owners, occupants or tenants protected from sudden or arbitrary eviction and without the most basic facilities such as water of adequate quality piped into the home provision for sanitation and drainage (UNCHS, 1999). However an overview of the situation of the 'homeless' people or the 'rough sleepers' of different countries shows that these poor people are not certainly concentrated in the low-income countries. In fact their condition is even worse in the world's wealthiest countries like America, United kingdom and Japan.

The Homeless people are humiliated to the core, to the extreme of criminalizing them for the poverty they suffer, as in countries like America. Problems like being in persistent poverty, low employment, poor wages, inability to afford secure housing in the city, severe health problems are common among the poor who are homeless.

The documents of UNCHS (2001) states that the restructuring and rationalization of the neo-economic policies and globalization have tended to reinforce social divisions and have contributed to a new dynamics of inequality, as the number of people who are victims of poverty and homelessness has gone up in many of the cities in the last twenty years. Many of the developing countries have experienced the reversal of economic prosperity, rising unemployment and pressures of financial deregulation. Under the pressures of neo-liberalization the state in turn has cut subsidies and welfare measures for the poor people causing diverse problems, which has led to greater risk and insecurity. The rise in the number of the poor who are deprived of the most basic needs after food, clothing and shelter is a result of the “the inability of the market and the unwillingness of the state to care for the most basic needs of a significant segment of their population and their consequent complete exclusion from or suppression in the special fabric of a technologically and economically advanced world” (Marcuse, 1993: 359).

1.3. The Indian Scenario

If the situation in developed nations that claim a rather efficient welfare system is quite deplorable, the situation of urban poor living on the streets in a developing nation like India, which is economically weaker, is worse. In India too they form the poorest of the society who are on the streets due to various social inequities. However, the finer details might be different, as in the composition of the urban poor living on the streets. Analysis of various studies in India shows that the urban poor living on the streets mostly belong to lower castes. The semi-feudal system that continues in India is reflected in the composition of the poor too, as the urban poor living on the streets of India are mostly rural migrants who have been driven out of abject poverty, which is growing harsher in an era of liberalization and the resultant acceleration of urban-rural divide. The victim blaming approach as well as individualizing the problem in pseudo-psychological means are prevalent here too as many empirical studies conducted on the urban poor living on the streets in

India too fail to look into the socio-economic factors that drive the urban poor onto the streets.

1.3.1. 'Illegal Encroachers': Perception of the State

The urban poor living on the streets in India are trapped in an informal and 'illegal world'. They are not acknowledged as legal citizens, perceived as 'illegal encroachers' in the city space. John (2001) in his report on Labor File, a monthly journal of labour and economic affairs has expressed the ruthless attitude of the government towards these 'houseless urban poor', living on the pavement without identity. He points out that the government holds the perspective to look at the houseless urban poor as, 'beggars, criminals and anti-social elements'

To be homeless and to live on streets itself is perceived in India as crime. Wandering persons (vagrants), wandering lunatics, 'illegal' squatters, pavement dwellers, are all 'guilty' of violating several penal statutes or statutes under which the entire enforcement is left to the police and magistracy (Mander, 2000). One of the worst laws feared by the poor who live on the streets in India is the Vagrancy and Beggary law, which forcefully criminalizes the poor. Gopalakrishnan expressed in her article 'Poverty as Crime', -Frontline (2002) to point out, that the anti-beggary law makes the poor not only responsible for their situation, but criminally responsible for it. This Act lumps together various kinds of people, including the street performers, mendicants, and small vendors, who might solicit arms indirectly for their occupation or for other purpose and not for begging. Gopalakrishnan (2002) quotes, the clause [d] of the Act describes beggars as people, "Having no visible means of subsistence and wandering about, or remaining in such public place in such a condition or manner makes it likely that the person doing so exists by soliciting or receiving alms".

This single clause ranges itself against anyone who appears poor and destitute. Thus a rag picker, or a poor migrant laborer or any urban poor living on the streets who may never have begged in his or her life can be picked up and can be incarcerated in Beggars home for a period of up to three years at stretch. Instead of the state protecting the rights of the people, it fails to acknowledge the poor as citizens, instead use such inhuman laws to punish the poor, instead of attacking their poverty they attack the poor, the state has failed

to address the Socio-economic basis of why the poor should solicit, or dwell on the pavement but criminalizes them instead.

Mander (2000) explains, the utter indifference of state authorities and even the judiciary to the existence of those urban homeless.

“Although the ‘homeless’ in the city are visible daily to the country’s senior most legislators, ministers, judges, bureaucrats, media, and professionals few are moved to do more than advocate their expulsion from the city. In recent judgment in the supreme court which particularly reflected class biases against the poor, it held that to settle the urban poor on land occupied by them is like rewarding a pickpocket!”(vii)

In India, though these urban poor exists within the administrative boundary of a town or a city, they do not hold any property rights or security of tenure, denied access to most of the formal institutions of society, as they lack legal address they could not access any urban basic services. Though these urban poor comprises a significant population in the city, the government has refused to provide them any services on the grounds they are ‘illegal – settlers’, rather than helping the poor the governments actually hound them and restrict them in their attempts to provide the fundamentals of life – the shelter and livelihood—hence these poor live in a state of permanent insecurity and illegality.

In India the institutions that are failing to address the problems of urban poor on the streets are not just those of government and law, but also the private and commercial systems. Almost, every urban poor on the streets in the cities earn for their living by working in informal sector. John (2001) states, the ‘houseless urban poor’ are engaged in income generating activities in the informal labor sector, as an integral part of the cities labor force, the usual occupational opportunities they engage in include sales assistants, cooks, waiters, construction workers, handcart pushers, pullers, loaders, domestic servants, barbers, rag pickers, mechanics and so on. They all get minimum wages; no social security benefits, the employers and intermediaries exploit them.

A recent report by UN-HABITAT (2003) on *“The challenge of slums-Global report of Human Settlements*, points out that the ‘life chances’ are very low for the urban poor, because they are rarely able to obtain formal- sector jobs because of their lack of social capital,

including lack of education, lack of patronage and contacts and a general exclusion from a 'regular society' that is mediated by signifiers of social class.

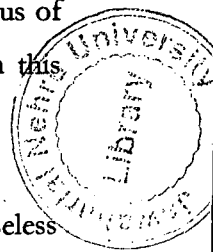
Thus the status of the urban poor who live on the streets in India is highly vulnerable, as they cannot politically represent for their rights due to their illegal status, socially and economically deprived by their low and insecure employment status.

1.3.2. The Politics Of Census Enumeration: Visible Yet Undercounted.

Census is a massive exercise of undertaking a count of human population of a fixed area as on a fixed day of an year with all relevant demographic, linguistic, religious, economic and socio-cultural aspects of the population, covers the entire population and data is collected for each and every individual in all the households including houseless households. It is a large-scale exercise taken up in the country once in 10 years. Vital information such as population, Sex Ratio, Literacy, Employment condition, Migration etc., is collected and utilized for policy formulation by Governments/Planners. The first census in India was held in 1872 AD and first synchronous census was held in 1881 census of India. The census of 2001 is the 14th in a continuous series since 1872, 6th since independence and 1st in this millennium.

The census of India refers to the urban poor living on the streets as the 'Houseless population'. It defines the notion of 'houseless population' as the person who are not living in the 'census houses'—which means 'a structure with roof', hence the enumerators are instructed to take a note of the possible places where the houseless population is likely to live, such as the road sides, pavements, drainage pipes, under staircases, or in the open space, temple mandaps, platforms and the like (Census of India, 1991). In India this is an only government enumeration source of the houseless population. The enumeration of the houseless population is carried out in the last day of census enumeration. The enumerators will observe the location of the houseless population, for the whole month while collecting the information from people in census houses, on the final day of census enumeration, for instance for census 2001, on the night of 28th February 2001, was set to collect information of the houseless. It is a one-night enumeration. This time, the census director had requested the non-governmental organization that works for the street dwellers, to guide the

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enumerators to find the appropriate places of the street dwellers and accompany them during the exercise. However the success of this exercise solely depends upon the wish and the interest of the enumerators, it is difficult to ensure whether the exercise was completely done.

One of the non-governmental organization's personnel from Delhi who helped in the enumeration shares,

“The registrar general of India, Mr. J. K. Bantia said, that the work on the enumeration of the houseless will go till morning if need be. He has given clear instructions that the enumeration would not stop till everyone is covered. Despite the instruction given, the fact of the matter was that after midnight, there were hardly any enumerators out on the job. Each enumerator had been allotted one area only where he was supposed to begin his work by 9.p.m. Those who reported were also left before midnight, leaving many concentration areas of the houseless household. Those who bothered to stay, conducted the survey without torches or ink pads, and as a result asked only a few questions, explaining to volunteers that they would invent the rest later and sign it themselves. In one area, enumerators were instructed by their charge officer to follow 1:7 policy- ask one houseless person the questions and then copy the information onto seven other forms. One team member discovered that one enumerator had paid the quilt renting business owner to write down all the names of the houseless in that area and her enumeration exercise entailed collecting the list. Some who entered only the name and age and left out all the other details, the place of origin, nature of work, earnings, family status and so on. When we took up this issue to the concerned census authorities, They said that they were aware of these details and they were refused to re-do the enumeration, by saying it will become a duplication, how it can become a duplication when many of the houseless population were not enumerated at all?” (As told to John, 2001; www.labourfile.org/labourfile/lfpavement/lfpave.html)

The Times of India, Delhi undertook a short survey after the census enumeration February 28, 2001; they found the enumerator did not visit many of the houseless population. It was stated that, “What was worse was that many spots which serve as a shelter for the houseless persons were missed altogether”(Srivatsava, 2001). The government claims that, the Indian census is one among the most accurate in the world however all these accounts show it would suggest otherwise.

This shows the large negligence from the part of the state officials to give the correct enumeration of the Urban poor. This raises the question when the government officials state that the latest estimates for 1999-2000 reveal a significantly reduced number of poor, at about 260 million out of a total population of 997 million in India. The urban poverty ratio is 23.6 percent in 1999-2000 (Government of India, 2002). The manipulation of statistics and projecting a minimal number of this urban poor, shows how the state is indifferent about the plight of this urban poor. This is part of the larger conspiracy, because it helps the government to disown its responsibility to protect the rights of these citizens. These urban poor tend to be invisible in the eyes of the governing class. If their presence were acknowledged that would hamper the interest of the privileged within the urban areas. For one thing the government will have to acknowledge the right to decent living and provide them with basic amenities, which if done would get cut into the allocations for the upkeep of the privileged class. Once the state acknowledges the presence of these urban poor, they have to plan out proper rehabilitation measures, this can hamper the interests of the elites who thrive on the exploitation of the hapless of these urban poor.

Though the system of enumeration of the houseless population has these loopholes, the fact that it proves is there is significant number of houseless population, which has been increasing steadily over the years in the four Mega –cities and other Metropolitan cities.

Table 1.1 shows the enumerated Houseless population in four Mega Cities within Municipal Corporation limits in India in the period 1981 and 1991. This table indicates that the proportion of 'houseless population' is higher in the cities of Bombay and Calcutta compared to Delhi and Madras. However there is decline in the growth of houseless population in Bombay and Calcutta in the period of 1991 compared to 1981, whereas in Delhi and Madras there is huge rise in the growth of the Houseless Population. Although in Delhi the absolute difference figures suggests increase in number of houseless population compared to Chennai, The growth rate in Chennai in the span of ten years shows highest (34.5) compared to Delhi which is only 12.5. Hence it is important to note the rising growth rate of houseless population in Chennai. There is significant difference in the characteristics of male and female distribution in each of these cities. In Bombay and Delhi the number of male is large compared to the female, whereas, in Calcutta and Madras the

female seems to be almost proportionate. This may be largely due to the fact that in these cities the Houseless population live as family units. The research Studies conducted in Delhi and Bombay also shows that these cities has largely young unmarried male adults where as the studies conducted in Calcutta and Madras show that the Pavement dwellers are mainly in family units. This shows the characteristics of the houseless population vary considerably in different cities, which indicate the magnitude and the context of rehabilitation programmes will have to take these differences into account ruling out the possibility of a uniform policy for all cities.

Table 1.1. HOUSELESS POPULATION WITHIN THE MUNICIPAL CORPORATION LIMITS OF THE FOUR MEGA CITIES IN INDIA IN 1981 AND 1991

MEGA CITIES		1981	1991	Absolute Difference (t ₂ - t ₁)	Growth rate* [(t ₂ - t ₁) / t ₁]100
Greater Bombay	Male	34,644	30,372		
	Female	9,645	8,391		
	Total	44,289(t ₁)	38,763(t ₂)	- 5526	-14.25
Calcutta	Male	25,907	22,691		
	Female	11,735	10,513		
	Total	37,642(t ₁)	33,204(t ₂)	-4438	-13.36
Delhi	Male	1,578	15,517		
	Female	628	2,154		
	Total	2,206(t ₁)	17,671(t ₂)	15465	12.5
Madras	Male	3,500	10,597		
	Female	3,341	8,447		
	Total	6,841(t ₁)	19,044(t ₂)	12203	34.5

Source: Census of India, 1981 and 1991.

*t₁ - time point 1981, t₂ - time point 1991.

If t₂ less than t₁ apply = $\left[\frac{t_2 - t_1}{t_2} \right] \times 100$

If t₂ greater than t₁ apply = $1 - \left[\frac{t_2 - t_1}{t_2} \right] \times 100$

1.4. Review of Earlier Studies

The problem of the urban poor on the streets was seriously taken note of in India in the late 1960's when the urban planners realized the growing shortage in housing as well as the decrease in the area of urban space as more and more people began migrating to the urban areas. One of the earlier studies about the urban poor living on the streets was conducted in Bombay, now Mumbai, in 1969. The Housing panel of the study group for Greater Bombay estimated a deficit of 3 lakh tenements in 1960's. The main reason considered for these was the rapid growth in the population due to large influx of population from rural area and the failure on the part of urban administrators to provide housing for the increasing population. (Ramachandran, 1972)

As a result of the concern of the rising housing problem, The Municipal Corporation of the Greater Bombay approached P. Ramachandran, a social scientist from Tata Institute of Social Sciences in 1969 to conduct a preliminary study on those urban poor who live on the pavements. The main study was conducted in the wards A and B of Greater Bombay, which were inhabited by large number of pavement dwellers. A survey was conducted in 1969 in ward A and B, which had a sample population of 2060 people, of which 65% were males and 35%, were females. The main objective of the study was to find out what could be done apart from legislative measures to prevent pavement dwelling and to clear the pavement of the dwellers to rehabilitate them. One of the major findings that came up in the study was that, 63% of the population belonged to age group of 15-54 years. Among these, 56% were not married. Almost 74% of the people were illiterate. Majority of these people were engaged in manual labour and some 13% were self-employed. 49% of the people have been living on the pavement for more than 15 years. All of them were found to be migrants. The single largest group was from Maharashtra itself. The rest of the population was from different parts of the country, 38% from the southern states, 30% from western states, and 19% from north and the rest from the east. Their earning was very low: 44% stated that they earned Rs.100 or less per month. Only 65 earned over Rs. 200. The reason stated by 61% for living on the pavement was that they could not afford better housing. 94% of the population was prepared to shift to alternate accommodation within the city itself.

The researcher recommended the identification of those young migrants before settling on the pavements, and to provide assistance like placing them in transit camps to give them necessary education and vocational training so as to avoid the 'menace'. Secondly, a dormitory type of alternate accommodation at a nominal rent was to be provided as an initial measure until the person could find a better accommodation for him/herself. These recommendations were based on the assumption that it was only the young individual male who came to the city in search of the employment ignoring the larger socio-economic causes, which brought them to the city as well as the gender issues involved. One positive thing that he suggested was the rehabilitation of those who were on the pavement as well as providing them with employment opportunities in the vicinity.

What should not be ignored is the researcher's perception of the urban poor living on the streets. To Ramachandran (1972: 1) the urban poor on the pavements were people who "create unseemly and undesirable sights in the city". According to him, the pavement dwellers were not only conspicuous but were also obstruction to the general flow of the traffic and endangered the life in the metropolis, apart from violating the local laws by their way of life. They were also said to endanger the social and physical health of the city (Ibid). The researcher considered the urban poor as a threat to the social life of the city, as though the city was not the space created for the poor at all. He disowned the responsibility of the city administrators, or the state officials to cater to the needs of the poor, where the failure of the state to accommodate the interest of the poor had endangered the life of the poor who were left with no option but to live on the streets.

This study adopts a 'victim-blaming approach', as the author says the poor are accountable for what they are and that they did not have any aspirations for the betterment of their life. He holds that,

"From the social viewpoint, what is relevant here is the influences of pavement life and concomitant social behavior on the younger generation, which can and may, under the circumstances only imitate and imbibe the 'pavement philosophy'. If nothing else this generation may add to and strengthen the 'pavement community' by not being able to aspire and work for and achieve better conditions for itself." (Ramachandran, 1972: 2)

This statement shows the indifferent attitude of the policy makers towards the poor, an attitude that does not explain the larger socio-economic inequality that the poor are victims of, which makes pushes the poor to an inhuman life on the pavement. The explanations

rather point out that the 'culture'—the 'lifestyle' and the philosophy of the poor⁸—is to be held wholly responsible for their situation.

Aranganal, from Tamil Nadu Slum Clearance Board conducted a socio-economic survey of Madras slums in 1971. As part of this survey they also enumerated the pavement dwellers. Some of the findings of this survey have been cited by Singh and Desouza (1980). About 9129 pavement dwellers were estimated to live in Madras city, of which 4604 were males and 4525 were females. The average family size was about 4.2 persons, which was slightly less than that of the families living in the slums. The survey also found that there were more families living on the pavements than the single member households. The main concentration of pavement dwellers were found to be in two major areas in the city; the George Town which is a busy trading center and the harbour area. 50% of the 'pavement dwellers' were found to be largely migrants from the various districts of Tamil Nadu and the neighbouring states. The other 50% were presumably non-migrants, who were urban poor forced to live in the pavements because of poverty. The depressing agricultural conditions, combined with economic opportunities offered in the urban economy were found to be the primary reasons for migration.

One of the interesting features of this survey was that it compared the living conditions of the people living in the slums and pavements. The income level and literacy rate of pavement dwellers were found to be lower than that of slum dwellers. The literacy rate of the pavement dwellers was far lower than that of the people living in the slums. Only 33% of men and 15% of women living on the pavement were literates compared to 54% of the men and 30% of the women among the slum population. The average monthly income of the slum dwellers was found to be Rs.164 compared to pavement households whose income was only Rs.116 per month. From these findings we get a picture that the urban poor in the slum households are relatively better off compared to the pavement households. This survey, however, is silent about the health conditions of the population it covered.

In 1973 another intensive survey was carried out in Calcutta under the guidance of Sudhendhu Mukherjee, of Calcutta Metropolitan Development Authority (CMDA). Unlike

⁸ Oscar Lewis (1967) view of marginality is that which attempts to describe the life styles of the poor by means of culture of poverty. He has explained from the point of cultural milieu characterized by fatalism, resignation and idleness which would be adverse to achievement, hard work and self reliance and tends to be passed on between generation to generation. According to this view, there is no escape from the impoverished situation and self perpetuating nature of culture of poverty even when some limited opportunities are provided. (for the details see, Lewis, 1967, pp xi-1)

the Bombay study, the perception towards the poor who live on the pavements was rather sympathetic. The study considered the poor living on the pavements and streets as citizens who lived under the shadow of the metropolis. According to Mukherjee, "The present urban crises is intimately tied to the agrarian crises in the country side for, the vast majority of the urban poor are none other than the rural poor who are no longer able to eke out a meager subsistence in their village"(cited in Singh and De souza, 1980: 32)

The CMDA, conducted an intensive survey of 10,000 pavement dwellers in Calcutta in September 1973–1974. One of the major findings of the study was that 98.33% of the surveyed population was migrants who came from rural areas of West Bengal. Another important finding was that 86.7% migrated due to economic reasons; primarily because of landlessness, indebtedness and natural calamities. On arriving in the city they lived on the pavement where they carried out their domestic chores, such as, cooking washing and bathing in public places. This study found that 'pavement dwellers' were almost always sick, or suffered from chronic diseases. 3% percent of the total population surveyed suffered from some kind of physical disability. 73.2% of the population was found to be utilizing Govt. services where 14.8% used the services of private practitioners and 8.9% went to charitable dispensaries. 17.3% percent of births among the 'pavement dwellers' took place on the pavement and the female infant mortality was found to be very high among this population. It was also found that 36.5% had only one meal a day while 52.1% could afford two meals and only 9.9% could afford three meals a day.

Like in the case of the studies conducted in Chennai and Mumbai, the overwhelming majority of the urban poor living on the streets was found to be willing to shift to other accommodation, but without any rent charges to be paid. The study suggested that it was necessary to take into account the employment and the income of different types of pavement dwellers when they were provided with new settlements. There should be provisions for alternative employment opportunities for those who were shifted to areas far away from their sources of livelihood.

In 1976, Gandotra (1976) published a report "The Homeless in the Capital" in *Sunday Standard*. This report gives a brief picture of the pavement dwellers in Delhi, in that period. In Delhi the situation appeared to be different from other states. Gandotra cites the 1971 census data, which counted 15,136 'pavement dwellers' in urban Delhi, of which 13,120 were men and only 2,016 were women. This could be translated as a sex ratio of 153

females to 1000 males. It was found that nearly all the adult females were either married or were widowed, whereas, the majority of the male population were single. The report also cites that 34.45 of these pavement dwellers belonged to scheduled castes and 20% were Muslims. The heaviest concentration of these pavement dwellers was found to be in old city, near railway station and Connaught Place.

In 1985, the Supreme Court of India gave a judgment, which permitted the Municipality to evict the pavement dwellers in Bombay, and this created panic among the settlements, which cut through the apathy and despair. SPARC (Society for the Promotion of Area Resource Centres) is an NGO, which was started in 1984 that has been working on the issues of urban poverty. They felt at the time of the supreme court order that what they were doing was somehow not working to address the real issues of poverty and inequity in cities. They felt that they needed to develop effective ways to work with poor communities rather than for poor communities and that they should try and find sustainable strategies that the poor themselves could use to address their aspirations and problems. SPARC then decided to do a survey. With no financial resources and very little time before the eviction date, they conducted a survey, which found that about 6000 households resided in a ward (E ward) and the three main arterial roads of the old city. The results of the survey were eye openers; most pavement dwellers were from the poorest districts of the country where they were landless agricultural labourers and artisans who had no property or assets in the village. They had come to the city over 20 years ago (in 1985), and more than half of the population (more than the national average) worked and yet earned less than a minimum wage. Most of them walked to work as a means of subsidizing their transport costs and found that staying near the place of work was essential. (SPARC, 1985)

This report had some far reaching impact. The most significant of them was on the communities, who, as a result of this exercise, began to see themselves as a group with common needs and aspirations and began to explore the possibilities of organising themselves. They saw themselves as 'not being alone' and that they began to understand the politics of cities that, If they were not counted then they would remain invisible and cannot ask for their entitlements. As an offshoot of this research about 600 women from the pavements of E ward formed themselves into an organization called Mahila Milan (MM) with the support of SPARC to fight for their issues of housing. Their consistent and untiring efforts definitely brought them results.

The Mahila Milan did not follow the usual approach of the N.G.O's, who took up protest demonstrations and agitation strategies, which very often lead to reverse effect that the city authorities shut their doors for effective dialogue. The Mahila Milan decided to find solution whereby the city was able to coexist with them. They undertook a survey of vacant lands over the city. In this survey they identified about 70, 000 hectares of vacant land all over the city. This survey also broke the myth, which the city officials often parroted, that the poor could not be accommodated within the city as there were no vacant lands. With these results they negotiated with the state officials. On the basis of consistent discussions, the state for the first time in 1995 enacted a law called the 'Slum Rehabilitation Act' in which it integrated pavement dwellers for the first time into the classifications of households that were entitled to land for relocation. The women who formed the core of Mahila Milan earned a piece of land for themselves, and thus build houses for about 536 households. The government of Maharashtra and the Municipal Corporation of Mumbai have set out a special policy for planning the relocation of the 20,000 households whose census the Mahila Milan and National Slum dwellers federation undertook in 1995. (SPARC www.sparcindia.org/documents/demolitions/dialogue)

Acharya (1988) conducted a study in Bombay to understand the nature of poverty among weaker sections in Bombay. She compared 10,000 households from hut/slums/dilapidated settlements with 10,000 households from pavement settlements. The former households were named as 'housed population' and the later as 'houseless population'. The study found that the highest concentration of both households were in the business districts. 57% of the 'housed' and 49% of the 'houseless' households was migrants from Maharashtra. Over 45% of the 'housed' and 60% of the 'houseless' of the population moved to the city for survival. Very few were employed in production jobs. There were 42% of the 'houseless population' involved in casual, unskilled labour compared to only 23% of the 'housed population' involved in casual unskilled labour. 79% of the 'houseless' was illiterate compared to 21.26% of the 'housed population'. About 85% of the 'houseless' moved to the city with their family compared to only 14.29% of the 'housed population'. Comparatively the proportion of the Scheduled caste and Schedule tribe people, 18.60% and 5.79% respectively, among the 'houseless' was quite higher than that in among the 'housed population', only 9.21% SC and 0.61% respectively. The researcher concluded that between the 'housed' and 'the houseless', the former were better endowed. There were intra-poor

differences existing in terms of their access to amenities. Even among the poor the scheduled caste categories and the illiterates were found to be poorer.

Jagannathan and Halder (1988 a) have analyzed the primary data derived from the field survey conducted by the Calcutta Metropolitan Developmental Authority (CMDA) in March 1987. The total number of pavement dwellers in Calcutta at that time was found to be 55,571. For the purpose of the analysis, Jagannathan and Halder, selected 2% of the 'pavement dwelling population' to examine shelter-income linkages with reference to occupation, income distribution as well as their willingness and ability to pay for proper shelter facilities. The pavement dwellers covered in the sample study were found to be engaged in over thirty different types of occupations. For the analytical convenience the researcher classified the occupational category of the respondents as 'mainstream' and 'marginal' sectors. Those who were in the mainstream sector composed of those who worked in transport related work such as the porters, cart pullers and rickshaw pullers. About 43.8% of the population was involved in transport related occupation. The service related sector included those who worked as street vendors, hawkers, sweepers, cobblers, paper bag makers, painters etc. Overall, the services related workers constituted about 10.1% of the population. A third group among the 'mainstream workers' was comprised of daily wage labourers. 10.6% of them were engaged in miscellaneous activities such as working as shop assistants, helpers to skilled construction workers, and other works. They supplied cheap labour to the city labor markets. Those who were engaged in 'marginal' vocation composed of 3.2% domestic servants, 7.7% beggars and 2.5 % rag pickers. The study found that there was a sharp dichotomy in earning levels between the 'mainstream' and 'marginal' vocations. In the 'marginal sector' the income was very low and their work extended to all seven days of the week. The researchers mentioned that the majority of the 'pavement dwellers' lived without any shelter as a deliberate rational decision, by which the expenditure on housing was reduced to zero. The 'mainstream workers' chose this lifestyle in order to protect their earning opportunities. In addition, a substantial proportion were temporary migrants, who remitted their savings to their village. In the case of the marginal vocations the lack of demand for shelter was because of intense poverty and lack of income to afford shelter.

Even for these people living on the pavement ensured access to earning opportunities, however small they may be. The exploration of the shelter income linkages by

the researchers indicated that a mainstream group could afford shelter in slums, but preferred a free shelterless existence. Those who were in 'marginal sector' could not even afford to have a shelter in the slums. This was attributed to three sets of factors. First of all they lived on the pavement in order to maintain access to earning opportunities as their settlements were close to their places of work. Secondly, at least 36% of the pavement dwellers preferred to remit earnings home to their village, rather than spending it on urban shelters. Thirdly, the individuals in the marginal sector, around 10% of the sample size, in any case were not able to afford shelter due to their intense poverty. The study mainly brought out that income-shelter relations were infinitely complex, and varied across the substratum of the poor. The suggestion put forward by the researchers was to construct inexpensive dormitory type of housing for the 'pavement dwellers'. But the researchers felt that this should be done within the city limits though it would have been a costly affair because of the land price. The possible solutions perceived by the researchers were in four areas, such as the sanitation, preventive health care, environmental hygiene and social care for the destitute. For sanitation, they proposed professionally managed 'pay and use toilet' facilities, which not only improved the urban sanitation for the poor, but were also economically viable. As the pavement dwellers were unable to use the hospitals in the cities due to the conflict with their schedules, a mobile dispensary in the nighttime was proposed for them to provide preventive health care. To maintain the environmental hygiene, a close supervision of the corporation sweepers and the garbage handlers had to be maintained by the civic administration. The 'marginal sector' pavement dwellers, called as the 'poorest of the urban poor' by the researchers were largely destitutes, abandoned wives, beggars, handicapped persons who barely ate one meal a day. They were to be given special attention through a comprehensive package of shelter, health and economic support programmes.

Labour File is a monthly journal that brings out an issue of economic affairs in India. Their team did a fieldwork in the cities of Delhi, Mumbai, Chennai and Patna in 2001. The reports were summarized under the title "Life on the Pavement: Houseless without Identity". Their field study confirmed the identity of the pavement dwellers as 'houseless workers' engaged in the income generating activities as an integral part of the cities' labour force. In all the places the usual occupational opportunities they engaged included sales workers, cooks, waiters, and party workers, construction workers, handcart pushers, pullers, loaders, porters, cycle rickshaw pullers, domestic servants, barbers, mechanics, repairmen,

and rag pickers. The 'houseless workers' were found to be located at places closest to their place for work in order to try and save as much as money they could from their meager earnings. The residential practices of the houseless workers arose out of an economic rationale oriented towards maximizing savings and remittances to their families in their native places by keeping their housing and transportation expenses at their bare minimum. The field study also pointed out the heightened socio-economic vulnerabilities the workers were exposed to, as a consequence of their status of being houseless. The field study also found that the majority of the 'houseless workers' in different cities were dalits, they belong to lower caste communities. The editor of the *Labour File*, John (2001) argues that the houseless nature of the urban poor makes them identity-less, loosing not only their individual worth but also their identity as citizens of the country. Without the address they were denied of many social security benefits, such as ration card, bank account etc. The employers make use of this identity crisis of workers to lower their wages and extract more work. Transitory natures of their employment and residence as well as the threat of the imminent loss of jobs keep the workers away from any organization or representation. The contributions of these 'houseless workers' in the urban centers are one of the unrecognized and unpaid works. It is this social and economic vulnerability that forces the workers to live in a sub-human existence.

In the year 2000 for over ten nights from June 5 to June 16 a rapid assessment survey covering 7 zones of Delhi city was conducted by Aashray Adhikar Abhiyan (AAA). The purpose of the survey was to find out the number of homeless people in the city of Delhi and to understand their social and economic conditions. The AAA is a Shelter Rights Campaign group for the Homeless in Delhi, a programme of Action Aid India, which is an international development organization. (Action Aid India, a development-funding agency since 1972, has been working with more than 300 voluntary organizations in India to reach out to the marginalized and socially deprived sections of the country). They enumerated the homeless people by counting any person found sleeping in an open place, on the pavement, under the trees, park, verandas, railway platforms, public receptions, bus stands, hospitals or night shelters and who did not have a place of their own. In addition any person who was without proper sleeping facilities and who was forced to carry along with him/her, as his/her meager belongings as he/she had no place to keep them. The nomadic tribes like the Gypsies were not included in this study. The number of homeless counted during the rapid

assessment was 52,765. This figure however does not include people sleeping in night shelters. The major concentration of the homeless people was found to be near the areas of economic activity, which formed the main labour markets. Of the 690 persons interviewed for the study 96.1% were men and only 3.9% were women. The large numbers of the respondents belonged to the age group of 19 to 38 yrs and almost all of them fell in the category of working groups. Only 4% of them belonged to Delhi and others were predominantly migrants. About 69% of the people left their native places due to extreme economic situations. 56% of the sample populations were found to be illiterate. Almost 90% of them were employed in unskilled jobs. 20% of them were found to be having earnings below rupees 45 per day and 70% of the respondents were earning below rupees 100 per day. 77% of them maintained contacts with their families in their native places and 59% of them sent money home. 36% of the sample population continued to live on the same payment for more than 5 yrs and 55% had never changed their place of sleep during the past one month prior to survey. About 41% had faced police brutality and 35% complained weather conditions as a serious problem that they faced. About 82.6% did not have any official proof of their living in Delhi. Study suggested the need to tackle the poverty in rural areas so as to prevent the migrants from migrating to Delhi where they ended up sleeping on the streets. According to the study there should be a strong network among the key players—governments, civil society organizations and the civil society in order to address the problem of homelessness and the study further proposed the 'shelter rights' needs to be redefined incorporating various needs of the homeless people. The study suggested the adoption of different strategies to address the real needs of the homeless, like facilitating mobilization and the eventual empowerment and assertion of these rights.

In response to the concerns raised about health of the homeless in the Rapid Assessment Survey conducted in June 2000, a brain storming session was held within AAA and the Institute of Human Behavior and Allied Sciences (IHBAS) in Delhi, which decided to carry out a small scale, but an intensive survey to determine the health needs of the homeless. The health assessment survey was carried out by a multidisciplinary team, which constituted doctors, psychiatrists, psychologists and social activists. The peripheral area of Walled City was chosen as their study area due to the high concentration of homeless people there. This survey found that a high proportion of the homeless people suffered from respiratory ailments including tuberculosis, diarrhea, acute and chronic infections like that of

the skin and various other diseases. Substance dependence and severe mental illness were some of the important components of the mental health problems among the homeless in Delhi. The terminally ill or chronically disabled as well as mentally ill patients survived in the open without any kind of medical help.

The majority of them were unable to access government hospitals as they were turned away as unkempt and had no proof of residential address. Sometimes they could not arrange for anyone to attend the sick as required for being admitted in the government hospitals. The private healthcare facilities though available, were beyond the reach of the homeless as they were expensive. Based on these findings an intervention programme, a collaborative health initiative, was proposed by the research team to address the health problems of the homeless population. They identified the following objectives for the health outreach services, (a) to provide a street based free medical services that suited the needs and priorities of the poor, (b) to treat the severely mentally ill patients, (c) to provide street based counseling and treatment for homeless substance dependents and persons with common mental disorders, (d) to create awareness amongst the homeless people regarding their health rights as provided by the Indian constitution helping them to access health facilities, and (e) to sensitize government hospital staff to recognize and respond to the rights of the homeless for medical treatment.

On September 2000 an outreach health clinic was started in the Walled City of Delhi through a clinic based at Meena bazaar. In the two years from September 2000 to September 2002, about 220 outreach clinics have been conducted and 4319 patients have been treated. These outreach health clinics have been utilized at least by four to five percent of the homeless population in these two years. A clinic population study was conducted to evaluate the services. It was found that out of 4319 people who took treatment, 71.39% had general health problems, 28.60 % suffered from mental health problems of which majority suffered from substance abuse disorders and another 2.87% suffered from psychiatric illnesses. The study also found an alarming trend that a majority, that is 60.43% of the patients who, came to the clinic utilized the service only once and that only 34.84 % visited the clinics one to five times.

Here the almost total absence of follow up visit certainly needs to be considered as a cause of concern. The way the intervention approached health was purely in a clinical and curative way. The preventive or promotive aspects of health were completely ignored.

During the ongoing process of evaluation of the programmes, when they collected the user perspective, some of the practical issues emerged. Though the homeless received free medical care and medicines, they found issues of an economic nature affecting the treatment alliance. For example, in the case of medicines, which were required to be taken with food, the patients could not afford proper food or clean water. While treating skin infections, the lack of facilities to maintain themselves hygienic and their inability to afford good and clean clothes, proved the treatment futile (AAA, 2003).

Aashray Adhikar Abhiyan (AAA) conducted another study between November 2001 and January 2002. This research was conducted across thirteen night shelters run by the Municipal Corporation of Delhi, for the 'homeless' people in Delhi. These night shelters could accommodate 2,061 people. The research team observed that the government has been doing little to address the problems. In fact their approach was inadequate to address the problems of the poor. One of the many significant observations made by this team was that over all, a third of the night shelters had been closed within the last four years. Some have been demolished to make way for the New Delhi Metro Project. One was cleared to make space for a musical fountain and another one is now a coffee house. The most recent closures of the night shelters took place recently, near Turkmen gate in May 2001 and the land was to be auctioned off. In September 2001 the Meena Bazaar shelter, the largest night shelter in Delhi, was closed for unexplained "security reasons" and as a part of the drive for the beautification of the area. The only programme for the footpath dwellers by the government was this night shelters. There have been 21 night shelters provided by the Municipal Corporation of Delhi (MCD) since 1964. The researchers also found that only one new night shelter has been opened in the last ten years while a number of existing shelters were closed down.

To study the problems in the night shelters, the research team adopted the participatory reflection and action methodology, which enabled the respondents to analyze their own situation, evolving their own solutions. Some of the common problems shared by the users of all night shelters were that the MCD which was required to clean the blankets and mats every 15 days never bothered to do that. Since this was not done the blankets were infested with lice and smelled of urine. In some shelters the users complained that there were not enough blankets and in winters the shelters were very cold. Almost ten shelters did not have any drinking water facilities. The inadequate number of toilets and the dirty

conditions of the toilet were identified as two of the serious problems in over half of the night shelters. None of the night shelters had any space to store their belongings. The chowkidars use a lathi to wake up people, which the users considered as most “inhuman”. At night the users were not let in before 7pm, the persons who finished his work earlier could not rest and was to loiter around waiting for the shelter to open. Many shelters did not allow people after certain time and this also caused problem for those who worked late at night loading and unloading trucks in the night or catered for weddings had to sleep outside. The study showed that the night shelters for the homeless run by the government were in a state of despair and decay, as regular maintenance has been neglected and in some cases the basic facilities have not been provided.

Ray et al. (2001) conducted a study on reproductive health needs and care seeking behavior of pavement dwellers of Calcutta. An unabated growth of street dwellers in the city of Calcutta was reported to be due to twin reasons like, ‘migration of rural poor as well as uncontrolled fertility among these poor settlers of the city’ (Ray et al (2001: 99) A community-based study on reproductive health, fertility and related care seeking behaviour was studied among a sample of women of childbearing age living on streets of Calcutta. Besides, the quite common conditions like leucorrhoea (28.5%), menstrual irregularities (12.3%), infertility (2.5%) and STDs (1.3%) were also studied. But most of these illnesses (three-fourth) were uncared for, and the remaining one-fourth of those who suffered from these illnesses sought treatment from government institutions, private agencies or even from untrained practitioners (quacks). The reproductive behaviour of street dwelling women was characterized by early marriage, teenage pregnancies, and scarce use of contraceptives (32%) as well as frequent abortions (2.8%). Very few pregnant women received adequate antenatal care (3.8%). Coverage of tetanus toxoid immunization (68.5%) and proper iron and folic acid supplementation (16.7%) was also poor. While antenatal care was received mostly from government health institutions (71%), home delivery (i.e., on street) was a common practice and conducted mostly by untrained birth attendants (51.8%).

Kumar and Harada (2002) conducted a field survey of 1070 households living in slums, squatter settlements and pavements of Mumbai City. The focus of their study was to find the water consumption pattern and to study its associated health impacts on urban

poor. This study found the extremely low water consumption and lack of sewerage and safe excreta disposal facilities for the urban poor, which in turn caused high occurrences of water-borne diseases. They found through a point prevalence scale that at least 30% of all morbidity was due to water-related infections. Analysis of variances revealed intra-poor gradient both in living standards and health conditions, of which the pavement dwellers were observed to suffer the most.

1.5. Rationale for the Present Study

The literature reviewed so far, shows some prominent characteristics of the urban poor living on the streets. They are poor rural migrants, due to worse social and economic conditions they come to city to earn their livelihood. Their low level of education and low skills forces them to enter into informal labor, which does not provide any security benefits. The City administrators and the law have failed to recognize this poor, as they are perceived as ‘illegal encroachers’ in the city creating ugly sore in the beautiful city. The empirical studies reviewed show that the living conditions of the poor who lived on the pavements are poorer than those urban poor who live in the slums in all major metropolitan cities. The unsanitary living conditions and the environment they live in, usually resulted in several health problems. The insensitive government planning for these poor such as the unclean shelter homes, or the welfare measures provided by some non-governmental organization has not brought any major changes in their life because these measures are usually temporary measures and do not deal with the root causes. Even though the studies reviewed are conducted in different metropolitan areas, the nature of the troubles for all those poor who live on the streets were almost similar in all the periods, from 1970’s to 2003. This shows the nature of poverty that the poor face in this country and the struggle they undergo in their daily life.

What seems to be missing from the studies is the understanding that poverty and the poor health conditions of the urban poor living on the streets are inter-related. Therefore, it is important that researchers do not reduce the experience of poverty and health conditions to narrow individual based approaches like in the case of Ramachandran in Mumbai who considered that ‘the poor like to be poor because of their culture’ following the pavement philosophy. Many perceived them to be lazy, who lacked aspirations to improve upon their

own life. They were considered to be unhygienic as they did not take bath of clean their surroundings and were thus responsible for their own ill health. Often their own culture was blamed for their poverty.

Thus in most cases the researchers were contended with 'victim blaming', which not only continued to individualise their poverty and their low health conditions. This usually got translated into an internalized sense of oppression among the poor and failed to locate the larger social and economic inequality, which oppressed them. Usually the urban poor were not even acknowledged as legal citizens, and many a time as not even 'human beings'.

Most of the studies reviewed have taken poverty and health status of the urban poor on the streets as a personal phenomena, as a result of their own failure to change their behaviour or their lack of motivation to aspire for better hygienic life (Ray et al., 2001). Their poor health has been explained largely as pathological disorders happening in one's body and curative medical care was the solution often prescribed to correct this. Most studies have not looked into the relationships between socio-economic conditions and the poor health conditions of the urban poor living on the streets. Problems like the economic inequalities, caste and class based differences and gender differences were hardly considered in these studies. Many studies have failed to look at the growing rural-urban divide.

Only studies like that of Acharya (1988) and John (2001) has mentioned the lower caste existence of their study population, that most of the 'Houseless population' were dalits. In India, the established brahminical social order that has been in existence for more than a few thousands of years has discriminated a large section of people in terms of their access to various essentials of life like, space, water, and food and in terms of employment as it was in the case of any other people that has faced apartheid. The historically established brahminic social order bound the dalits to menial occupations and denied them basic property rights, thus forcing them to live an insecure life in terms of all basic needs. In spite of the various constitutional reforms have been made to improve their conditions, this deeply entrenched cruel system continues in newer forms. Thus it is important to incorporate the social exclusion faced by the poor in terms of caste and class category in any understanding of their conditions.

The studies also have not looked into the deeper issues of the ever widening urban-rural divide which pushes out the rural poor to urban area to work in the informal labour without any security benefits. This phenomenon seems to be further worsening after the

introduction of the structural adjustment policies. This shall be discussed in details in the later chapters.

There are quite a large number of studies related to urban poor who live in urban slums and squatter settlements. However, there are very few empirical studies available in the area of urban poor living on the streets. And there is a lacunae existing in the area of studies conducted to have a comprehensive view to understand the structural factors that determines their poverty and the inter relation between the poverty and health situation in the lives of urban poor living on the streets.

The studies reviewed has also failed to acknowledge the struggles of these poor people and to recognise that their poverty or ill health is not simply a medical or welfare issue for the provision of some 'roof over their head' through construction of shelter homes or by dormitory arrangements near their work place, a mobile clinical service to give medicines for health problems etc. This kind of purely welfares approach is bound to be highly resource intensive given the large numbers involved and is unsustainable in the long run. We need to understand that theirs is not just biomedical issue but a social, economical and political issue, which is the outcome of an oppressive relationship between the poor and the rest of the society.

The present study would focus on the relationship between the socio-economic conditions of the urban poor living on the streets and its relationship with their health. This research will be an effort to understand the social and economic factors that are responsible for their state of extreme poverty making them susceptible to dangerously poor health conditions. The following chapter explains the conceptualisation and the methodology for the present study.

Chapter 2

CHAPTER TWO

CONCEPTUAL FRAMEWORK AND METHODOLOGY

2.1. Conceptual Framework

The present work attempts to probe into the socio-economic and the health conditions of the urban poor living on the streets of Chennai city and analyses it in the context of public health approach. The biomedical perspective looks at health primarily as 'absence of disease'. Disease, in the bio-medical approach, is seen as the malfunctioning of some part of the human machine and the treatment consists of correcting the malfunction by intervening in some way or the other, either physically or chemically (Sathyamala et al., 1986). The bio-medical paradigm sees the germs or micro-organism as the primary agents causing diseases. This is a reductive way of reasoning, which tries to identify the problem within the physical and biological domains, ignoring the larger socio-economic determinants of health.

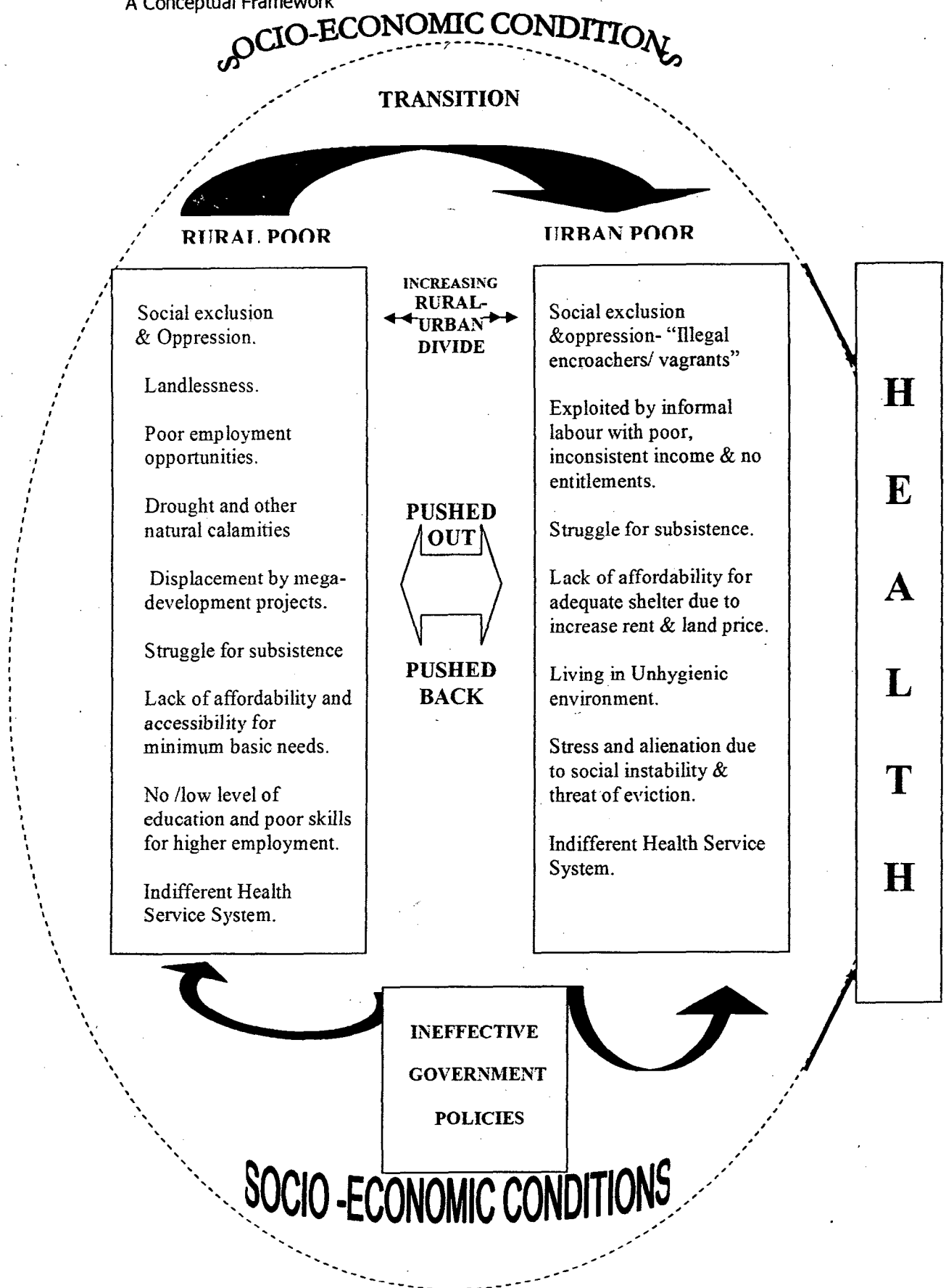
We have seen in the introduction that from the middle of the 19th century onwards various thinkers and reformers like Chadwick and Engels pointed out the relationship between poor living conditions and ill health. The Report of the Working Group on Inequalities and Health also called as 'The Black report', concluded that inequalities in health were not merely attributable to the health system but many other social inequalities influencing health such as income, education, housing, diet, employment, and conditions of work (Townsend and Davidson, 1982). Hence the concept of health has to be understood in a comprehensive manner, apart from specifying the physical and mental status of the individuals, it should also take into account the exploitation of one class by the other, the struggle of the exploited against exploitation and the resultant miseries. The public health perspective helps to locate health not only as a biologically determined factor, but also as, a factor inter-linked with socio- economic and political conditions in the society as Qadeer (1985) suggests.¹

¹ Dujurfeld and Lindberg (1975), Doyal and Pennel (1979), Banerji (1982) and Zurbrigg (1984) have also demonstrated through different studies that poverty is the root cause of ill health, and that it is the outcome of the prevailing social, economic and political order.

From this point of view the socio-economic and health conditions of the urban poor in the streets are being researched in this study. As Qadeer and Roy (1989) suggests, a person's place in the social hierarchy determines his/her access to work opportunities and basic amenities for life like housing, drinking water, access to health services, which largely determines his/her health status. The urban poor living on the streets to a great extent were mostly rural poor who were pushed out from their rural situations by deprivations like lack of opportunities for subsistence, social exclusion, landlessness, and so on (Mukherjee, 1975; AAA 2001). They come to the urban centres in order to escape from their poverty. Almost ninety percent of them enter into the urban informal labor, which exploit their surplus cheap labor without providing any entitlements, without even paying them proper wages (Jagannathan and Halder, 1988; AAA, 2001). Their low and inconsistent income makes shelter unaffordable to them forcing them to live on the pavement, as their earnings do not even suffice for their bare needs. As Jagannathan and Halder (1988) have identified, the street dwellers are the 'poorest of the urban poor' who are pushed into the lowest rung of the social and economic hierarchy and are often blamed for their poverty terming them 'illegal vagrants' (AAA, 2001).

As the urban poor who dwell on the streets are deprived of basic amenities like housing, clean drinking water, electricity supply, safe sanitation, garbage disposal facilities and medical facilities. High rates of malnutrition and communicable diseases go hand in hand with their low income and poor food intake (Qadeer and Roy, 1989; Tabibzadeh et al, 1989). The heavy pollution and traffic, lack of space for living, in the urbanized environment (Akhtar, 2002), and constant stress and alienation in the city, social instability and insecurity caused by constant threat of eviction due to their 'illegal status' (Hardoy, 1989) all take their toll on these poor victims. In the name of beautifying the cities, these urban poor on the streets are being evicted from the place where they live making them victims of police harassment. It is in this framework, that this study attempts to situate the lives of urban poor living on the streets to understand their socio-economic conditions and health. The Conceptual framework of the Socio-economic and Health conditions of the Urban Poor living on the streets is presented in figure 2.1.

Figure 2.1: Socio-Economic and Health Conditions of Urban Poor Living on the Streets:
A Conceptual Framework



2. 2. Objectives of the study

The main objective of this research study is largely to understand the socio-economic and health conditions of the urban poor living on the streets of Chennai City. It would be an effort to understand how their social and economic factors responsible for their state of extreme poverty making them susceptible to dangerously poor health conditions. This general objective could be further divided into smaller research questions.

- Who are these poor who are living on the streets of Chennai city?
- Where do they come from?
- Why do they live on the streets?
- What are their social and economic conditions?
- Do their social and economic conditions influence their health conditions?
- What are their health problems?
- What kind of health care services is available to the urban poor living on the streets?
- What are their needs and aspirations?

2.3. Methodology

2.3.1. Area and Sample Selection

The task of locating areas for the study began with a close look at the Corporation map of Chennai city estimating the total number of zones and divisions, which was 10 and 155 respectively. For the purpose of the study, 5 different locations in five different zones were chosen in order to have a wider representation of the urban poor living in the streets in different parts of the city. A study of these samples also helps to understand the differences between the various settlements across the city in terms of employment patterns and sources of migration. The locations in the respective zones were chosen after consulting an organisation called ActionAid India, which had recently conducted a census survey of the

homeless population in Chennai city in May 2003. Their fieldwork staff, which works for the homeless people helped the researcher to locate the study population in areas of larger concentration. The larger ones among these areas of concentration were chosen from among the settlements with not less than 500 people living for not less than six months as recorded in the Chennai for Change, ActionAid India survey. They were found to be living on the pavement/road sides, park, and verandah of the shop, bus stand, outside temples/mosques/churches or inside hume-pipes. They may have either a temporary roof (tarpaulin sheets/cardboard/sack) or they may sleep in the open space. The nomadic tribes and mentally ill were excluded.

2.3.2. Pilot Visit to the Area and the Pre-testing of Schedule

A pilot study of the areas was done along with the pre-testing [with 15 respondents] of the interview schedule. Certain changes were incorporated in the interview schedule after the pre-testing. The appropriate time to visit the area was also assessed as the researcher had to be conscious about their work schedule and other living conditions. Early hours of the morning (before 9.00 a.m.) and later in the evening (after 8.00 p.m.) were found convenient time to meet the respondents as they had to wait for these areas free of activities to settle down. This pre-testing also helped to build a rapport with the volunteers among the community members, who works for an ActionAid India run project 'Chennai for Change'

The pilot visit of the areas helped in finalizing the places. The following places were chosen for the study. A brief description of the name and its significant characteristics of the settlement studied are given in Table 2.1 the locations of the areas studied are marked in Map 2.1

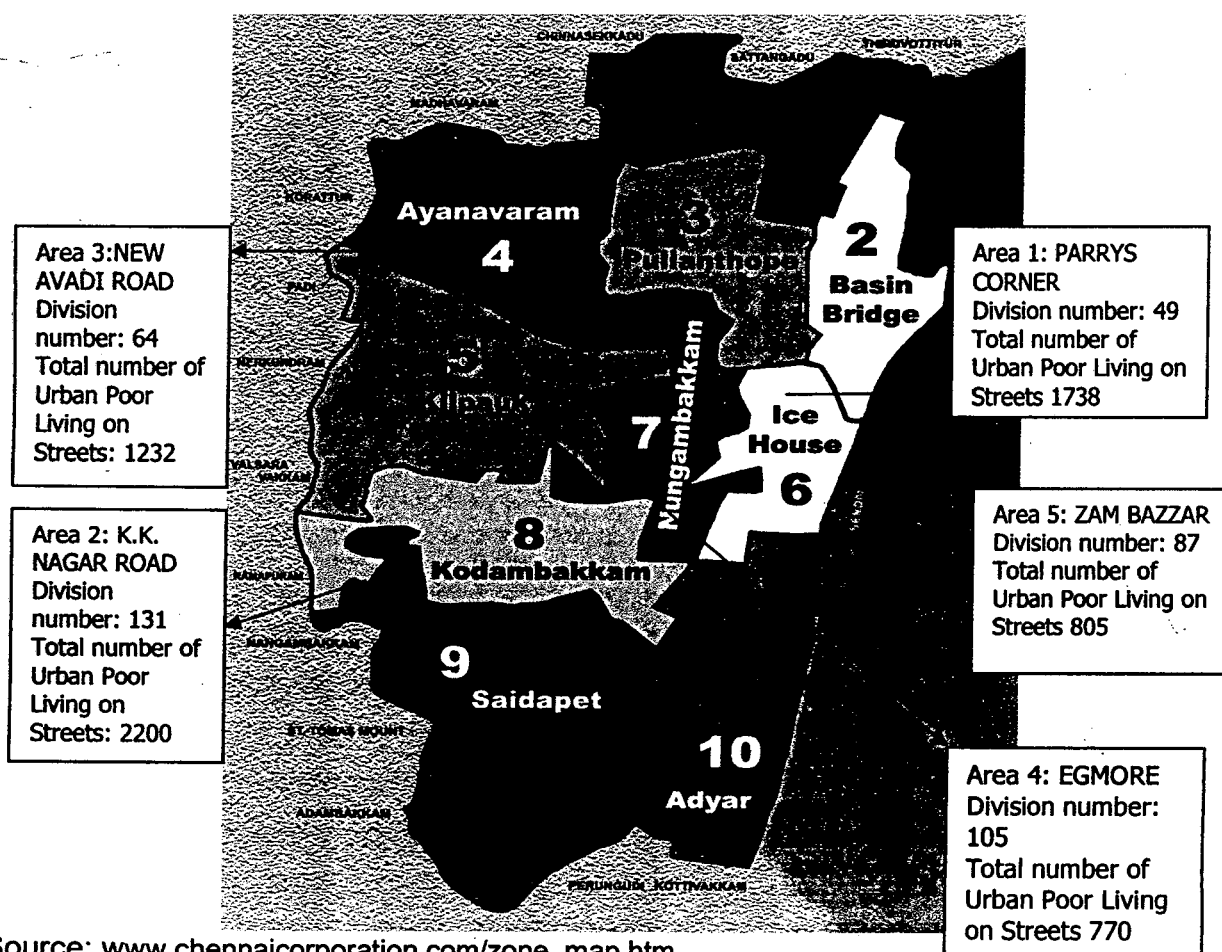
Table2.1: THE SETTLEMENTS STUDIED AND SOME OF THEIR SIGNIFICANT CHARACTERISTICS

Area name & numbers	*Division Number	**Total Population	Some significant characteristics of the area
Area 1 Parry's corner (2 nd & 3 rd generation)	49	1738	First British settlement, vibrant trading and commerce center. Central railway station, port, and city general hospital in the vicinity
Area 2 K.K. Nagar road (1 st generation)	131	2200	Major recruitment area for construction workers [housing]. ESI hospital, Artificial limb center are nearby. Connected to suburban areas that are fast developing

Continued table 2.1.			
Area 3 New Avadi Road (1 st generation)	64	1232	Major recruitment area for construction works (roads repair, laying cables). Near Ayanavaram metro water supplying unit. Connected to suburban areas, which are fast developing.
Area 4 Egmore (2 nd & 3 rd generation)	105	770	Madras metropolitan development authority office, Egmore railway station, Women and Children government hospital and former private bus stand are located here.
Area 5 Zam Bazaar (2 nd & 3 rd generation)	87	805	Commercial center, Marina beach, Tamil Nadu slum clearance board, women and children government hospital are nearby.

* According to the categorisation used by the Corporation of Chennai. ** According to the recent survey conducted by Chennai for change (2003) ActionAid India.

Map 2.1: CORPORATION OF CHENNAI BY ITS ZONAL DIVISIONS AND THE LOCATIONS OF THE SETTLEMENTS STUDIED



Source: www.chennaicorporation.com/zone_map.htm

2.3.3. Data Collection

The fieldwork was carried out over a period of 50 days, from 10th November to 30th December 2003. A sample size of 30 household units was chosen for the study from each area, making the total sample size 150. A household unit is considered to be either a single individual or a family, who lives together as a single unit and who shares a common space for their living and have food together. Only one member from each household unit was interviewed. The primary respondent was the head of the household, in whose absence an alternative member who could provide clear information of the household was interviewed.

The researcher applied purposive sampling method; whoever was willing to participate in the study was interviewed. No one was compelled. The respondents were met in their current place of settlement from 7 a.m. to 9 a.m. and 8 p.m. to 10.30 p.m. For three days the researcher made late night visit which went up to 12.00 midnight in order to observe the living conditions of these urban poor living on the streets, with the help of fieldwork staff of ActionAid India. During the day the researcher met the government officials, non-governmental organizations and social activists working for street dwellers and visited libraries in order to collect secondary sources of data related to research study.

2.3.4. Tools and Techniques

The researcher applied a combination of quantitative and qualitative research methods for this study. The researcher intended to use triangulation technique for data collection, as triangulation uses a combination of methods that can help to reduce the error associated with any mode of data collection and ensure comprehensiveness of the findings. The notional mapping of the area (refer to appendix 2), semi-structured schedule (refer to appendix 3) for individual interviews, focus group discussions, key informant interviews, narrative interviews, in-depth interviews for case study, non-participant observations, field notes and photographs were the tools and techniques applied.

The data collected from the 150 respondents has been codified and tabulated. Simple frequency measures and percentage derived using *MS Excel* package for analysis were used. Bar diagrams and graphs were also used to represent the data. The other techniques applied are,

Notional Mapping: The researcher used chart paper and sketch pens and the participants were asked to draw their locations and the different services that were available to them within a 3 km radius. The researcher used this technique to build quick rapport with the respondents for the study. They were enthusiastic to share their experiences with the researcher. They were encouraged to list facilities like shops, markets, hospitals, transport facilities, toilets and bathing facilities, street lighting, work places, cinema theatres, places of worship and other important facilities availed by them. This technique helped the researcher to understand the specific characteristics of the settlement area and the amenities available to the respondents.

Focused Group Discussions: Focused group discussion was conducted with groups of men and women in each area to understand the problems in their living area, their needs and expectations. Two informal group discussions with children in the age group of 6 years to 12 years, were conducted in two of the settlements in order know their problems and aspirations. Each focused group discussion was conducted for about 30 minutes, with about 6 to 8 participants. More number of participants could not be accommodated in the group, due to constraint in the availability of space in their settlements.

Key Informant Interviews: People who are directly or indirectly connected with the lives of the urban poor living on the streets, either through government programmes or through non-government programmes were also interviewed. For instance, when some of the respondents mentioned about the resettlement programme by the government, the researcher approached the Tamil Nadu Slum Clearance Board officials for the details. Similarly, the non-governmental organisations that provide some services were also approached as those people had regular interactions with the poor settlers living on the streets. Some of the social activists, local police personnel, journalists who covered the recent anti-encroachment drive who were identified by the respondents in their areas were also interviewed to know about the Anti- encroachment drive.

Narrative Interviews: Narrative interviews were specifically collected from respondents who experienced the eviction problems due to anti-encroachment drive. They were asked to

narrate the incidents that had happened exactly on the day of eviction and their consequent experiences.

In-Depth Interviews: In-depth interviews were conducted to study specific cases, which were found to be explicitly representative of the health status of the urban poor living on the streets.

2.4. Problems Encountered

The respondents' reactions to the interviews varied all the way from downright skepticism to outright suspicion. This was largely due to the problems they were facing since August 2003 because of corporation officials and police personnel in evicting them from their dwellings due to the recently launched anti-encroachment drive in Chennai. They initially expressed that many had interviewed them already and they had assured them housing. But their expectation were betrayed often. Many political parties also promised speedy solutions to their problems to gain votes and never turned up again. They had lost trust almost in everyone. The researcher had to explain the purpose of the study clearly to gain their trust. Some respondents were frank, some were evasive, some were cooperative and introduced the researcher to others in their area and some were uninterested. The researcher, interviewed the only those respondents who were willing to participate in the study and none was compelled. The interviews were mostly conducted in the night, sometimes it extended beyond 11.00.p.m. at those times the researcher experienced transportation problems to reach back home. A lot of time was spent in traveling to cover five different locations.

Since the area of the study is immensely vast and covers varied aspects of the society, a study conducted with limited period of time and resources can only hope to touch the periphery and provide an overview of the research.

Chapter 3

CHAPTER THREE

URBAN POOR LIVING ON THE STREETS OF CHENNAI

3.1. Chennai City: A Brief Profile

Chennai is the capital of Tamil Nadu located at the southeastern end of the Indian peninsula. Chennai, besides being a capital city, is also one of the important districts in Tamil Nadu. The district city is one of the metropolises of India and serves as the gateway of the cultures of South India. In spite of being the capital of a Tamil speaking state, it has emerged as a Cosmopolitan city. Today Chennai has become the fourth highly populated city in India.

The growth of Chennai city into one of the major cities in India is to a great extent due to its unique geographical location at the seaboard of the Palar delta. The main factors which account for its growth are the extent of its hinterland, its easy accessibility from the sea route along with the accelerated development of railways. Chennai has also emerged as the largest commercial and industrial centre of South India, with an extensive network of transportation facilities including the largest seaport in South India, an international airport, well-laid road and rail facilities.

3.1.1. Historical Background

The city of Chennai came into being in 1639 due to its strategic importance and various historical factors. The emergence of Chennai as a city was an offshoot of the rise of British power in south India, which began with the setting up and consolidation of the East India Company in the seventeenth century with its head quarters at fort St. George in Chennai. A small fishing village known as Chennapatnam (Map 3.1) named after Chennappa, the father of the then ruler, has grown into a metropolis called Chennai. The British who came and colonized Chennai settled in a part of the area known as Madraspatnam. In course of time, as the commerce in the city grew around them, the newly emerged city came to be called Madras. Chennai was widely known as Madras till 1996. The city has developed much more towards the south and southwest directions rather than in any other direction mainly due to better facilities of communication in the south and southwest (Muthaih, 1987).

3.1.2. Geographic Location, Extent and Population

Chennai is situated on the northeast end of Tamil Nadu on the coast of Bay of Bengal, at latitude 13.4' N and Longitude 80.15'E. It stretches nearly 25.60 Kms. along the coast of Bay of Bengal from Thiruvanmiyur in the south to Thiruvottiyur in the north and runs inland in a rugged semi-circular fashion. It is bound on the east by the Bay of Bengal and by Chengalpattu district on the other three sides. In 1871, the area of Madras city was only 27 square miles. In 1991 the city of Chennai had spread over 174 Sq. Kms. with a population of 3.9 million. Over a period, development has spread beyond the city limit. The present metropolitan boundary was delineated in 1973 with another 1000 Sq. Km around the city. Thus the metropolitan area of Chennai now extends over 1174 sq. Kms. with a population of 5.7 million in 1991. (Map 3.2)

Table 3.1: SOCIO-ECONOMIC AND DEMOGRAPHIC FEATURES OF CHENNAI CITY

S.NO	Content	Reference year	Chennai city
1	Area in (Sq. kms.)	2001	174
2	Population in ('000s)	1991	3841
		2001	4216
3	Density per sq. km.	1991	22071
		2001	24231
4	Decadal population growth	1981- 1991	17.24%
		1991-2001	9.76%
5	Sex ratio	2001	951
6	Literacy ratio	2001	80.10%
	Male		84.70%
	Female		75.30%
7	Schedule caste total	1991	529700.
8	Percentage to total population		13.79%
9	Schedule tribe total	1991	7900.
10	Percentage to total population		0.21%
11	Below poverty line	1993-1994	44.23%
12	Percent of slum Population to urban population	2001	34%

13	Access to safe drinking water	1991	71.01%
14	Access to electricity	1991	83.42%
15	Access to toilets	1991	82.37%
16	Access to all water/elect/ toilet	1991	56.29%
17	Access to none	1991	3.90%
18	Birth rate	1998	17.40%
19	Death rate/ 1000 population	1998	4.40%
20	I.M.R /1000 live births	1998	14.30%
21	M.M.R/ 1000	1998	0.60%

Sources:

1. Census of India- 1991, 2001 (paper-1) Primary Census Abstract, Government of India.
2. DANIDA -Tamil Nadu Area Health care project, phase-3, Estimated Vital Rates for 1998.
3. Tamil Nadu Human Development Report (2003)

3.2. The Situation of the Urban Poor Living on the Streets of Chennai City

The following discussion focuses on the situation of the Urban Poor living on the streets of Chennai city. The first enumeration of the 'houseless population' took place during the British rule in 1871. In 1871, they were enumerated as 'homeless population' and not as 'houseless population'. The population of the homeless people was estimated to be 3,632.

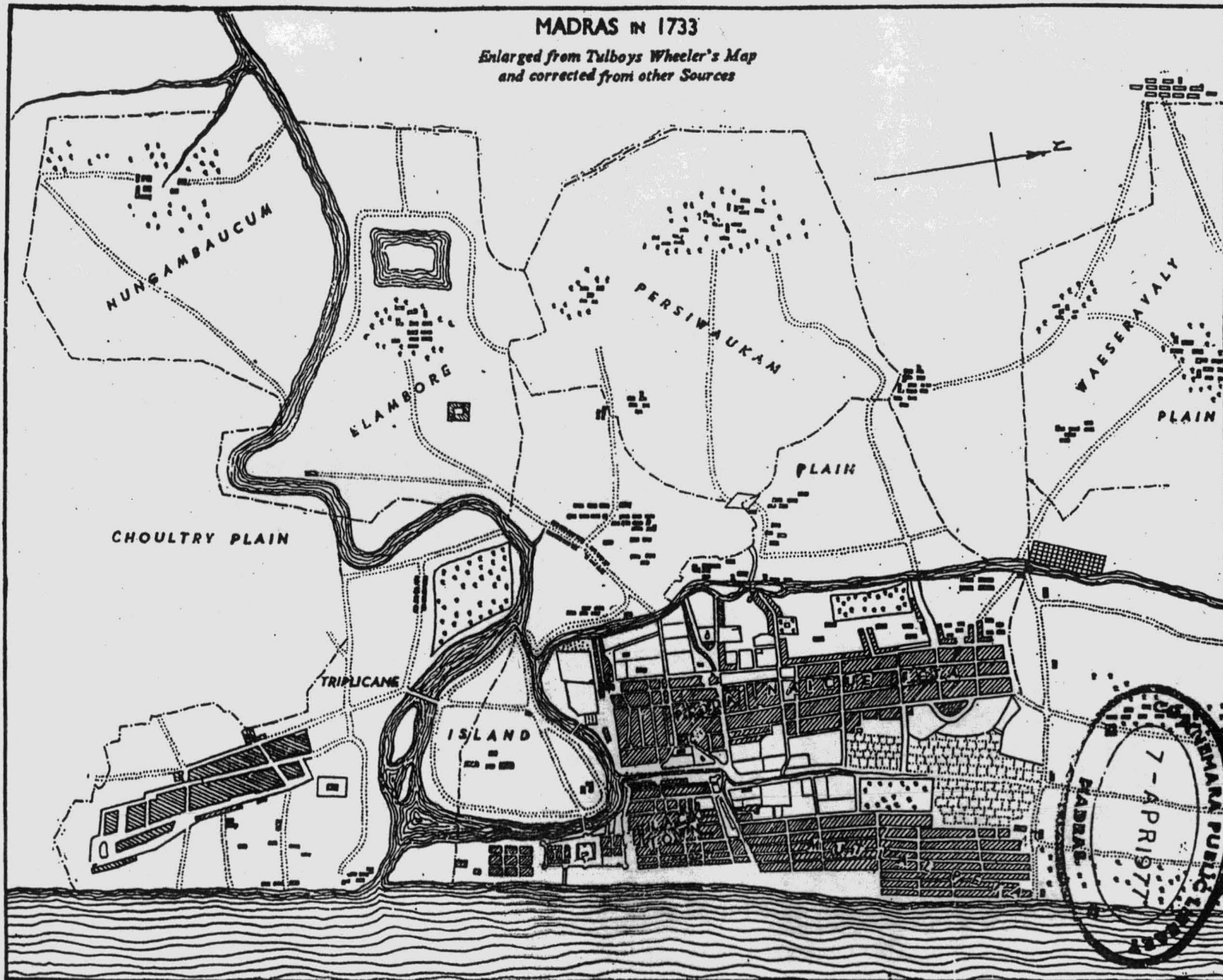
The 1931 census report of Madras city contains the following observations.

“The warm and equable climate of madras encourages the street dwellers and a considerable element of city’s population consists of persons who have no dwelling other than the sidewalk and want none. Floating labour comes in by families to work in wall tax road and other such neighbourhoods. These family groups found camping out in many of the madras thoroughfares. They are not tramps, but ordinary citizens in all but the possession of a house. Many persons found sleeping on house or shop pials and verandahs were probably classed by the enumerators with the bonafide occupations of these last and the dimensions of these contributions to the city’s population are greater than usually recognized. (qtd. in Nambiar, 1965, pg 55)

In 1933 the Madras Corporation on behalf of the Special Housing Committee of the corporation took an independent census of the floating or the homeless population. Seventy-eight enumerators were employed in this count. The final count was made during the night of November 25, 1933.

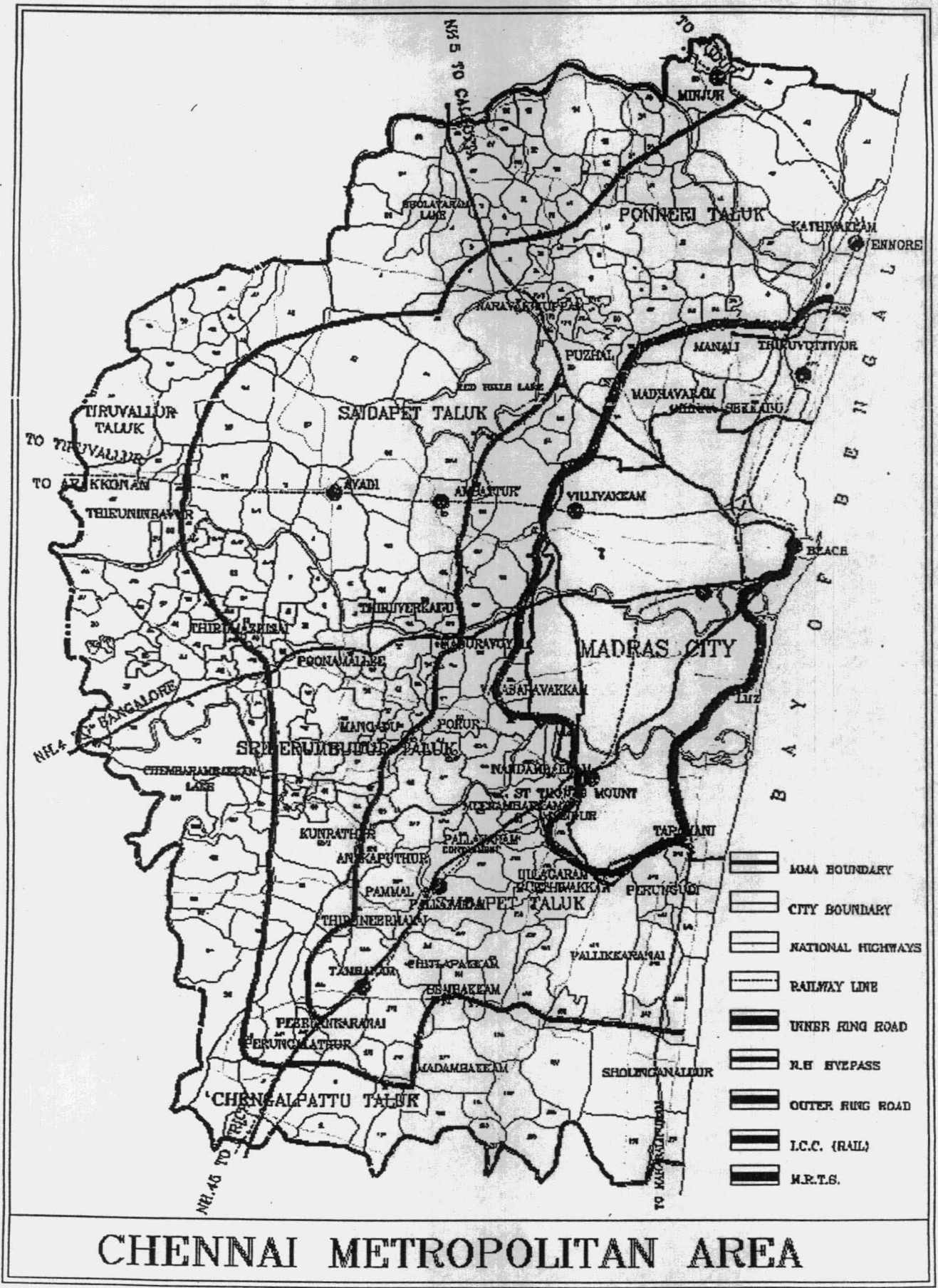
MADRAS IN 1733

Enlarged from Tulboys Wheeler's Map
and corrected from other Sources



Prepared at the Office of the Director of Census, Trav. Nadu, Madras.

MAP : 3.1



CHENNAI METROPOLITAN AREA

MAP: 3.2

The following observation was made by the Report of the Special Housing Committee, Madras Corporation, in 1934.

“The persons enumerated were found sleeping on roadside or platforms, pials of vacant houses, choultries, plank projections, in front of the shops and so on. A number of persons, members of a family, were found wrapped up in one single torn blanket on account of the cold weather. They were mostly clad in rags. Some were sleeping on torn mats with pillows and with a few vessels, pots, and blankets close by. They use these utensils for cooking purposes. Some beggars and ‘pardesses’ were found with tin vessels, sticks, etc. Their conditions as a whole were reported to be pathetic and deplorable.” (qtd in Nambiar,1965:54)

The total number of the homeless people enumerated at this count was 10, 749. They were classified as follows.

1. People with definite place of work [person with regular employment] – 4,734
2. People with no definite place of work [casual laborers] – 3,358
3. Beggars and coolies [casual laborers who find a subsidiary income by begging] – 181
4. Beggars – 2,476

The largest number of the homeless persons, 1,479 of them, was found in Kotwal Bazaar. 1,114 people lived in esplanade and 1,022 in park town. The report concludes with the following observations.

“These unfortunate people generally make their abodes near the place where they find some means of living. The coolies working in the harbour were found sleeping on the platforms, on the sides of the north beach road, verandahs of go downs and the offices in the Moore market. The coolies working in the Kotwal Bazaar were found mostly in the Loan Square, pials, and verandahs of the offices and in the godowns of Malayaperumal st. Similarly large number of homeless persons were found sleeping in front of the go downs and shops in Bunder street and on road side platforms in the China Bazaar road, near Law College police station and in the open land adjoining that place. In the area adjoining the Rippon Buildings were found large number of beggars sleeping on the pavements and on the both sides of the general hospital road. (ibid, 54)

From this report, we can infer that the present condition of the urban poor is not very different from what existed during the British rule. The highest concentration of the urban poor on the streets continue to be in these places even now as these parts of the city

are historically recognized as the hub of the trade and commerce. The life style of the 'homeless' is still the same as it was reported in 1933, with rugged clothes, little vessels, people who sell their cheap labour, and perhaps live in more alienated urban, cosmopolitan city atmosphere facing constant threat of eviction and a crowded atmosphere with heavy traffic and pollution making the life of these urban poor on the streets even more miserable.

The 1951 census enumerated the institutional and houseless population. From this census onwards they used the term 'houseless population'. However, separate figures for the houseless persons were not made available and the figures were grouped with the institutional population, which included houseless population and persons in hospitals and other places. There were 42,435 people falling in this category, 26,075 males and 16,360 female (Nambiar, 1965). The Corporation of Madras (as the city was known then) conducted a survey of the pavement dwellers in the city on 15th October 1960. The survey revealed that 3,538 families lived on the pavements, of which 3,200 families lived in North Madras and nearly 400 families lived in South Madras (ibid).

In 1961 census, a separate count of houseless population was made. Persons who did not reside in houses, vagrants, beggars, nomadic tribes, tramps, sadhus, fakirs, and persons living on boats were classified as houseless. In Madras city this enumeration was conducted on the nights of 28th February to 4th March 1961. The total number of the houseless persons was enumerated at 9,032 consisting of 5, 773 males and 3,259 females. The houseless population in 1961 formed 0.58% of the city population. The percentage of both institutional and houseless population constituted about 3.06 of Chennai's population as against 2.99 in 1951. It was felt that the increase in houseless population created problems only to civic administration and did not by itself add to the population growth of the city.

The observations made in the 1961 census was,

"As in the past, the houseless persons were concentrated in harbour, Kotwal Chavadi and Katchaleeswarar and Park Town divisions. The harbour area recorded, 21.22% of houseless male population and 11.44% of the female houseless population. The harbour area mainly constitutes of the labouring class of loaders and unloaders. The other important areas like kotwal chavadi are the biggest wholesale and retail market in the city where all consumer goods are brought from mofussil area. The Park Town has the central railway station and general hospital and the Katchaleeswarar street has go downs. Then, corporations of Madras had only 100 divisions. Amongst these twenty-one out of 100 divisions did not have any houseless population. 29 divisions have recorded houseless population of less than 10 each". (Nambiar, 1965: 55)

In the year, 1971 the seriousness of the housing problem was first recognized in Chennai with growing number of households living on the pavements, slums and overcrowded places in the old residential areas. The Tamil Nadu Slum Clearance Board (TNSCB) was established in the year 1971 with a view to evacuate all the slums and street dwellers in a phased manner. Their major objective was to clear these settlements and provide certain basic amenities, better accommodation and improved living conditions. In the year 1988-89 for the first time, an amount of Rs.300 crores was earmarked by the Planning Commission for the shelter scheme of the pavement dwellers in four major metropolitan cities, Delhi, Bombay, Calcutta and Madras. During that time the Tamil Nadu Slum Clearance Board developed a programme for the pavement dwellers. As an initial process the Corporation enumerated the 'pavement dweller' that lived on the pavement, sidewalks, or busy thoroughfares with or without shelter over their head. They counted about 18228 families spread over 134 divisions in Madras city (TNSCB, 1988).

The Tamil Nadu Slum Clearance Board realized that the programme for the pavement dwellers should be different from the slum dwellers. For the slum dwellers the land was already available and the schemes were focused on improving the already existing tenements, whereas, for the pavement dwellers there was no specific site to carry out such programmes. They have to be shifted to sites and service schemes with the willingness of the pavement dwellers themselves. It was then proposed to shift the pavement dwellers to different sites within the metropolitan area and to provide service plots of about 21 sq. mts. (Ibid).

The primary focus of the scheme was to remove those who live on the roadsides or those who create problems for the effective use of the road. Such kind of pavement settlements was shifted at the first instance. More over out of the, 18,228 families identified then due to the budget deficiency the scheme covered only 6,527 families. The total financial assistance for this project was 261.08 lakhs from central government and 178.16 lakhs by the state government. Some of the sites allotted to them were with a distance of 10 kms. from the city limits. One important thing to be noted was that the scheme planned to offer only plots and not constructed houses. Housing was the responsibility of the beneficiary.

The involvement of beneficiary right from the beginning was ensured since the filler walls as well as the addition to the structures would be the responsibility of the beneficiary

and the role of the Tamil Nadu government was to motivate the pavement dwellers to complete their shelters through institutional finance.

The recent TNSCB report of 1999 states that under the pavement dwellers scheme, 7,782 families at Kodungaiyur, Velacheri, and Pallikaranai at a cost of 8.32 crores have been so far rehabilitated. All these places are not less than 10 to 15 kilometers from the central business area of the city where the pavement dwellers are usually located. The recent location suggested by the Tamil Nadu Government for the Rehabilitation of the urban Poor living in objectionable areas such as road margins and river margins is at Semenchery which is 30 kilometers away from the city limits.

Two and half decades after the survey of the poor living on the pavements, out of 18,228 families only 7,782 families have been rehabilitated. There are no records on what happened to the rest of the families. Similarly there are no studies to find out as to what happened to their sources of livelihood when the pavement dwellers were shifted 10-15 kilometers away from the city, which was their prime area for occupation. There are no further studies on how many built houses in the allotted plots either. As there was no follow up on those who were shifted, no evaluative records exist to show whether the programme was successful or not. This shows how the policies of the government for the poor are planned with minimum budgets, which does not fulfill the real needs of the poor. The segmented approaches that often guide the policies towards the poor fail to be comprehensive in most cases and often fall far short of the desired result.

3.3.The Urban Poor Living in the Present Decade

Off late there has been more initiative taken by non-governmental organizations like ActionAid India to campaign for the rights of the urban poor living on the streets. ActionAid India, an international organization proposed to build a large alliance, under the broad banner of India for Change with individual chapters in various cities and towns including Chennai city. This alliance would seek to bring together sensitive people from government, civil society, religious organizations, corporate organizations, people like professionals, students, people from streets and other citizens with the following objectives, (a) to create inclusive cities which acknowledge equal right to live with dignity, with basic services for all citizens regardless of economic means and social status (b) to create awareness about the problems of the homeless in each city: the nature and extent of their

problems, their locations, their lives, struggles and aspirations (c) to build a collective resolve that the governing bodies and people of the city would ensure shelters for everyone in the city (d) to secure access to mainstream education and health services as well as affordable shelters for all the homeless people and (e) to advocate for changes in law and policy, decriminalizing homeless people securing their shelters and livelihood rights through humane policies.

In March 2003 Chennai for Change, an initiative for the 'homeless people' coordinated by ActionAid India, conducted a study in Chennai to estimate the number of 'homeless people' in the city and to study the nature of the homelessness and the dynamics of the living conditions of the 'homeless' with regard to their quality of life and access to basic amenities and services of the state. Thirteen non-governmental organizations were involved in carrying out the survey. Using an interview schedule they collected the data in the 126 divisions of the 10 corporation zones. In this survey they identified 40,533 people who were 'homeless' people of whom 56% of them were men and 44% were a woman. Of these 21% were children below 14 years and 9 % were between 15 and 18 years. About 9% of the 'homeless' were aged above 61 years. 83.5% of the 'homeless' population was found to be illiterate. 27% of the 'homeless' was found to be the native of the city itself and the rest were migrants from neighboring districts of Chennai. About 21%, the largest section of the population, were found to have migrated from Salem district. Only 2% were found to have migrated from other states. Majority of them migrated in search of employment in the city. 85% of them lived on the pavements while others stayed in railway stations, bus stands, in front of shops, in markets and in places of religious significance. Only one percent was found to have approached any private medical practice and 79% accessed the government health facilities. About 83% were involved in casual employment or other, only 13% adopted begging as a means of sustenance. Eighty five percent of the people considered shelter as their primary need (Chennai for Change, 2003).

After this survey, ActionAid has been taking initiatives to provide shelters within the proximity of the original settlements of the poor living on the streets by coordinating with other civil-society organizations, so that their livelihood will not be affected. They have made attempts to approach government officials to develop this programme. However, the government officials do not take active involvement in these campaigns. While this kind of campaign has been established for the urban poor on the streets by the non-governmental

organizations, there was a campaign to beautify the city carried on by the. This turned cruel against the poor as they were driven out of the city, in the name of beautification. There has been a constant effort by the state to de-recognize the poor who live on the streets.

3.4. The Anti-Encroachment Drive

In recent years Chennai city has been identified as a center with high potential for financial services for both domestic and international markets. There has been several recommendations to build the city as a 'efficient financial center, with international communication facilities to cater to these international markets' (Ramesh et al, 1998: 267) Ramesh observes, "Once a conservative city, Chennai has undergone lot of changes in the recent years, the city has a large number of foreigners and Indians accustomed to the lifestyles of other metros of the country. The newly constructed apartment, the glitzy showrooms and restaurants, readymade garment displaying western and north Indian styles and supermarkets are clear indicator of change" (268). Along with these changes there has been vigorous campaigns to beautify the city to cater to the urban elites. In this scenario the poor are being chased out, humiliated and they do not have the right to share the space in the cosmopolitan city. The launch of the anti-encroachment drive is the latest move by the state government to clean the city off the poor.

The Chennai Corporation released a warning note as a press release in the local newspapers on 6th August 2003 to the 'illegal-encroachers of unauthorized lands' in the Chennai city. The Chennai corporation asked the encroachers to remove their unauthorized constructions, bunk shops, residential occupations in the four wheeler parking zones demarcated by the Chennai Metropolitan Development Authority, failing which action would be taken under the section 256 (1), (2), and (3) of the Chennai Corporation Act. In a statement, the Corporation said that the four-wheeler parking zones in the city should be specifically used only for that purpose. Wherever encroachments by shops or residences was noted they were declared 'illegal' (*The Hindu*, August 6, 2003). Since then many temporary structures were removed by a team of corporation officials, and "the civic body personnel armed with heavy machinery, demolished all the structures that were on the footpath space' (*The Hindu*, August 29, 2003). Wherever they went to demolish the structures and to remove the belongings of the people, a large number of police personnel were present to prevent law

and order problems during the anti-encroachment drive. When they faced resistance by the occupiers against the eviction, the police had to use their lathis to disperse the crowd. (*The Hindu*, September 3, 2003 Chennai)

In less than six hours more than 3,000 residents who were staying on the pavements adjoining the Mambalam canal were literally on the streets after eviction drive was carried out by the civic workers to “deepen and slit” the canal. The residents, some of whom claimed to have been living for the past four decades said that more than the ‘encroachment eviction drive’ what hurt them most was the attitude of the elected representatives and the police officials. The residents alleged intimidation by the police personnel who turned up at the spot prior to the eviction. However, police officers denied the charge and said that they were deployed to give protection to the workers involved in the drive. (September, 19, 2003, *The Hindu*, Chennai)

The Hindu of October 8, 2003, Chennai, reported how the indifferent state plan programmes against the poor. Since August 2003, after the launch of the eviction drive, the street dwellers and street hawkers all of them were harassed under the guise of stringent laws by bulldozing the structures with heavy machinery and their meager belongings were destroyed. The state officials did not provide any alternative settlements to those evicted. Some civil society organizations held protest marches and gave petitions to the corporation officials to stop the eviction immediately. They demanded that the city official should not carry out the eviction of the street hawkers and dwellers without providing some sort of resettlement and rehabilitation. However, the city corporation officials did not even consider this and continued their eviction drive.

The Tamil Nadu State government has planned several other projects for the development of the state to ‘jump-start the economy’. Rs. 2,000 crore projects have been approved to improve the roads with World Bank assistance. Plans have been made to set up a new Secretariat complex with an estimated outlay of about Rs.400 crores and the construction of a new Police headquarters complex on the M.G.R film city complex at an estimated outlay of Rs.30 crores as part of the new government policies (*The Hindu*, November 2003, Delhi). This shows how the government officials are ready to spend crores for the ‘development’ of roads, Secretariat, Police head quarters, beautifying the pavements to satisfy the demand of the privileged pedestrians while they do not have any budget outlay

for the 'development' of the 40,000 poor who live on the streets. In the eyes of the Government they are after all 'illegal encroachers' who create ugly sites in the beautiful city.

There are various political and economic reasons for these poor not being considered 'proper citizens'. Chatterjee (2003) in her article 'Are Indian Cities Becoming Bourgeois at Last?' argues that, "If the squatters were to be given any kind of legitimacy by government authorities in their illegal, occupation of public or private lands, then the entire structure of legally held property would be threatened. Large sections of the urban poor could not be treated as legitimate citizens precisely because their habitation and livelihood were so often premised on the violation of law"(175). The standards of the law usually set by the elitist and privileged legitimate citizens do not recognize the poor at all, though Article 14 of the Indian constitution declares equality before law. The poor are considered illegitimate citizens as their habitation and livelihood were so premised on the violation of law as per the municipal laws. The situation of poor who live on the streets has never changed since 1931. The observations by the Housing Committee carried out in 1931 and the latest survey by Chennai for Change in 2003 does not differ in their observations of the life situations of the poor living on the streets of Chennai city. Both the reports explain the deprivation faced by the poor. The State has a commitment to protect the rights of their citizens, particularly the interest of the poor. But the above instances show the growing apathy towards the poor with the execution of stringent laws in order to cleanse the city and the poor are targeted.

Amitabh Kundu (2001) in his article 'Urban Development, Infrastructure Financing and Emerging System of Governance in India', analyses the new trends of large-scale evictions. He points out that this eviction of poor is not a mere regional phenomenon, but is in fact happening in all the prospective global cities in India. The emerging system of governance in India that promotes liberalization has motivated many states and city governments to try hard to create a few global centers of the future where they can attract local and international investment. Because of this policy the land market value in the central part of the city has been increasing everyday. He explains that the prospective global cities are currently facing two problems in attracting foreign and Indian business houses, and industrialists. One is the scarcity of land within the city centers and other prime locations

and the second is the deficiency of infrastructure. In order to solve these problems agencies like World Bank, USAID, etc have recommended the increase of the Floor Space Index (FSI) in the central areas of the city by constructing multi-storied structures, providing space for the business houses, commercial activities and high-income residential units. Often the loans sanctioned by the international agencies are often contingent on the acceptance of a higher FSI in the central city by the local authorities. This would lead to the creation of a few high-density business and high-income residential units, pushing out households that are 'ugly' and poor.

Under the new policy land has been provided at preferred sites to upcoming industrials and commercial houses both through the government intervention and by activating the land market. Steps have been taken to facilitate changes in land-use pattern through simplification of legal and administrative procedures and by enabling the market to push the 'low valued' activities out of the core areas. The low-income group of people who live on the pavements and slum colonies would be the first to be relocated in the city peripheries. They are carted out to resettlement colonies by state and local governments often by force. Sometimes it is done indirectly and discretely through slum improvement schemes, 'rehabilitating' them outside the city limits. Unfortunately that has been done mostly without making any provision for alternative employment opportunities for the displaced workers.

The State instead of alleviating the poverty targets the poor in the city to annihilate them. Thus the poor who are living on the streets in the cities are physically, socially, economically, and politically are being deprived of their basic rights of existence, their prospects for livelihood and sustenance. The following chapters look into the various aspects of the life of the urban poor on the streets; the socio demographic characteristics, transition from rural poor to urban poor, conditions of work in the city, living conditions on the streets, health problems and accessibility to health services, respectively and a glance at the felt needs and aspirations of the study population.

Chapter 4

CHAPTER FOUR

SOCIO-ECONOMIC CONDITIONS OF URBAN POOR LIVING IN STREETS IN CHENNAI CITY

Before independence, in 1934, a Special housing committee of the Madras Corporation appointed by British, enumerated the poor who found sleeping on the streets and platforms. They found that the poor to be wrapped in a single torn blanket mostly clad in rags, with a few vessels, pots and blankets nearby. Their whole conditions were reported to be pathetic and deplorable (Nambiar, 1965).

After this observation made by The Special Housing Committee in 1934, nearly seventy decades have rolled down, but there is no difference in the lives of the poor. During the recent field work, conducted in November 2003 to December 2003, it was found that there is highest concentration of the urban poor clad in rags, with a few vessels, wrapped in torn blankets continue to be visible in the city of Chennai. The urban poor living on the streets of Chennai were largely found to be rural migrants who were largely dalits, illiterates, landless, and they have been pushed out by poor economic conditions in their native place. They had landed in the city to some how eke out for their living. Some of them were found to have settled in the city for long years. Their children and grandchildren have been born and brought up in the streets.

In fact the present Tamil Nadu government that represents the elite interest considers the poor who live on the street as ugly, and they had to be cleansed out of the city. Government complicity with the rich usually leads to policies endorsing 'City Beautification Projects' that permit inhuman exploitation of the poor. This connivance of the government with the rich and the resultant negligence becomes glaring in the case of the weakest, and the conditions of the urban poor living on the streets are telling examples of such lopsided policies. The poor people are often considered disposable, and the ordeals that they face in their everyday life are unparalleled.

Their socio-demographic features, settlement patterns, level of education are all directly linked to the socio-economic features of the society at large. This section of the study attempts to look into the various social, political and economical implications of the demographic features of the study population. An understanding of these general aspects

of the urban poor living on the streets of Chennai would help in going further into socio-economic conditions and their implication to the health of the study population.

SECTION 4.1.

SOCIO-DEMOGRAPHIC CHARACTERISTICS

Sex-Wise Distribution

Of the hundred and fifty respondents studied, 49.3% of the respondents were women, 48% were men and a very small proportion 2.7% was trans-sexuals. However this ratio is not uniform through all the five areas that have been studied. There was a significant difference existing in the sex-wise distribution of respondents across the areas depending on the nature of the settlers. Table 4.1. shows the sex wise distribution of the respondents across the areas studied.

Table 4.1. SEX-WISE DISTRIBUTION ACROSS DIFFERENT AREAS

S.NO	SEX	AREA 1 PARRY'S CORNER	AREA 2 K.K. NAGAR ROAD	AREA 3 NEW AVADI ROAD	AREA 4 EGMORE	AREA 5 ZAM BAZZAR	TOTAL (%)
							N=150
1	Male	6.7	11.3	12.7	8.7	8.7	48.0
2	Female	11.3	8.7	7.3	11.3	10.7	49.3
3	Trans Sexual	2.0	0.0	0.0	0.0	0.7	2.7
	Total (%)	20.0	20.0	20.0	20.0	20.0	100.0

Area 1, area 4, area 5 are recognized as central business locations in the city. In these areas, the proportion of women was higher when compared to men and trans-sexuals. This may be due to the factor that these settlements constituted largely of second-generation settlers who had been living in those areas for more than 30 to 40 years. In Parry's Corner (area 1), Egmore (area 4), and Zam bazaar (area 5) the proportion women were found to be higher than men. Perhaps, it may be due to higher proportion of widowed women and separated women who were found in this area compared to other two areas.

The areas 2 and 3 are situated in the outskirts of the city. It was observed that in these areas, there was larger number of seasonal migrants living on the streets. To work in the city, building contractors initially recruited some of these people. Later they bring their

relatives with them in search of work. They do not stay in this place permanently; they go back to their village once they finish their work to join their family. However for several years, they had settled in the same place temporarily whenever they come to the city to work. In K.K. Nagar road (area 2) the migrants come with their family for their occupation. Their whole family is being employed in the building construction work. The odder caste, from Salem District traditionally carries out building construction work. The employers seek couples for Building construction work. Perhaps this may be the reason there was no huge sex wise variations in this area. In New Avadi Road (area 3), it was found the proportion of men were higher compared to women, probably it was due to the nature of job they do here. Most of the men were involved in laying cables, road construction works etc.

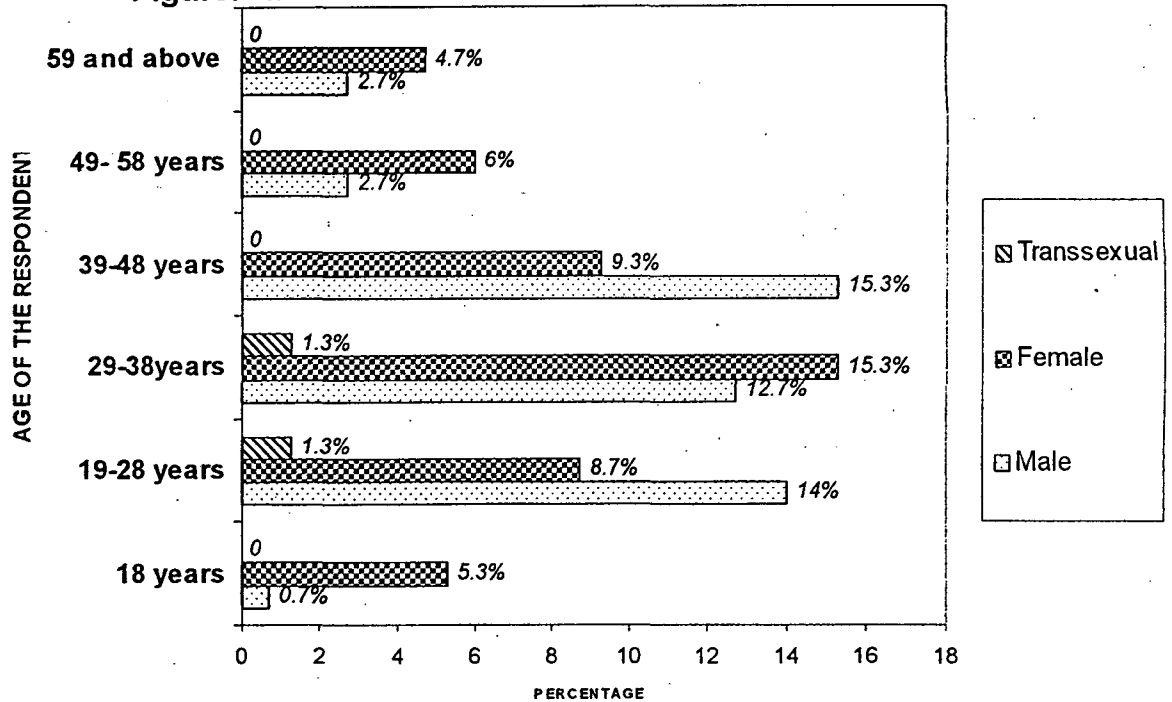
The proportion of women among the urban poor living on the streets of Chennai was found to be higher when compared to other cities like Delhi and Mumbai. The urban poor living on the streets of Chennai largely live in family units unlike other cities. This is confirmed by other similar findings in the study conducted by Chennai for Change in 2003. The Census of India '81 and '91 also show that there are no huge variations in the sex ratio of men and women in Chennai city when compared to other cities.

Three percent of the respondents studied in this research were trans-sexuals. None of the studies as well as the census data brought out the significantly representative population of the trans-sexuals. Though this population is visible in different cities the government and other civil societies have failed to give space to enumerate them in their studies.

Age Group of the Respondents

The study found that the majority (84%) of the respondents were between the age group of 17 to 48 years. About 8.7% were between 49-58 years and 7.3% of them were over 59 years. The figure: 4.1 shows, the age and sex distribution of the respondents. There were some significant variations in terms of age wise distribution of the sexes. The proportion of men was higher in the age groups of 19-28 and 39-48 years compared to that of women.

Figure: 4.1 AGE AND SEX DISTRIBUTION OF THE RESPONDENTS



The probable reason for this is due to higher proportion of young men migrants between 19-28 years, present in New Avadi area. There proportion of women in the age group of up to 18 years as well as in the group older than 49 years is higher when compared to other age groups. This may be due to the factor that the proportion of deserted women by their spouses and widowed women formed higher in this age group of women compared to men in this study. There was a small proportion (3%) trans-sexuals were between the age group of 19-38 years.

Eighty four percent of the respondents fall within the age group of 17-48 years, they do hard manual labor to contribute to urban economy. It does not mean that those who belong to the other age groups are not working. It was observed in the field that even the oldest person does some menial job like weaving flowers and earned the little money for their livelihood, when he/she was not able to do any other tough job. Those who were infirm even to do such works live by seeking charity.

Marital Status

The majority of the sample population was married and continues to live with their spouses. It is interesting to note the sex-wise variations. Table 4.2 shows, the marital status of the respondents. The percentage of separated women (6%) and widowed women (16%) were found to be higher when compared to 2% separated men and 3.3 % widowed men. It was observed that the women were more vulnerable in terms of the spouse deserting them after their marriage, many women reporting that extra-marital relationship of their spouses. Women tend to face constant insecurity in marital relations. This was prominent among the second and third generation settlers.

Table 4. 2: MARITAL STATUS

S.NO	MARITAL STATUS	SEX			Total N=150
		Male	Female	Trans-sexual	
1	Married	32.7	24.0	0.0	56.7
2	Unmarried	9.3	2.0	2.0	13.3
3	Widowed	3.3	16.0	0.0	19.3
4	Separated	2.0	6.0	0.0	8.0
5	Cohabiting	0.7	1.3	0.7	2.7
	Total (%)	48.0	49.3	2.7	100.0

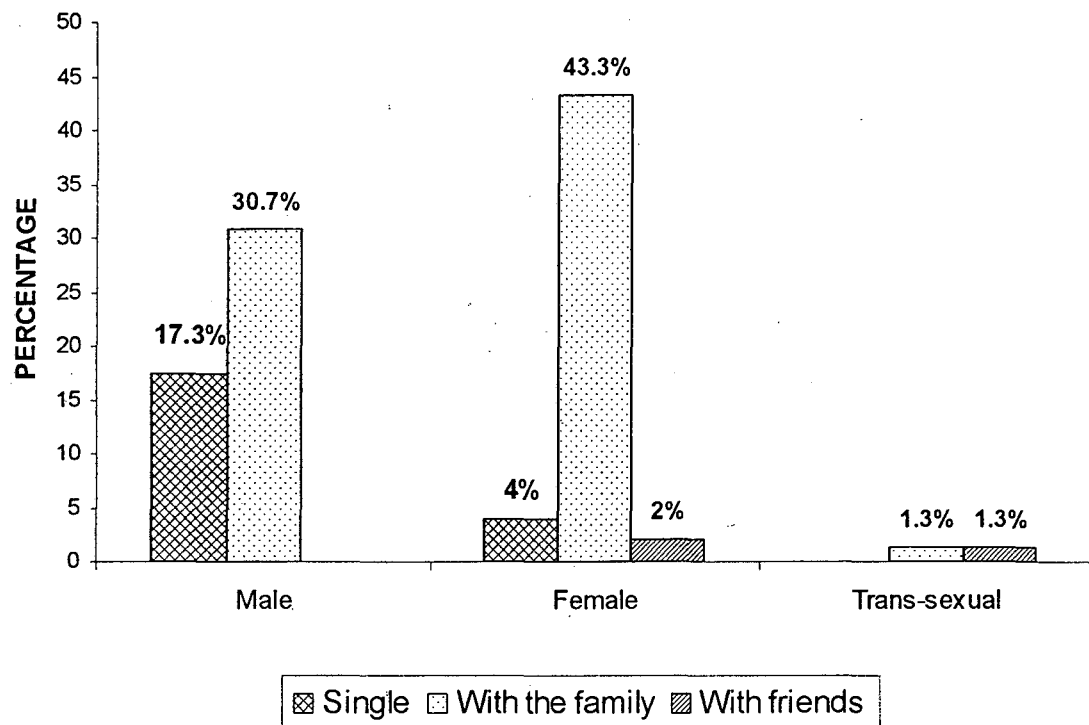
The proportion of unmarried men (9.3%) was higher when compared to unmarried women (2%). These unmarried men were largely recent migrants from the village who have come to city for their employment.

There were hardly any unmarried women found among the sample population even among the recent migrants. It was observed among the second and third generation settlers that the women were married within few years after they attained their puberty. Except for one trans-sexual the others were unmarried. One of the trans-sexuals was found to cohabiting with a married man.

Current Mode of Living

As mentioned earlier, in cities like Delhi, Mumbai a large proportion of those who lived on the streets were men living alone and their families living in their native place. In Chennai the situation is different as in many settlements people lived as families. The figure: 4.2 gives the details of the respondents' current mode of living. In this study it is found that 75% of the respondents live with their family members on the streets.

Figure: 4.2 CURRENT MODE OF LIVING



Compared to 17.3% of men who lived alone with their families back in the villages, only 4% of the women lived alone. These men were largely seasonal migrants who had come for road construction work, they do not permanently settle in the city. Women who lived single (alone) were largely abandoned by their family members in their old age and some of them were deserted by their spouses. A negligible proportion of the respondents live with their friends. The 1.3% of the respondents are trans-sexuals who had been accepted by their family members are privileged to live with their natal family while the other 1.3% were stigmatized and disowned by their own family members. They had quit their families for their friends. The researcher observed a strong sense of community relationship among the

urban poor living on the streets with the neighbors they live with. This was stronger especially among the first and second-generation settlers. Whenever, there are some celebrations, festivals, functions, ceremony or death in the family, those who live in the same area interact with one another and participate in each other's celebrations. When there is any urgent help required, they help one another. Though each family lives as discrete unit in that small living space, there is a sense of oneness observed among the group of settlers in the respective areas.

Religion Followed by the Respondents

Religion is known to play an influential role in the determination of one's lifestyle. Among the urban poor who have been studied there hardly existed any rigidity regarding one's religion. About 83% of the sample population is Hindus by birth. About 11 % follow Christianity and 4% of the respondents practice Islam. 2% do not believe in any religion as they had lost belief and faith. One significant observation is that the religion as an institution is not exercised to possess any power. There are numerous cases of inter- religious marriages observed amongst these people, particularly those who have settled in Chennai for generations.

Some of the respondents who follow Hinduism said that they do not restrict themselves to temples for worship. They also go to churches as well as mosques during times of illness and distress. Muslims and Christians received food from temples whenever it was distributed free.

Language Spoken by the Respondents at Their Homes

Vast majority (78%) of the respondents speak Tamil at their homes. This largely indicates that most of the people living on the streets of Chennai city are from Tamil Nadu itself. There is small proportion of them, about 8.7%, who speak only Telugu at their home. They are migrants from the nearby state Andhra Pradesh.

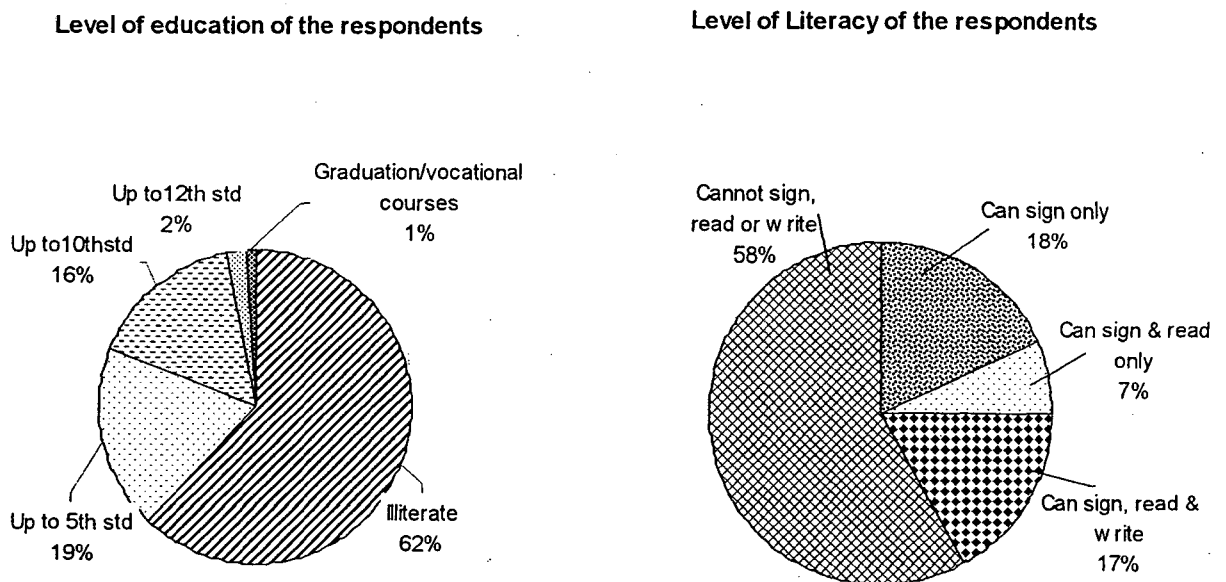
About 13.3 % of the respondents who belong to particular caste called ' odder' from Salem district use a mixture of Tamil and Telugu. Though the respondents had their specific language spoken at their homes, almost everyone was able to converse in Tamil. Apart from these two languages, they do not know any other Indian languages. Sometimes language an important key to several opportunities, like English is to Business Process Outsourcing.

Languages like Hindi sometimes provide better mobility to other parts of the country in order to seek opportunities. The urban poor living on the streets have never had any exposure to any other languages and most of them were illiterates incapable of reading or filling up the numerous forms that one comes across while applying for the various welfare measures provided by the government.

Education and Literacy Level of the Respondents

In this study it was found that the majority of the respondents, about 61% were illiterate. They did not have any opportunity for any kind of formal education system. Being illiterate the poor are at a disadvantage, as they cannot even read about their basic rights. The figure: 4.3 shows, the details of the education and literacy level of the respondents. From the pie chart, it is seen that 38% of them had some formal education. Though these respondents have learned from formal system of education, all of them did not acquire the skills to read and write. Only 17% said that they could read, write and sign.

Figure: 4.3 EDUCATION LEVEL AND LITERACY LEVEL



About 4% have learned at least to sign their name through some social workers, who conducted adult non-formal education programmes as part of a literacy campaign. Poverty and poor living conditions were the two major factors, which prevented many of them from continuing their studies after primary education. The living environment in which they grow up does not encourage them to continue their studies. When they are first generation learners, they require lot of motivation and support to pursue their education. Many had to give up their education to become child laborers to fend for the families. The 16% of the respondents who have managed to study till tenth class said that they failed in English and Mathematics. Once they failed they lost motivation to continue further, as there received no proper guidance to continue further.

Those who live on the streets narrated the struggles they had gone through while studying. They had to study in the dim streetlight, and concentrate in their studies among the noise of the traffic around them. Their teachers and classmates who knew that they came from streets did not treat them properly. Some of them had opportunity to study through non-governmental organizations. But they could not continue further as they had to support their family.

Two of the respondents who the researcher has interviewed are graduates, who have acquired an academic degree against heavy odds. They are recent migrants from Thiruvannamalai district. The degree they acquired has not helped them to earn a living to support their family and they have finally landed up on the pavement to do hard manual labor just because they could save some money to support their family who live in their villages. Their experiences would be related in details while we discuss employment and related problems.

Caste-Wise Distribution of the Respondents

This study found that a large proportion of the poor who live in the streets belong to the lowest caste groups in the Indian caste hierarchy. Nearly 57% of the respondents belong to scheduled castes. 28.6% of the respondents belonged to the most backward class. There is negligible difference between the scheduled castes and the most backward class in terms of their economic background. Only 4.6% of the respondents belong to what is officially called the backward class and there was only one person among the 150 respondents who belonged to Brahmin, an upper caste community. However, he was disabled as he suffered

from filariasis. This shows that the phenomenon of the urban people living on the streets is actually an extension of the larger ascriptive order where the dalits find themselves at the bottom of the social ladder as a continuation of the age old caste system. Unlike in villages where they were discriminated in the most visible ways in terms of their accessibility to various basic amenities, in the cities they are forced to live in abominable conditions as a result of the unequal social order. The table 4.3 gives the details of the caste and the official categories in detail.

Table 4.3: CASTE-WISE DISTRIBUTIONS AS PER TAMIL NADU GOVERNMENT CATEGORIES

S. No	CASTE	SC	ST	MBC	BC	OC	Muslims	Total numbers	Percentage N=150
1	Adi Dravida	28	-	-	-	-	-	28	18.7
2	Parayan	42	-	-	-	-	-	42	28.0
3	Pallan	9	-	-	-	-	-	9	6.0
4	Chakkiliyan	2	-	-	-	-	-	2	1.3
5	Devendrakulathan	2	-	-	-	-	-	2	1.3
6	Adi Andra	2	-	-	-	-	-	2	1.3
7	Malakkuravan	-	6	-	-	-	-	6	4.0
8	Irular	-	2	-	-	-	-	2	1.3
9	Odder	-	-	26	-	-	-	26	17.3
10	Idaiyar	-	-	7	-	-	-	7	4.7
11	Vanniyar	-	-	10	-	-	-	10	6.7
12	Naicker	-	-	-	1	-	-	1	0.7
13	Naidu	-	-	-	4	-	-	4	2.7
14	Mudaliyar	-	-	-	2	-	-	2	1.3
15	Brahmin	-	-	-	-	1	-	1	0.7
16	Muslim	-	-	-	-	-	6	6	4.0
	TOTAL NUMBER	85	8	43	7	1	6	150	100.0
	TOTAL (%)	56.6	5.3	28.6	4.6	0.66	4		100

There were fewer Muslims (4%) and those who belonged to the scheduled tribes (5.3%) among the respondents. Earlier studies have shown that most of the urban poor living on the streets, in the squatter settlements, or in the slums in India belong to lower

castes and other disadvantaged communities¹. A recent survey by Chennai for Change (2003) also found that more than 72% of the street dwellers belong to scheduled caste groups, 8% were from tribal area, and 7 percent belong to most backward caste.

Records of Identity and Proofs of Residence

The records of identity or the lack of it is a clear indication of the real position of the poor who are disowned by state itself. The table 4.4 shows that almost 60 % of the respondents do not have any kind of proof of identity or proof of residence in the city. Very few of the respondents who have lived as squatters and or in slum settlements earlier, and those who live in the resettlement colonies have a few legal documents. The respondents said one of the worst problems that they are faced with is that they have to live their lives in the insecurity that they could be thrown out anytime with out any legal protection, as they do not hold any proper identification documents to show they have been living their current place of settlements in the city. Some of the construction workers have an identity card that shows that they belong to the Nirman Mazdoor Sangh: an organization of construction workers.

Table 4.4: PROOF OF RESIDENCE IN THE CITY

SNO	IDENTIFICATION DOCUMENT	NUMBER	PERCENTAGE
1	Voter Identity card	11	7.3
2	Ration card	4	2.7
3	Union membership	20	13.3
4	Voter & ration card	15	10
5	Voter & union membership	3	2
6	Voter and birth certificate	1	0.7
7	Voter, ration and government house	5	3.3
8	Ration card, union membership and caste certificate	1	0.7
9	No documents	90	60
	TOTAL	150	100

¹ See Desai and Pillai (1972), Singh and Desouza (1980), Prasad (1995), Lysa John (2001) Arbind Singh (2002)

It was interesting to know that 23 % of the respondents had voter's card, and they have casted their vote. These proofs of identity are usually issued in address of nearby shops, companies etc. When asked how they were able to get these cards, they said that local politicians somehow get it for them, and ask for their votes in return. These politicians usually seek their votes with promises of providing them houses and employment, promises which are never held. The respondents in Parris Corner and Egmore area say that they live in under the constant threat of arrests as the police suspect them for everything that happen around. In cases of theft and any other crime in that locality these poor living on the streets are suspected and targeted and they are arrested and kept in the jail for weeks. One of the ActionAid India (2003) documents clearly states how these poor are being victimized by the police.

“The arrest of the poor living in the streets is done usually to fulfill the targets of ‘preventive detention’ under the Sections 109 and 151 of the Criminal Procedure Code, 1973, to prove to their superiors their pro-active efforts to maintain the civic peace. The said sections of the Criminal Procedure Code are dependent on the subjective satisfaction of the executive magistracy that the preventive detention of these persons is indeed in the interest of the public peace and prevention of crime. The magistrates rarely actually apply either mind or conscience, and routinely concur with the position of the police, in order to maintain harmonious relation with the police. The homeless then languish for long periods in the jail, because they are too poor, without any financial assets and without legal access or literacy, to secure bail or legal redressal.”(4)

If they are given any proofs of identity then the government will have to own the responsibility of providing them with basic necessities for a dignified living and protection against exploitation. They are deprived of the little welfare measures that the government provides, like public distribution system. As in the recent case of eviction, where they were thrown out without any alternative settlement or even the customary advance notice before eviction, the urban poor living on the streets live a precarious life on the edges of human dignity deprived of education, secured employment, basic amenities and human rights for existence. These deprivations affect them in many ways and their health conditions provide ample proof to their precarious existence. The following chapters discuss the other various social and economic conditions of the poor and how that is reflected in terms of their health.

SECTION 4.2.

THE TRANSITION: RURAL POOR TO URBAN POOR

As earlier studies (Mukerjee (1975), SPARC (1985), Singh and Desouza (1980), Jagannathan and Halder (1988) Prasad (1995)) have shown, the urban poor living on the streets of different cities are mostly people who have migrated from rural areas in search of employment due to various reasons. The present study also found that the urban Poor living on the Streets of Chennai city were Migrants from various districts of Tamil Nadu. This section discusses the various stages of their transition from rural poor to urban poor living on the streets. This section mainly looks into the features of native place of the respondents, their occupations and the livelihood in the villages, the reasons for migration, the continuing linkages with their native place, and the problems felt by the respondents on their arrival into the city. These factors would demonstrate how the poor have been suffering because of their social and economic deprivation.

Native Place of the Respondents

Except for 33% of the study population, the rest of the settlers have migrated from the neighboring districts. There are significant variations in the composition of the people across the various settlements. The following table 4.5 shows, distribution of the study population across the various settlements according to the places from which the respondents have migrated. As we have discussed in the last section, the urban poor living on the streets show strong sense of community and often tend to settle with migrants from their own native places. Often the migrants from the same place follow similar occupations, and very often they engage themselves in occupations that are prescribed by the caste order. For example, the settlers in Area 2 (K.K. Nagar road) who belong to the Odder community have mostly migrated from Salem and follow their caste's occupation of construction works.

Table 4.5: DISTRIBUTION OF THE RESPONDENTS BY THEIR NATIVE PLACE

S.NO	NATIVE PLACE	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	Total Number	Total (%) N=150
1	Chennai	14	1	3	17	14	49	33
2	Salem	-	27	-	2	-	29	19
3	Thiruvannamalai	-	-	16	-	1	17	11
4	Kanchipuram	4	-	-	1	1	6	4
5	Vellore	3	1	-	4	2	10	7
6	Cuddalore	2	1	1	2	3	9	6
7	Villupuram	5	-	-	3	2	10	7
8	Thiruvallur	2	-	-	-	-	2	1
9	Madurai	-	-	-	-	5	5	3
10	Thiruchi	-	-	-	-	1	1	1
11	Nellore	-	-	10	-	-	10	3
12	Chittoor	-	-	-	1	1	2	5
	Total	30	30	30	30	30	150	100

Similarly in the third area where there are a large proportion of recent settlers from Thiruvannamalai district contribute as unskilled construction workers. They mostly belong to Adi Dravidas, a scheduled caste. Those who are first generations settlers come to the city in search of work, mostly recruited by contractors. Though they go back to their villages on completion of their works they keep coming to the same place of settlements for years and often return with their children and relatives. At a closer look the people of these is the overt representation of the growing urban rural divide, which is a result of the lopsided government policies, which are urban-centric. In the areas 1, 4 and 5 which are located in the central region of the city there are a considerable number of second and third generation settlers, people who have descended from earlier migrants. Most of them have been born and brought up in the streets of Parry's Corner, Egmore and Zam Bazar. The second and third generation settlers are the victims of a cruel system that does not want to acknowledge the contributions of a helpless people who are trapped in the apathy of the urban planners

that represent the interest of the elites. These planners are keen to create centres of business and investment which are 'clean' of the 'filth'² (the poor) which is a result of gross exploitation.

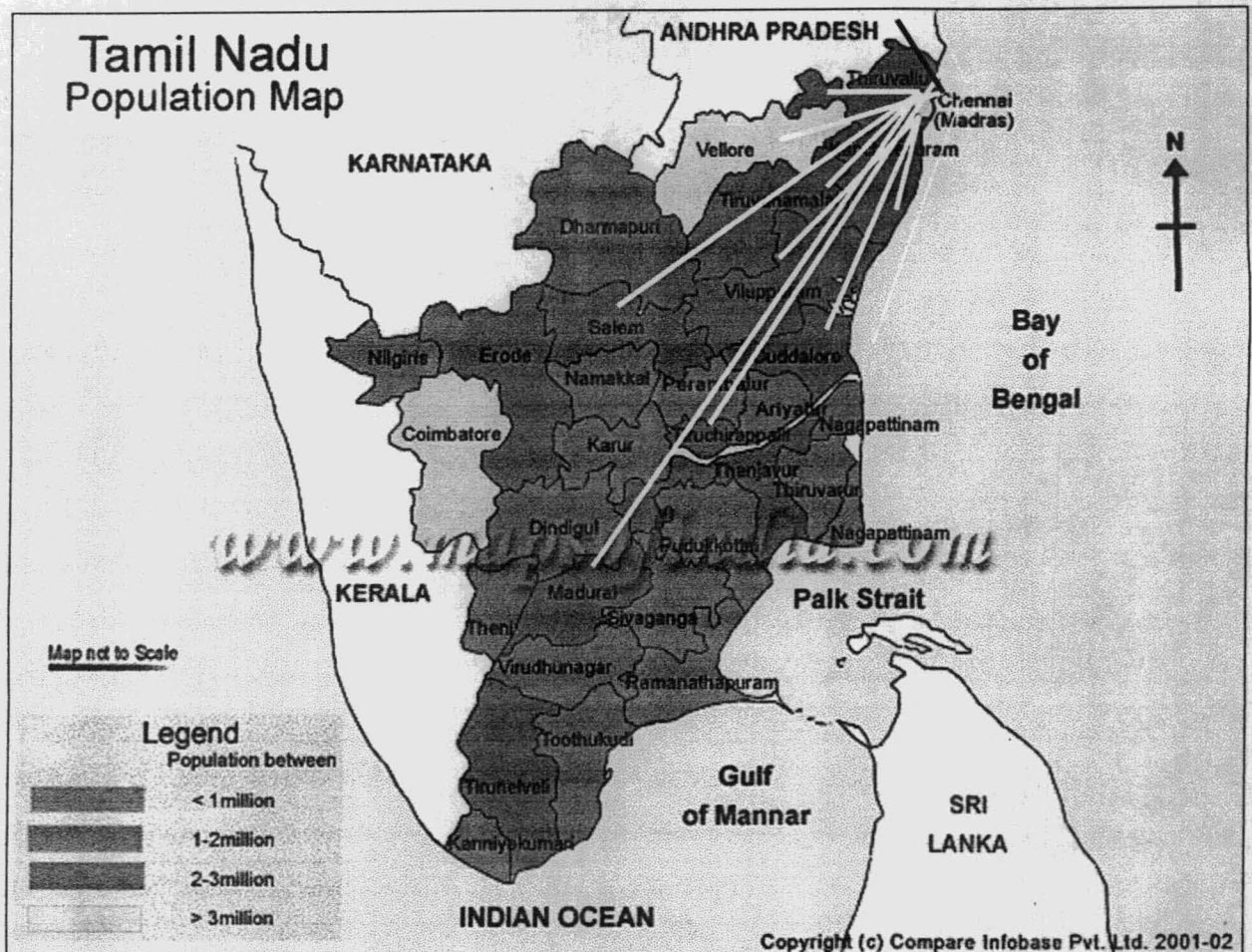
The following map: 4.1 shows, the various districts of Tamil Nadu. We can make out the proximity of the native districts of the respondents to the Chennai city. Most of the respondents were found to migrate from the neighbouring districts of Chennai city.

Native Districts of the Respondents.

One of the staple arguments of city administrators to justify their apathy to the poor in providing them with basic facilities and rights, is that the people living on the streets are largely settlers from rural area who had come to occupy the city space seasonally. However, one look at the above table shows that 33% of the sample population were second and third generation settlers whose parents or grand parents were migrants from the neighboring districts of Tamil Nadu. Yet they are not acknowledged by the state as legal citizens, as we have seen in the last section. Ignoring their true conditions helps the government authorities to disown this people confining them under the vagrancy laws, calling them illegal encroachers. Their lives are caught in a vicious cycle of poverty and exploitation where they are eternally stuck to their precarious existence. Their parents lived on the streets and their children will be continue to be part of the cycle of poverty which grows in its intensity with the growing social and economic inequality and the resultant oppression. This vicious cycle is not restricted to the urban centers alone, but is a continuation of the inequalities that haunted them out of their rural homes in to the inhuman conditions of the city.

² Schenk, Hans (2002) in his article, *Migrants, Squatters and Evictions* explains that Since 1990's onwards a new wave of evictions took place, marking a change of policy that can be explained by the macro changes in the political economy of India. In the face of inter-national pressure, India was forced to reduce its budget deficits and structurally adjust its economy India's New Economic Policy included invitations to foreign companies to invest in the Indian economy, either alone or under a joint venture with an Indian entrepreneur. Foreign investors were attracted to India's major cities. Local authorities in these cities decided that foreign investors would prefer a 'clean and orderly' environment, at least in the relevant parts of the center of the city. This explains the renewed focus on the eviction of squatters. The wish to clean up and beautify the central city was based on the perception that squatter settlements were an unhealthy eyesore and a nuisance, as were the many thousands of workshops, informal small-scale industrial and service units, and pavement encroachments. See website, http://www.iias.nl/iiasn/31/IIASN31_14.pdf

Map: 4.1 NATIVE DISTRICTS OF THE RESPONDENTS.



Reasons for Migration

The poverty that they are victims of is not a creation of their own. It is only a continuation of the centuries old exploitation, which is marked by caste divisions. The real life experiences of two of the respondents, Murugan and Muthuswamy, would demonstrate the social cycle that has been going on for years.

Case -1

Murugan and his wife moved to Chennai a year ago. The couple were not able to recall their age as they do not know their exact year of birth. They seem to be in their mid 60s. The couple now lives in a bus shelter near Egmore railway

station. They have a son and two daughters, all of them married. Murugan comes from a small village near Villupuram. He belongs to a lower caste community called as Devendrakulathan caste. Almost all the low caste members in his village do not have any land of their own; they have been working higher caste landlords for very poor wages.

Murugan had worked as an agricultural labourer as well as in the rice mills of big landlords. Whenever there was he could not find work, he used to come to Chennai city to work in Kotwal vegetable market, loading and unloading vegetables for daily wages. Sometimes he worked as a rickshaw puller in the city. But he always went back home after he earned some money. With his meager earnings he brought up his three children difficulties (out of seven only three of the children survived) and managed to get his two daughters and a son to get married. He had no savings with the inconsistent earnings.

His son who is an agricultural labourer has three children now. When the researcher asked him about his coming to the city despite the fact that his son would have taken care of him, he said, "My son did took care of me. But when they are struggling to share the little food in their family, certainly my wife and I did not want to take away the share of little food what my grandchildren can have. Our life is almost over. We do not want them to go hungry and we decided to come to the city with the hope that we could somehow survive."

Murugan said that he is too weak to do any hard manual labour. He frequently suffers from leg pain as he developed varicose veins. He also suffers from poor vision. His wife also is not keeping well: she has difficulties in getting adjusted to the city atmosphere and she has developed allergy to the dust and suffers from wheezing. The couple's main source of living at present is the money they receive in charity. When they have enough money to spend on food, they come back to the bus shelter, and rest. They feel very alienated in the city environment.

Case 2.

Muthuswamy, 32 years old from Thiruchi works as a porter near Central Railway station. He has been to seventh class. He was born as a Parayar. He is married, has three children; all three are going to school in the village. He has been living in Chennai for almost 4 years. He worked as a daily wage labourer in the rice mill in his native village called Puvai in Thiruchi district. His earnings were too less to manage his children's education and to run the family. He moved to Chennai to earn a better livelihood in order to support his children. He expressed, "It was difficult to make this choice for me to leave the family and come to the city. We were in a dilemma whether to lead the life in despair and die of starvation in our village or move to into the city and some how struggle to continue to live. Being born as human beings, we are destined to undergo suffering. We cannot choose to end our life as we wish as many things are dependent on us, like our children, their future and so on. The motivation to live some how and to care of the future of my children brought me here".

The accounts of Murugan and Muthuswamy bring to us the miseries that the poor face in the rural areas, which pushed them to the city. These reasons hold true for most of the other respondents too. However, there were other reasons expressed by the respondents for their movement to the city.

Reasons for Migration

One hundred and one respondents out of the one hundred and fifty respondents interviewed were first generation migrants. Eighty-two, of the hundred and one respondents, stated poverty as the main reason for migration. Though none of them explained what poverty meant, further enquiries suggested that caste based discrimination, dependent employment and exploitative wages inadequacy of government welfare measures—characteristic of existing feudal system—are all responsible for their poverty in the rural area.

Table 4.6: REASONS FOR MIGRATION
(Multiple Responses)

S. No.	Reasons for Migration	Numbers (N = 150)
1	Poverty	82
2	Inadequate employment	38
3	Landlessness	19
4	Drought	16
5	Pressure Of Debts	14
6	Family Discord	14
7	Poor Health Condition	7
8	Marriage	6
9	Not Applicable	49

As the table 4.6 shows, unreliable employment pattern depending on the weather and other conditions and unemployment in some cases (38 respondents) and lack of cultivable land (19 respondents) have been cited as two of the main reasons for migrating to

the city. Some of them have been forced to migrate due to severe drought (16 of them), which impoverish them. Indebtedness and their inability to pay back the money has been cited by 14 of the respondents as a factor that pushed them to the city in search of steady income. Begum (1999) in her study also observed that the poor who live in rural area move to the city despite the very low level of primary information about the place, precarious living environment, poor basic amenities in the city because the condition of existence in rural area is extremely severe.

Very few respondents came to the city due to family discord (14 respondents) as a reason for migration. Some ran away to the city in their childhood due to abuses in their family and a few ran away as their inter caste marriages were not accepted. Another important thing to be noted is how health conditions were responsible for them to move to the city. Almost seven respondents stated health as the main reason for moving to the city. These respondents have suffered physical impairment due to accidents, leprosy, filariasis etc. Due to their physical impairment they were deprived of any livelihood and they came to Chennai to live seeking charity. One of the respondents who is a trans-sexual said that her family members did not accept her and she decided to move to the anonymity of the city. On the whole, the economic reasons were much greater than others, and most often they operated in combination with social factors. 49 respondents have been born and brought up in the streets of Chennai itself.

Occupation of the Respondents Before Moving to Chennai

The researcher also explored the nature of the occupation and the average monthly income earned in their native place by the respondents before moving into the city. As it is obvious from the reasons cited for migration, not all the respondents were earning or working before migration. About 14.7% were at home and 13.3% were unemployed. Even those respondents who were engaged in some occupation had very meager income. The following table 4.7 details, the occupation and the monthly earnings in the villages of those who are first generation migrants.

Table 4.7: OCCUPATION BEFORE MIGRATION AND AVERAGE MONTHLY INCOME

S. NO	OCCUPATION BEFORE MIGRATION	AVERAGE MONTHLY INCOME IN PERCENTAGE					N = 150
		>500	501-1000	<1000	NO INCOME	N.A	TOTAL (%)
1	Agricultural labourer	16.7	1.3	0	0	0	18
2	Farmer	2.7	0.7	0	0	0	3.3
3	Construction worker	3.3	6.7	1.3	0	0	11.3
4	Bamboo basket weaver	0.7	0.7	0	0	0	1.3
5	Stone sculptor	0.7	0	0	0	0	0.7
6	Vendor	0	1.3	0.7	0	0	2
7	Homemaker	0	0	0	14.7	0	14.7
8	Cobbler	1.3	0	0	0	0	1.3
9	Unemployed	0	0	0	13.3	0	13.3
10	Flower vendor	0	0.7	0	0	0	0.7
11	Carpenter	0	0.7	0	0	0	0.7
12	Not Applicable	0	0	0	0	32.7	32.7
	Total (%)	25.3	12	2	28	32.7	100

It was found that about 21 % of the respondents relied on agriculture of which 18% were agricultural laborers and 3.3% were farmers. Those who were agricultural laborers earned an average monthly income, which was as low as Rs. 500. About 11.3% of them were engaged in construction work and their income was also not more than Rs.1000. Interestingly it was found that 14.7% of the respondents, who are women, were homemakers and did not have any source of income. Similarly 13.3% of the respondents who are men said that they were unemployed and did not have any source of income in their native place. Other small proportions of the respondents were artisans and vendors who earned very little. Only two percent of the respondents had more an income more than Rs.1000 per month. Almost 25.3% of all the respondents had an average monthly income, which was less than Rs.500, and 28% of them had no income. It is significant to mention that all the 14.7% of the women who were homemakers in their native place, moved to the city so as to support their family. In fact all these women now work in order to fend their families.

Linkage With Their Native Places

Not all the respondents are settled in the city permanently. Particularly those who are the first generation settlers still hold some linkages with their native place. 32.7% of the second and third generation settlers have somehow lost linkages to their roots from where their parents or grandparents migrated. Of the first generation settlers, 22.7% said that since all of the family members have moved to the city, they do not hold any more contacts with their native places. However, 45% of the respondents who are first generation settlers still hold contacts with their native places for some reason or another. The nature of contacts they hold is explained in table 4.8.

Table 4.8: CONTACTS WITH THEIR NATIVE PLACE AND THE FREQUENCY OF VISITS

Sr. No.	CONTACTS WITH NATIVE PLACE	FREQUENCY OF VISIT					N.A	Total
		Once a month	Every 6mth	Once a year	Never go	N.A		
1	Visit immediate family	9.3	4.7	0.7	0.7	0	15.3	
2	In touch with relatives	0.7	7.3	6.7	2	0	16.7	
3	Attend festivals & ceremonies	0	6	1.3	0	0	7.3	
4	Visit during any emergency	0.7	2	2.7	0	0	5.3	
5	No contacts	0	0	0	22.7	0	22.7	
6	Not applicable	0	0	0	0	32.7	32.7	
	Total	10.7	20	11.3	25.3	32.7	100	

About 15.3% of them visit their immediate family members almost. Those who are in touch with their immediate family members have come to the city alone, and their natal or marital families still live in their native place. They regularly visit their families once a month, mainly to take their savings to their families in their villages.

Those who have moved with their family to the city do not regularly visit their native place; they keep in touch with their relatives once in 6 months or once a year. About 7.3% of them said that they go to their native places to attend festivals or ceremonies once in six

months or one a year and 5.3% visited their native places only if there was some kind of emergency like illness or deaths.

Decision to Move to Chennai

The respondents gave many reasons for their decision for choosing Chennai as the place for migration. The foremost reason expressed by 43.3% of them was their confidence that some how they could earn for their subsistence in the city and manage their life. They also felt that they would have more opportunities to earn for their livelihood in city unlike in their native villages. About 22% moved to Chennai as it was close to their native place. About 16.7% knew about job opportunities in the city, provided mainly by their relatives, migrants who visited their villages and sometimes from contractors recruiting for construction works. Besides this reasons about 14.7% expressed that they were already familiar with the place and 12.7% chose Chennai as they were comfortable with the regional language which is not the case in any other city in India. A small proportion of the respondents, mainly women, moved to Chennai after they were married to men who were already working in Chennai.

Problems Encountered by the Respondents on Their Arrival in Chennai

To the poor who were driven out of their native places by poverty and other problems like caste related oppression, the city did not provide any easy alternatives. They had to encounter different types of problems in the urban area. The respondents faced a variety of problems when they came to the city. In fact most often their conditions were no better than what was in their villages. Though better employment opportunities in Chennai provide them with their daily bread, the health hazards, police harassments and severe exploitation that they face in the city make their life miserable.

To summarize, we can see that the migration of the poor to the city is not an exploration of the fancies of the city, but a very painful step taken in order to survive. Twenty one percent of the respondents were agriculture labourers who were transplanted from their familiar surroundings and cultural roots to the vagaries of the city. In spite of these problems, the respondents slowly adapted to the life in the city for their bare survival. The sections that follow will look into the various socio-economic conditions of the poor living on the streets of Chennai and how it affects their health.

Section 4.3.

IN THE CLUTCHES OF INFORMAL LABOUR

The rural poor, due to the poor economic situations in their native place move to the city. Facing constant struggle to lead their lives with low and inconsistent income, coupled with the widespread socio and economic inequality in their rural areas the respondents with the hope of earning some meager means of substance land up in the city. When they come to the city, their struggle does not end. They face the inequalities in newer forms. This part of the study focuses particularly on the varied forms of exploitation the urban poor living on the streets experience in terms of occupation. The struggle for earning a livelihood can be understood in detail from the following case study of Raji from Thiruvannamalai.

Raji is 26 yrs old. He had come to the city at the age of 21yrs, as soon as he completed his BSc. in physics. He was born in an Adi-dravida family in a village called Kuruvimalai in Thiruvannamalai. Being an adi-dravida in one way helped him to receive some scholarships to complete his degree. He never imagined that he would lead his life on the pavements when he scored first rank at his higher secondary school.

Raji's parents are landless agricultural labourers. Raji is their only son in a family of four. From his childhood Raji was hardworking, and Raji being a first generation learner in their family, his parents encouraged him to study in spite of their struggle. They hoped that Raji would one-day become a government servant and take care of the family.

Raji faced lot of hardships before he completed his degree. During the first year of his college his elder sister got married. It was not an easy thing for the family as they had to borrow Rs.10, 000 to meet the marriage expenses as well as to the dowry. There was severe drought without any rain for 2 consecutive years in their regions, depriving them of their only source of earning, as farming was impossible in such conditions. The family struggled to repay the loans. The pressure of debt started accumulating.

Raji started a part time work in a shop as he did not want to quit his studies. He had some hopes that if he finished a degree he could find some formal job. But two of his younger, sisters could not go for further studies due to poverty and also started working in a nearby town. His parents frequently fell ill and they were growing weak too. When Raji was in final year of his college, he lost his father developed to a severe fever.

On completing his degree he moved to Chennai with the hope of finding some job. He stayed with his friends. The first job he got was that of a supervisor in a textile shop for just Rs.1, 500. He found it very difficult to send money home. When he went to village he came to know of a friend who worked with road construction, in Chennai. He took up this job as he could earn about Rs.200 though they had no accommodation. They had to stay on

the pavement so that they could save money on rent and send that money home. He started working on the road construction work, laying cables underground where he earns about Rs. 2000 to Rs.2, 500 and manages with one meal in the night.

It was tough working in the night and he injured himself many times in the initial stages. After his personal expenditure, he is able to send at least Rs.1000 home every month. But life does not seem to be very easy for him. As he does not eat proper food on time because of which he continues to suffer from stomach ulcer. When he injured his leg during the work; he was given only Rs150 for the treatment by the employees. For almost one week he could not do any work and he had to spend Rs.400 for medicines, band aids, injections and doctor fees from his savings. This in turn affected his mother and his sisters who are dependent on him. When he went for work at night his sleep patterns were changed often finding it difficult to take rest at the pavement where they stayed due to constant traffic.

In spite of these struggles, he continues his search of some job in the organized sector. He keeps writing lots of exams to qualify for government jobs. So far he has written the bank exam, railway exam for the post of Kalasi, for bus conductor in state transport corporation and so on. The last interview he appeared for was for the post of sales-in-charge in government liquor shops. When he appeared for that interview, he was asked to pay Rs. 50,000 as a security deposit. He could not even imagine paying such a huge amount as his family was already in the clutches of debts.

The complex situations of poverty have brought Raji on to the streets where he engages in hazardous occupations without any other social security benefits. In spite of being a graduate, he struggles to lead his life in the city and support his family living in the native village. The situations are worse for those who were deprived of rights to any form education. Like Raji they do not have any future or skills to get them better jobs. With the present economic scenario, decline of formal employment opportunities, the chances of Raji fulfilling his dreams are all the most bleak.

Present Occupation of the Respondents

To address their survival needs, the respondents have chosen whatever work came their way. Most of them work in the unorganized sector, where their earnings are usually low. The detailed nature of occupation engaged in by the respondents in the urban area is presented in the table 4.9. The respondents engage in varied fields of occupations. An examination of the occupational structure of the respondents indicates that they were involved in 25 different types of occupations. Almost every job done by the respondents are

Table 4.9: PRESENT OCCUPATION OF THE RESPONDENTS

S.NO	OCCUPATION	Average number of work days in a week	Area 1	Area 2	Area 3	Area 4	Area 5	Total	Percentage
1	Loading /Unloading	2-4days	2	0	0	0	2	4	2.7
2	Porter	7days	2	0	0	4	1	7	4.7
3	Cobbler	7days	1	0	0	1	0	2	1.3
4	Domestic maid	7days	2	0	2	4	0	8	5.3
5	Homemaker	7days	2	2	2	0	1	9	6
6	Sweeper/Scavenger	7 days	2	2	0	3	0	7	4.7
7	Sex worker	4-5days	5	0	0	1	2	8	5.3
8	Street vendor	7 days	7	1	0	5	8	19	12.6
9	Illicit Arrack peddler	7days	1	0	0	0	0	1	0.7
10	Charity seeker	7days	3	0	0	4	3	10	6.7
11	Works in Private Company	6 days	1	0	0	0	1	2	1.3
12	Broker	2-3 days	1	0	0	0	0	1	0.7
13	Cleaner in Hotel	7days	1	0	0	0	1	2	1.3
14	Skilled Construction Worker	3-4days	0	16	0	1	0	17	11.3
15	Unskilled Construction Worker	2-4days	0	9	12	0	0	21	14
16	Carpenter	3-4days	0	0	1	0	0	1	0.7
17	Rag picker	7days	0	0	6	2	0	8	5.3
18	Bucket /Umbrella repairer	7days	0	0	7	0	0	7	4.7
19	Garage worker	7days	0	0	0	1	0	1	0.7
20	Pick Pocket	3-4days	0	0	0	1	1	2	1.3
21	Black ticket seller	7days	0	0	0	3	0	3	2
22	Rickshaw/ Tricycle Puller	7days	0	0	0	0	2	2	1.3
23	Bamboo basket weaver	7days	0	0	0	0	6	6	4
24	Stone sculptor	7days	0	0	0	0	1	1	0.7
25	Tattoo Artist	7days	0	0	0	0	1	1	0.7
	Total		30	30	30	30	30	150	100

of the marginal kind in the informal sector, such as rag picking, sex work, scavenging etc. More than 80% of them are involved in casual labor and none of them are permanently employed. Most of the jobs involve hard manual labour. Seventeen of the twenty-five types of occupation required the respondents to work on all seven days a week to make their living.

In this study it was found that the largest group (25.3%) of the respondents work in construction sector as casual laborers. There are two categories of workers within the construction workers. 11.3% possessed traditional skills associated with the construction of buildings. They get 3-4 days of regular work in a week through contractors. 14% of them are unskilled construction workers, their period of work ranges between 2-4 days. They are usually involved in the laying of roads, laying cables, repairing of sewage pipes etc. The second largest group (12.6%) is the street vendors, who sell fruits, flowers, balloons, plastic items, food etc. All the street vendors work on all the seven days to make their living. Only 6% were homemakers and they were unpaid.

Contrary to myth, very few among the urban poor living on the streets were inordinately involved in illegal occupations. Only a marginal section of them were found to be engaged in such occupations such as illicit arrack peddling (0.7%) pick pocketing (1.3%), black ticket selling (2%) and sex working (5.3%) and charity seeking (6.7%). Though in the eyes of the judiciary they perform illegal activities, deprived of education, necessary skills for formal employment, financial security and opportunities for regular sources of income they have to depend on this illegal occupation for their survival. But these respondents feel that there is always an element of danger involved, as the police pick them up and harass them to pay fines. But the authorities never suggest any alternative employment or help them find any.

In certain fields of employment there was exclusivity in terms of gender related occupation. The women exclusively carried out domestic maid work, homemaking scavenging and sex work. The Trans-genders are not given enough opportunities to work, not even what women do due to the stigma attached to their status. They carry out their traditional occupations such as charity seeking and sex work. They go across shops, clap, and ask for money, which they call 'kadai ketkuthal'. One of the respondents who is a transgender worked as a illicit arrack peddler.

Men exclusively carried out work as porter, cobbler, pickpocket, carpentry, construction work, rickshaw and tricycle pulling and garage work. It was also found that the place of settlement chosen by the respondents were usually related to the nature of occupation performed by them and nearer to the location where they find their employment opportunities. In fact some of them said, that they had to be continuously present in that same spot if they had to get some work any given day. Some places are marked for recruitments of labourers for some specific jobs like for construction workers, loaders, porters, sex workers etc. where contractors come to pick workers for a day or two. Sometimes they wait for the whole day in the same place for some employer to come and call. The employers are always at the position of bargain excessive supply of laborers. If one of them turns down the opportunity the employer would find someone else who is willing to work for a lower pay. When there are no regular work opportunities, the respondents are compelled to take up any hard task for any pay.

There are no fixed wages. Employers in the informal sector exploit cheap labour from poor workers. They face constant exploitation as they lack any formal academic qualifications, technical skills. They are denied access to higher jobs, legal protection against exploitation or formation of any collective organization. The insecure and irregular nature of job and lack of regulatory wage provisions creates further economic deprivation keeping them exposed to all kinds of perils without any form of social or economic protection.

Monthly Income and Approximate Hours of Work Per Day

None of the urban poor that the researcher encountered had any fixed hours of work or days of work. The work hours varied approximately between 6 and might exceed 11 to 12 hours. Those who are engaged in repairing buckets, umbrellas etc, those who did rag picking, stone sculpting etc start early in the morning and go around calling for the clients in different streets. They do not know how many miles they end up walking, sometimes without any clients for the whole day. The street sex workers, if they do not get their regular clients, wait indistinctly for some one to call them. Rickshaw pullers and tricycle pullers work till they get enough amount of money. All of-the daily wage labourers work for long hours until they make adequate money to fulfill the primary needs of their family. The street vendors usually borrow money from brokers in the morning for heavy interests to purchase the necessary things and work until they make enough money to pay back the debts even if

they run into losses. Otherwise they end up paying double the amount in interest. So it can be understood that there is no fixed timing for these people to work.

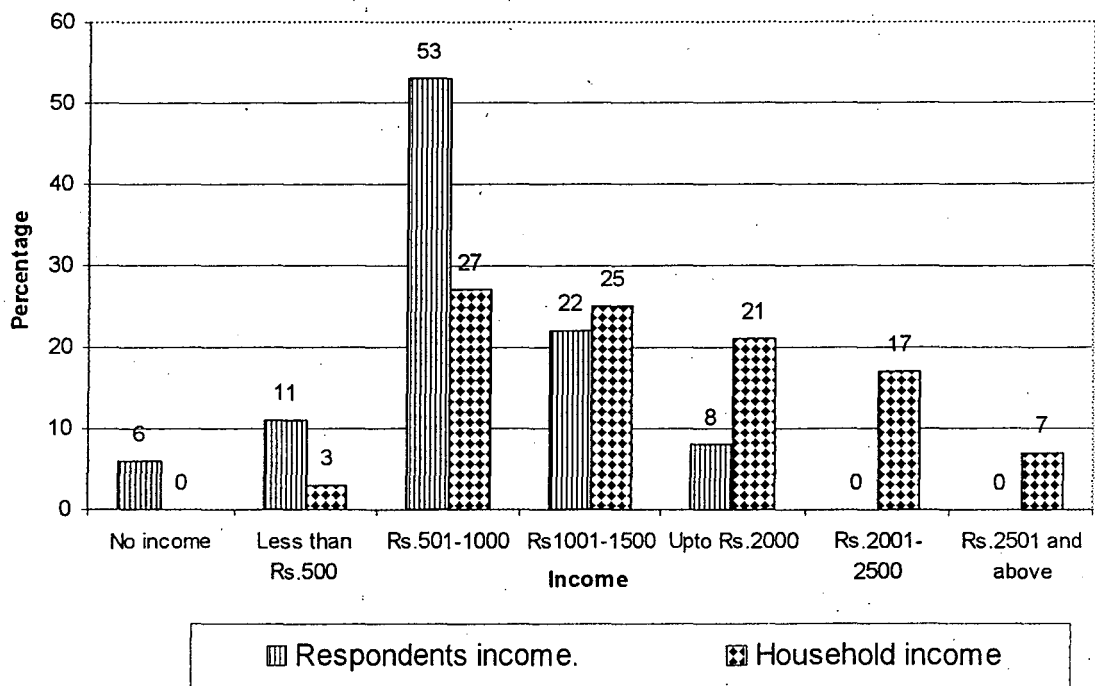
Table 4.10: APPROXIMATE HOURS OF WORK PER DAY AND MONTHLY INCOME

S.No.	Monthly Income (in rupees)	Approximate Hours of Work per Day			
		<8hrs	8-10hrs	>10hrs	TOTAL(%) N=150
1	>500	4.7	4.7	1.3	10.7
2	501-1000	10.0	34.0	9.3	53.3
3	1001-1500	2.7	10.0	9.3	22.0
4	Upto 2000	0.7	5.3	2.0	8.0
5	No income	0.0	0.0	6.0	6.0
	TOTAL(%)	18.0	54.0	28.0	100.0

The income the respondents earned depends on the nature of the occupations. However, there are no huge variations. Many of the respondents work all seven days a week and toil at least eight hours. Some of them work beyond 10 to 12 hours do not earn more than Rs.2000. The table 13 gives the details of the hours of work and the average monthly income earned by the respondents. 53% of them were found to be earning between Rs. 500-1000 per month while 22% of them earned between Rs.1001 – 1500. Only 8% had earnings up to Rs.2000. Six percent of them who stay to take care of their household activities are unpaid for their labor. The respondents said that, they could not rely on one person's income to run their family. At least two to three members in the family work; it may be their children or the aged even. They said that if one person do not get work at least someone else would earn something to cook food for that day. Even though two to three members work in the family the total earnings never exceed Rs. 300. Figure 4.4 illustrates the monthly income of the respondents as well as the total earnings of their household.

This graph shows that even if they put all the earnings together of the family, only 7% of the respondents' total household income exceeded Rs. 2,500. Seventeen percent of the respondents' total household income was between Rs.2001-2500. However the majority (76%) of the respondents' households had their total earnings between Rs.501-Rs.2000. The low level of income of the respondents is one of primary reasons that push them into the streets.

Figure 4.4: A comparative Representation of the Respondent's Income and their Total income of their Households.



Savings and Means of Savings

In spite of the fact that their earnings were low, about 22 % of the respondents had the habit of saving. Those who save money said that they did so as they were very unsure about their future with their unpredictable income. Whenever they get some extra money they save it to meet any emergencies that might arise, like illness, evictions etc. However, for the majority (78%) of the people any savings from their meager income was impossible. Those 22% who have saved some money also do not have any huge amount of money. Only

3.3% have saved more than Rs. 3000. Otherwise 10% of them had less than Rs.1000 and 8.7% had Rs.1000 to Rs.3000 as their savings.(refer table 4.11)

Table 4.11: SAVINGS AND MEANS OF SAVINGS

S.NO	SAVINGS	MEANS OF SAVING				Total (%)
		Self	Chit funds	Others	No savings	
1	Less than Rs.1000	4	5.3	0.7	0	10
2	Rs. 1000-3000	2.7	3.3	2.7	0	8.7
3	Rs. 3000 and more	0.7	1.3	1.3	0	3.3
4	No savings	0	0	0	78	78
	Total (%)	7.4	9.9	4.7	78	100

In the Parry's Corner locality the women who are friends have invented their own method of saving. About ten of them have come together and put Rs.25 each. Then they draw a chit and whoever wins gets Rs.230 for that day. The organizer takes Rs.20. the number of the person who wins is removed for the next ten days. Like that they repeat the draws for all the members. In case any of their friends has to face an emergency in terms of monetary pressure--to go to a doctor, to pay interest etc.—they help that person.

None of them had any savings in any big formal institutions such as banks. And no 'self-help group mechanisms' is operated for this group by any non-governmental organizations. About 7.4% of them keep their savings to themselves, nearly 10 percent had joined private chit funds in their locality, and 4.7% said that they give their savings to the employer. A few of them said that they save it with the teashop owners in their locality, someone whom they know for many years. As these poor lived in utter poverty mostly on the edges of starvation, their vulnerability to diseases is very high. Given their poor income and the meager savings they would rather avoid going to a doctor in case of illness and usually took easy remedies for the symptoms. In case of serious illness they end up borrowing money, which came at huge interest rates often making them more vulnerable.

Properties Owned by the Respondents

In their living space, the respondents had very little belongings. Those who were the first generation settlers, particularly the seasonal migrants had very few cooking vessels, a bundle of clothes, one or two plastic pots, coir mats to sleep and their tools they take for the purpose of employment. In the case of the permanent settlers on the streets, apart from the meager belongings mentioned above, some had huge wooden or iron boxes where they kept their important belongings they felt. Some of them who engaged in transport related occupation owned tricycle and rickshaws. Nearly forty percent of the respondents said they have house of their own in their villages. Some of them said, they have house in the resettlement colony given by the government. For the purpose of earning they are staying close to the place of work. About twelve percent said they have some land holding in their native places. Those 12 percent who mentioned about landholdings were asked about the quantity and type of landholdings. Except for 2 percent of them the ten percent of them said that they have, less than one acre of land. Of which less than four percent had fertile cultivable land. About 55.3 percent of them do not have any land in their native place and the 32.7 percent of them who were born in the city also does not any form of land holdings. The details are presented in the table 4.12

Table 4.12: LAND HOLDINGS OF THE RESPONDENTS IN THEIR NATIVE PLACE

S.NO	LAND OWNERSHIP	TYPE OF LAND				Total (%)
		Cultivable	Non-cultivable	Landless	Not applicable	
1	>50 Cents	0.7	4.7	0	0	5.3
2	51-1acre	2	2.7	0	0	4.7
3	<1 acre	0.7	1.3	0	0	2
4	No land	0	0	55.3	0	55.3
5	Not applicable	0	0	0	32.7	32.7
	Total (%)	3.3	8.7	55.3	32.7	100

Debts and Sources of Borrowing

Because of the inconsistent nature of their work and the meager earnings that they had, most of them were susceptible to debt traps. The amount of debts and the sources of borrowing money are presented in the table 4.13. Except for 12 % of the respondents, 88%

of them lived in shadow of debts. About 18.7% of them had debts of more than Rs. 5000. Most of the respondents (32.6%) reported that their debts ranged between Rs.1000-3000.

Table 4.13: DEBTS AND SOURCES OF BORROWING

S.no	Current Debts	SOURCES OF BORROWING				Total% N=150
		Pawn brokers	Money Brokers	Friends/Relatives/Work Place	No debts	
1	less than 1000	4	8.7	8.7	0	21.4
2	1000-3000	2	19.3	11.3	0	32.6
3	3000-5000	0.7	6.7	6	0	15.3
4	5000&more	0	16	2.7	0	18.7
5	No debts	0	0	0	12	12
	TOTAL	6.7	50.7	28.7	12	100

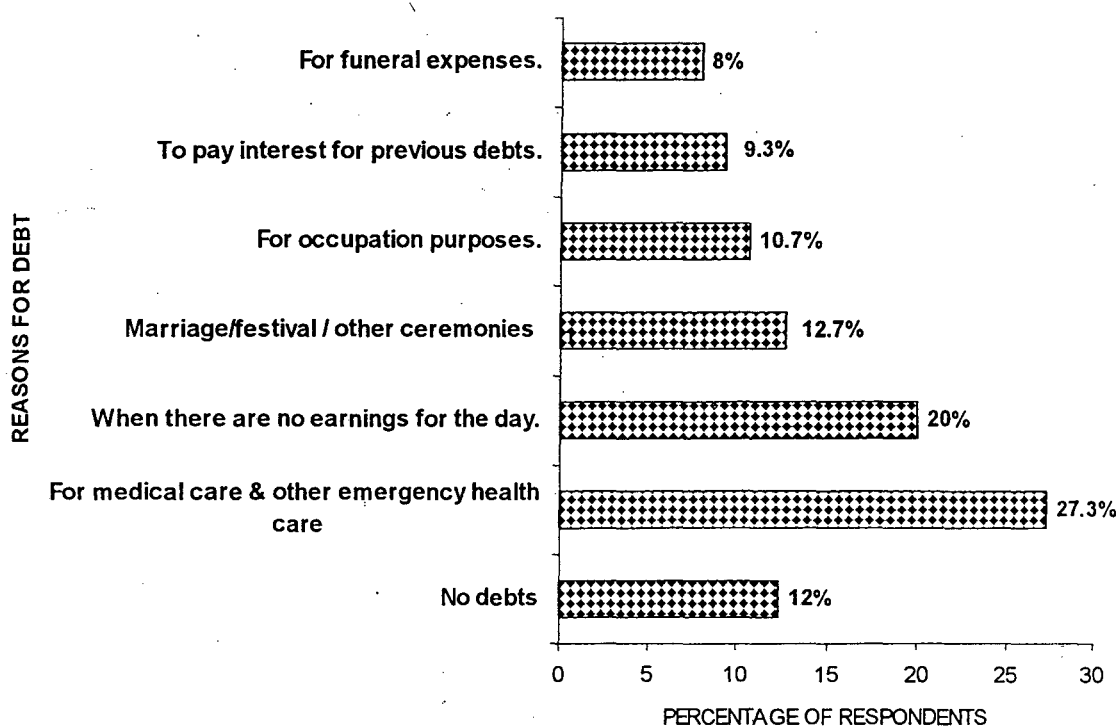
There was absolutely no formal institution they could seek loans from in times of serious financial needs. The primary sources of borrowing were varied. The respondents borrow money from pawnbrokers, from moneylenders, from their workplace, relatives and friends. From the table it can be seen that only 6.7% of them borrowed money from the pawn brokers often pledging their jewels, documents like ration card etc. The fact that only a few of them borrowed from pawnbrokers shows that the respondents had little precious things they could pledge. Nearly 51% of the respondents borrowed from money brokers at exorbitant rates of interest. The money brokers come to their place voluntarily to offer money because they would often find someone or the other in distress from whom they can collect huge amount of interest. About 29 percent have taken money from their friends, relatives, or employers.

Reason for Debts

There were several reasons expressed by the respondents for their borrowings. The figure 4.5 shows that except for 12% of the respondents, the rest of the respondents reported that they had debts. The twelve percent of the respondents have cleared their

previous debts; at the time of interview they did not owe any debts. However, some of them who earn for their living through seeking charity said they do not owe any debts to anyone. There were several reasons expressed by the respondents for their debts. Medical care and emergency health services were pointed as the two major reasons. The medical expenses recur rather frequently, as at least one member of their family fall sick once in a month. This is not surprising given the kind of living conditions that they can afford to live in; infested surroundings, poor sanitation, insufficient sewerage, inadequate shelter and the contaminated water that they get to drink.

Figure: 4.5 REASONS GIVEN BY THE RESPONDENTS FOR THEIR DEBTS



When they fall sick they are repulsed by the government health centers which harass them with numerous legal and official procedures that are beyond them. In most situations they are asked to provide proofs of identity, and they are often faced with mistrust in case of injuries etc.³ Moreover, the public health Out Patient care is accessible only during the day. It is beyond the poor who are dependent on daily wages to miss out on the earning

³ This will be discussed in detailed while we discuss health care facilities.

opportunities during the day in order to seek health care for symptoms that are 'bearable'. Under these circumstances they approach private institutions that are accessible in the evenings, outside their time of work. At private health care institutions they have to pay for everything. Thus when this poor fall ill, they face the double burden losing out on earning opportunity for that day as well as bearing the expenses of paying for medical care, along with other routine expenses like the 'user fee' to use the toilet, cost of drinking water, daily meal etc. Thus the unexpected burdens on health drive them into debt traps from where they would rarely escape.

During rainy seasons the road construction workers, rag pickers, bucket repairers, street vendors, bamboo basket weavers, cobblers, and all other casual workers cannot earn much. When there is no work there are no earnings too. That way they end up borrowing money to ward off sheer starvation. The rains not only deprive them of earning opportunities, but it also causes them further hardships. Most of them cannot cook anything during the rains as they usually cook in the open. That way they end up buying food from street vendors which is rather expensive when compared to what they cook. Thus the harsh weather and other such circumstances that deprive them of earning opportunities force them to borrow money in order to sustain their bare existence. This was reported to be the second major reason for borrowing, after the money borrowed for health care related expenses.

Some have to borrow to repay the interests to the moneylenders. Given the huge interest rates charged by the moneylenders, sometimes the poor end up paying more than what they have borrowed. For example, when they pawn their little jewels to meet some emergency, pay hefty interests every month, sometimes exceeding the original amount they had borrowed. Sometimes they would even lose their jewels in spite of the exorbitant interests they would have already paid on their mortgages.

Street vendors and hawkers sometimes borrow money from moneylenders to buy wares at an interest rate of Rs. 10 per Rs. 100 for a day. If they fail to return the money they end up borrowing it from someone else to repay the debt. That way they get caught up in vicious cycle of borrowing and repaying. Nearly 11 percent they borrowed money for the purpose of their occupation, to buy Tricycle etc.

It is interesting to note that about 8% of the respondents reported borrowing money for the various ceremonies associated with funerals. All the ceremonies usually run

up to about Rs. 4000 to 5000. Thus the frequent mortality of children and adults in the family cause an additional economic burden for this urban poor living on the streets.

Laxmi, one of the respondents who live in Egmore, recently lost her son after severe illness. He was bed ridden for a long time. He suffered from epilepsy from his childhood. It became severe when he started smoking ganja. At last he developed severe fits and went into coma. She had to spend nearly Rs2000, for the treatment. She was unable to attend him totally, as she had to go for work in order to feed the family. He passed away three months before. She had to borrow again Rs.5000 for his funeral. She had to pay Rs.1, 500 to cremate her son's body. The cycle of debt traps continue in their lives even after they die, as we saw in the case of Laxmi, she had to pay 'user fee' for the cremation charges for her son.

Thus the inconsistent earnings, insecure work opportunities, and continuous cycle of debt traps have led the respondents to live in the urban poverty in the squalor of urban streets. The next chapter presents the living conditions of the respondents in detail.

Chapter 5

CHAPTER FIVE

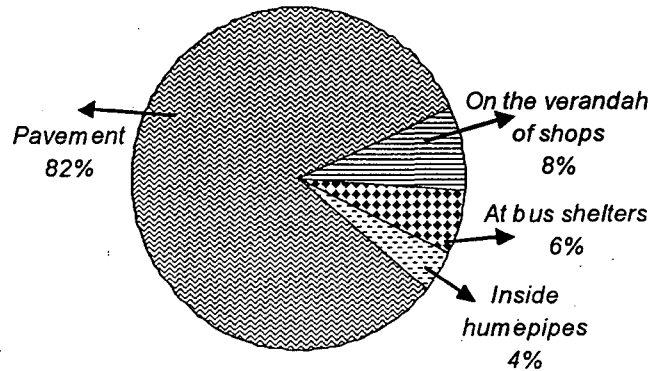
DWELLING IN THE SQUALOR OF URBAN STREETS

In the earlier section we discussed how the instability of income and job makes the poor more vulnerable vis-à-vis their day-to-day survival. Because of the inconsistency in their income they are left with little choice regarding the basic amenities for their lives. We would look into the features of settlement space, water, sanitation, disposal of garbage, the location and environmental milieu, and the mode of transportation that characterize the lives of the urban poor living on the streets and how that affect their health. As poor people who come to the cities usually end up in the informal sector where they are exploited in every possible way, they come to find living space only on pavements and other such spaces, as their meager and insecure earnings cannot provide them with any better facilities. Problems like commercialization of land and increasing cost of rent for houses put their basic right to housing beyond them.

Current Place of Settlement

After coming into the city the poor need to find some space for their living. Due to the high cost of housing in the cities, a large section of the very poor find settlements on the streets where they make temporary and impoverished shelters. Depending on the availability of space on the streets, the respondents have settled on the pavements, on the roadsides, on the verandahs of shops, at bus shelters and inside hume pipes. Figure 5.1 shows the distribution of the settlement that they live in. The Majority (82%) of the respondents were found to have settled on the pavements.

FIGURE 5.1: CURRENT PLACE OF SETTLEMENT OF THE RESPONDENTS



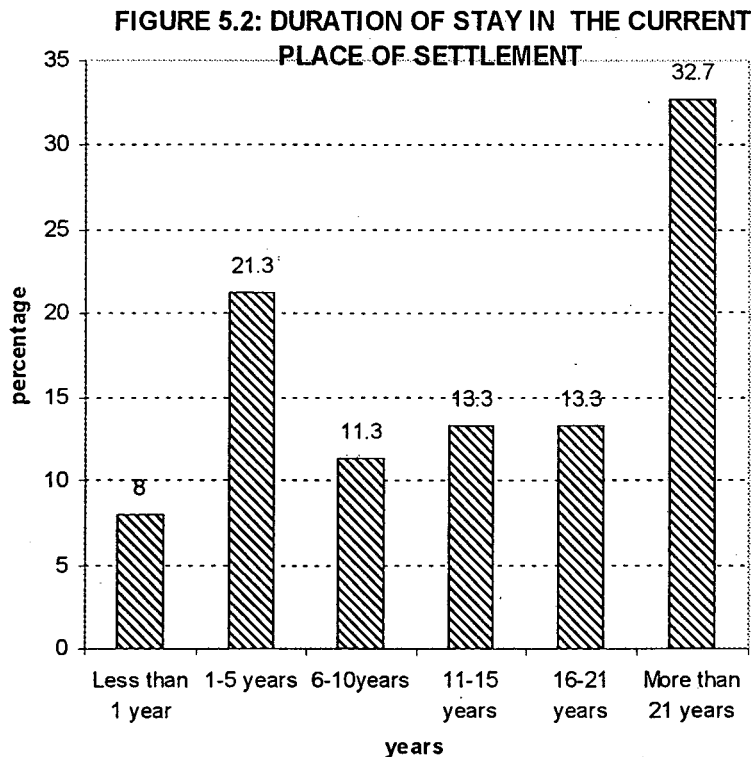
There were several reasons expressed by the respondents for settling in the current place of settlement. The first and foremost reason expressed by the respondents for choosing the current place of settlement is their inability to afford anything better with their low income. Because of their inconsistent livelihood opportunities they cannot confidently move farther from the place of employment opportunities, as they would be called to work anytime of the day. For example, a porter who lives near a market might be called for work anytime of the day. Because of the constant anxiety of finding work they tend to settle down near the place of employment opportunities in spite of all the difficulties that they are faced with. If they miss out that particular day's work opportunity they have to starve for that day. The fear of no employment and the resultant starvation makes them tolerate the poor living conditions and the non-existence of the other amenities that are essential for their living.

Even if they find some kind of regular employed they cannot afford to rent a house, as they have to expend huge amount of money to pay the advance that is required. Suppose a person wants to hire a single room house at a cost of Rs.1000, as an initial amount, he/she will have to give ten months rent as advance; that is Rs.10,000 from his/her pocket. Even to settle in a slum they have to give ten months advance. When they move to the cities from their native place out of dire poverty and economic distress, they find it beyond their ability

to pay such huge amount of money. Further the respondents were not sure whether it would be possible for them to pay rent regularly. So they found it better to stay closer to their place of work. The other reasons for which they found it comfortable at the current place of settlement was the proximity of their own community members, the money and time saved in commuting to work, availability of minimum basic facilities such as public toilet, market, water, transport etc.

Duration of Stay in the Current Place of Settlement

Figure 5.2 shows that in spite of the many problems that the poor are faced with they tend live in their various settlements for years. Contrary to the myth that people who live on the streets are wanders, nomads etc, in this study we can find that 33% of them have been born and brought up in the same place and have been living several years. Even the seasonal migrants, particularly from Salem and Thiruvanamalai region, return to the same location where they have stayed earlier for more than one year. It was found that Majority (75.3%) of them has been living on the streets for several years, particularly at the same location. In this study, except for the 8% who lived in the current place of settlement for less than a year, most others have been living in the same place for several years.



Not all the respondents had come and settled directly on the streets. Some 5.3% of them had their relatives and friends who gave them accommodation on their first arriving in the city. Since they could not stay there for long time they had to move out. When they moved they landed up on the streets, as they could not afford such huge amount of money as demanded by landlords. Some 14.3% had lived in some illegal slum colonies from where they were evicted and had to opt to settle on the streets nearer to the place of work. About 2% of them had lived in the rented house before they moved to the streets. Interestingly 3% of them have been allotted resettlement houses in the outskirts of the city. But they found the cost of conveyance too much to travel the 20 to 30 kilometers to their places of work. They had to move to their current place of settlement for its proximity to their places of work. Some of them find work opportunities only in the night like in the case of loading/unloading, porters etc. Street vendors have to travel to markets early in the morning to procure various goods. These people face the problem of commuting from their places of settlements, as most of the public transport does not operate at these times. They find it convenient to stay on the streets near the place of their occupations and go home only once in two weeks. The plight of the second and the third generation settlers who have been staying in the same place from their birth shows the continuous callousness of the governments towards this people, their failure to provide social security measures and to devise a suitable rehabilitation strategy.

'Welcome to Our Home': The Perception of the Respondents about Their Living Spaces

Though there was no formal housing structure for the respondents, the researcher noted that respondents treated the small space they lived on the streets as their own home. One of the respondents, Suganthi, living in Parry's corner warmly welcomed the researcher like this, "Welcome to our bungalow, this is the place we have been born and brought up, we treat this place as our home, we cook, eat, chat, greet and live our life here". Though these people are called 'homeless', 'houseless', 'shelterless', 'street dwellers' etc, the respondents had a totally different perception about their living space. The respondents who had been living in the same place for several years have developed a strong sense of attachment and every family had created their definite space, where they have lived for

decades, and carry out all the important activities such as cooking, sleeping, greeting their relatives etc. like in any other home (Plate 5.1).

The second and third generation settlers have had all the various ceremonies associated with their lives in that place, like conducting marriage, observing rituals, celebrating religious festivals as well as carrying out funeral ceremonies of their family members. In some cases the respondents had written things like the important dates in their lives like dates of birth and of death on the compound walls adjacent to their dwellings. Whenever their shelters were dismantled during the eviction raids it usually creates a deep sense of loss in them. In the case of eviction drives where they were not provided any alternate arrangements or protective measures, they had come back to the same place.

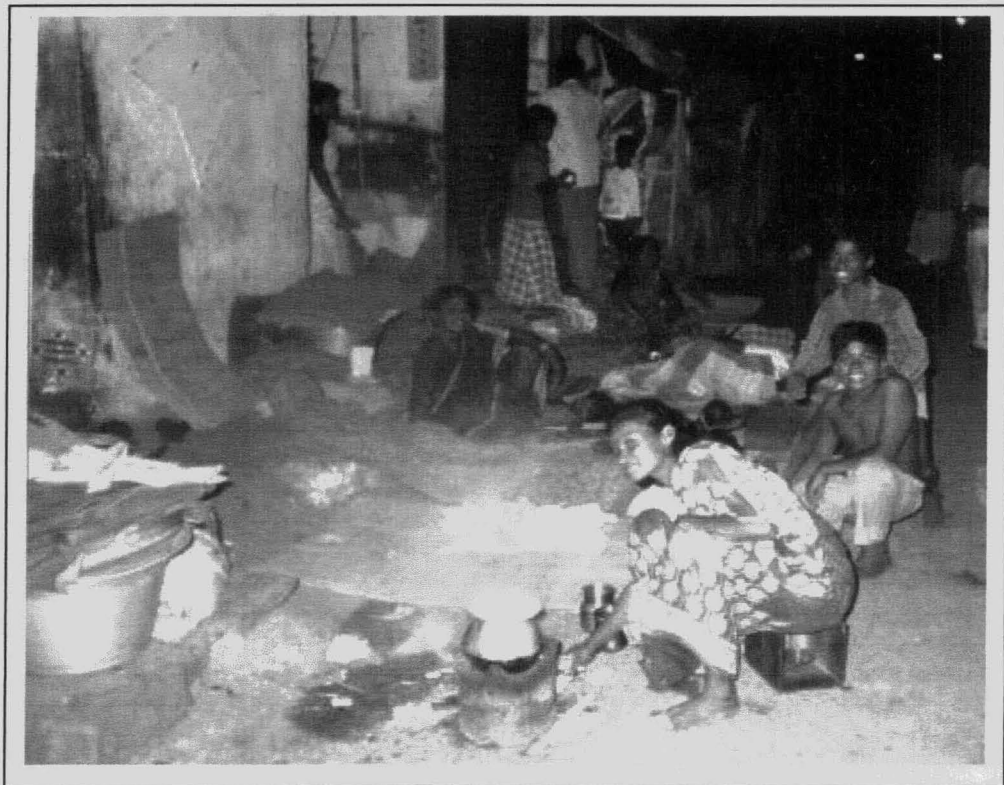


Plate 5.1: MAKING A HOME ON THE STREETS

Type of Shelter and Their Cost

The following table 5.1 lists the type of shelter in which the respondents live in and the cost of building them. Though a few (32%) of the respondents have managed to created some impoverished shelters for them, most of the respondents (68%) lived in the open

space, without any form of roof over their head. They sleep in the open space on the pavements and on the roadsides.

Table 5.1: TYPES OF SHELTER AND THEIR COST

S.No	TYPE OF SHELTER	EXPENSES FOR THE SHELTER				Total (%) N=150
		Less Than Rs.100	Rs.100-150	More Than Rs.150	No-expenses.	
1	Tarpaulin Sheet	3.3	15.3	6	0	24.7
2	Clothes & Sack	1.3	2	0	0	3.3
3	Hume Pipes	0	0	0	4	4
4	Open Space	0	0	0	56.7	68.0
	Total (%)	4.7	16.7	6	72.7	100

Those who have some form of shelters have found some space where there is not much of public intrusion, like the corners of the sidewalks of the roads, near open drains, next to garbage bins, closer to public toilets etc. twenty eight percent of them had made their shelter on the roadsides, with flimsy materials. Near K.K. Nagar and New Avadi road a few people have built some raised floor with mud with the surface covered, like with the smearing of cow dung on it. Those who had been living for several decades have put a layer of cement on the floor. During the eviction drive the bulldozers destroyed the whole structures. Roofs are usually made of tarpaulin spread out between wooden poles or stretched from the neighbouring compound walls. They approximately spend about Rs. 200, for their shelter.

Whenever there is a fierce wind the tarpaulin roofs fall over them with the stones and sticks supporting them and usually injuring the poor. Their shelters are fixed in such a way that they could remove them and save them from the municipal authorities during forcible evictions. In some cases they use flattened tins, pieces of wood, old mattresses, used cement jute bags, old clothes and palm leaves for a roof. These materials are easily combustible and live in constant fear. Some of the respondents in the New Avadi road had their settlement badly burned during the recent eviction and had lost all their little

belongings. About 4% of them have made homes out of big Hume pipes, which were left in the corner of the roads.

Living Space

The floor space and the height of their shelters are very less when compared to even the small huts in slum areas. One has to nearly crawl into them. Inside the dwelling area one cannot stand erect. The floor space of settlements that have been there for several decades in the same location was less than 40 square feet. 5 to 6 members of the same family huddle into very small space. They usually sleep outside on the road, as their dwellings are too small. During rainy seasons all the members pack themselves in the small area. Most of the household activities such as cooking, eating, washing utensils, washing clothes, bathing, family gatherings, entertaining guests, studying as in the case of children, sleeping etc. are generally carried out in the open space. They carry out their lives in the little 'illegal' spaces they have.



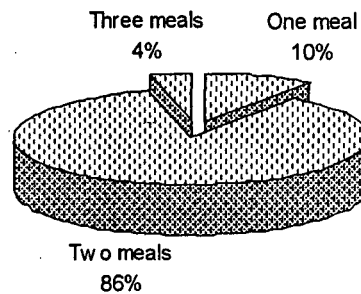
Plate 5.2: FINDING SHELTER IN THE HUME PIPES



Plate 5.3: VYING FOR A SPACE: AN URBAN POOR FINDING SOME SLEEP ON A PAVEMENT BETWEEN HIS BUNDLES AND A DOG.

Some of the older settlements, particularly in the central business area in the city like Parry's Corner, the living space of the urban poor have been converted into car parks. The domestic lives of the urban poor have been limited to morning or late in the evening hours when these car parks fall vacant. They can prepare food only late in the evenings. As most of the respondents depend on their everyday earnings, they purchase provisions for cooking only after getting their wages. More than 60 percent of their income is spent on food. Though they spent most of their earnings on food, not all of them could afford to have three complete meals a day. The number of meals taken by the respondents is given in the following pie chart (figure: 5.3).

Figure 5.3: NUMBER OF MEALS TAKEN BY THE RESPONDENTS



E

Even though, majority (86%) of the respondents could afford two meals a day, it does not mean they take two complete square meals, usually in the morning they buy breakfast from the street vendors only at night times they cook on their own to have their meals. Ten percent of them said they take only one meal a day. Only 4 % of the respondents take three meals a day. Seventy two percent of the respondents said they cook their own food. 26 percent of them said that they had it at cheap food vendors and 4 percent recieved food through charity. The respondents felt that they could save a lot on their expenses on food when they cook their own food. To buy food for three meals a day, they have to spend about Rs.30 to 40 for one person. When they cook food they could manage food for four people with just Rs.100. Those who live with the families cook their own food and bachelors as well as those who stay alone purchase food from nearby food vendors. The destitute who relied on charity for a living, seek food from temples, railway stations, bus stand from the people. As it is difficult to cook during rainy season they have to spend money to buy food from street vendors. Sometimes they get the leftover food from hotels and sell it for nominal price to others.

Most of them consider food as their primary need and want to have at least two meals a day so as to have physical energy to earn the hard way. In spite of the fact that they spend most their income on food, only 4 % of them get to eat three meals a day. The majority of them get to eat only two meals a day and some of them eating only one meal a day. As many depend on the daily wages for their day-to-day existence, whenever there is no

work for a day it directly affects their intake of food too. The appearance of pale look and thin body shows their under-nourished status due to the near starvation that they live with.

Lack Of Adequate Sleep

Sleep is very essential for rejuvenating one's body and that way in maintaining good health. But these poor cannot afford adequate sleep even. Even when they are sick or they work whole night they cannot find a place to rest as the streets continue to be busy with constant traffic during the day. About 84% of the respondents could sleep for 4 to 6 hrs. If they go to sleep at 12 'o clock midnight they wake before 6 in the morning. Once the city becomes busy they cannot continue to sleep even if they desire to do so. Many a time even the limited time available for them is disturbed by the police patrols who would chase them off. In extreme conditions of weather like in rain or in winter they spent the nights awake with out any shelter.

Accessibility to Basic Amenities

In most of the settlements of the urban poor living on the streets there were about 600-1000 people living. Most of these settlements were at places where they could avail minimum basic amenities within one to three kilometer radiuses. Every area of settlement had one or two government run public toilet. Not less than 300 people avail these toilets a day. Table 18 details accessibility patterns of the basic amenities such as toilets, bathing and washing clothes. About 94% of the respondents used government run public toilets. Though majority of them use the public toilets, about 6 percent go to toilet in open spaces, particularly those who live close to the railway stations. Even those who lived near the public toilet avoided unclean toilets and wait till it gets dark and go to nearby bushes.

Most of the times the adults are compelled to use the toilet facility, because they cannot go in open space living in the midst of the city. However, small children usually defecated in open spaces. The unhygienic situation that these people are forced to live in, usually add to their woes in terms of ill-health as many of them frequently suffer from diarrhea as well as various infections.

One of the respondents, Ragu, from Zam Bazaar area suggests the health hazard that the urban poor living on the streets bear with: "If I have diarrhea I end up spending Rs. 8 to 10 for using this toilet itself, more than the costs of the medicines. It is too much for us to

pay for all these basic amenities in the city whereas in our villages we never pay for these things. Even when we don't have money for adequate food we are forced to pay a 'user fee' of Rs.2 every time we use the toilets ”.

Another women respondent, Shanthi from Parry's Corner area said, "I find it very difficult to use these public toilets during the days of menstruation. In spite of collecting money from us they do not maintain proper facilities for any waste clothes disposal in the toilet. The water kept for washing is very unclean. Many a time I have suffered from irritations and pains while urinating. When there is any blockage, they do not repair immediately, we have to walk on this sewage water. There are no proper lighting inside the toilets and the stench around there is unbearable. Even if we do not want to use these toilets, there is no other option left for us."

Table 5.2: ACCESSIBILITY TO BASIC AMENITIES

S.NO	ACCESS TO BASIC AMENITIES	Public/corporation	Open space	Work place	Total (%)
1	Toilet	94	6	0	100
2	Bathing	64	24	12	100
3	Washing clothes	50	39.3	10.7	100

Only 64% of the population utilizes the public bathrooms and 50% wash clothes in the public bathrooms. They have to pay a "user fee" of Rs.5 for bathing and washing. If four members in the family have to take bath regularly they spent about a quarter of their daily earnings. Some of them who were too poor cannot bear even these expenses. About 24% said that they use the open space to have bath and nearly 40 % of them said they wash their clothes on the streets in the night after 11 or early in the morning when there is no traffic or any other disturbances from the police or the public. Some of the women respondents wait till late night to have a bath, as they do not have any privacy (see Plate 5.4)



Plate 5.4: WOMEN WAIT TILL THE MIDNIGHT FOR THE ROADS TO BE EMPTY TO CARRY ON THEIR CHORES

Some of the respondents who work as construction workers have their bath after they finish their work. Their poor access to bathing and washing often results in skin infections. Even if medicines are prescribed for such infections they would hardly have any impact as they go back to unhealthy conditions.

Access to Water

Access to clean water and sanitation facilities is a constant problem faced by the respondents. The table 5.3 the details of the respondents access to drinking water. Only 36% of the respondents could avail the metro water. Not all the respondents get water free of cost, except for those respondents who live in new Avadi area, where they are settled near metro water tank. They get one or two 'kudams' of water freely from the metro water supply lorries. For others it is everyday struggle to get some drinking water, putting them at risk of water related diseases.

Table 5.3: ACCESS TO DRINKING WATER

S. No	ACCESS TO DRINKING WATER	Number	Percentage
1	Metro Water	54	36
2	Pump/Tap Water	57	38
3	Private Sellers	39	26
	Total	150	100

Those who get metro water, have to pay at least 50 paise to one rupee per 'kudam' of water, which is about 15 litres. In some places the private sellers supply water for Rs. 2 per 'kudam'. Some of them get drinking water from hand pumps metro water supply. The respondents said this water is usually contaminated as it comes unfiltered; sometimes with the rust, or mixed with sewage. Though they felt it was not safe to drink, they are left with no option but to use it. They use the water from bore wells for washing clothes, washing utensils, for bathing etc. where ever it is available. Sometimes the frequent repairs of these hand pumps results in interruption of the water supply. When this happens, the officials who are supposed to maintain the water supply do not heed their complaints.

Garbage Disposal and Sanitation

In the absence of adequate sanitation facilities, almost 87% of the respondents said that they just dumb the garbage in the open space. About 8% burned it and those 5.3% who have the corporation dustbin close to their settlements use these dustbins. The garbage around the living environment of the respondents becomes an open site that attracts all the vectors like the mosquitoes, flies, and rats. The respondents also said that all the places around their settlements become contaminated with excreta during the rainy seasons with the drainage overflowing due to poor sewerage. When it rains the whole living area becomes very slushy and muddy.

The vectors such as cockroaches, mosquitoes, flies, and bugs live, breed and feed in the living environment of the urban poor living on the streets. The researcher observed that the respondent's children play around in such unhygienic environment. And the respondents carry out all the household activities like cooking, eating sleeping in this open environment.

Most of them walk with their bare feet. These hazardous living environments cause several health problems to the respondents.

Light

Though the city glows with bright lights across shopping malls, hoardings, cut outs of politicians etc. the urban poor living on the streets depend on kerosene lamps in the night. Those who have settled near the streetlights are better off. The researcher observed some the respondent's children study under this streetlight. Poor lighting makes the poor vulnerable to rat bites, snakebites etc.

Living on the Edge: Uncertain Settlements

If the living condition of the poor is despicable, even the little they have is also under constant threat. As cities are being prepared for the elite investors, governments across the country are on a drive to banish the poor survivors. In Chennai too the beautification drive has been targeting the poor who live on the streets. Ironically, it is these very poor whose employment is exploited in building the corporate hubs. Once the work is done the urban poor living on the streets who are nobody's citizens are disposed off. The recent anti-encroachment drive launched by the Corporation of Chennai since August 2003, has caused unforeseen miseries to the poor living on the streets.

The experiences of the people who are evicted was saddening. Siva, who has been living in Sembudoss street in Parrys Corner for more than 20 years, had a harrowing time when the police appeared unexpectedly and dismantled their dwellings.

“There are no prior notices given to us regarding the eviction. A whole team of police and corporation officials came with the bulldozer to demolish and to take away our little belongings. When we asked for alternative settlements they were too brutal and used abusive words. They threatened to arrest us or impose huge fines if we questioned them. In fact they even lathi-charged us to chase us away. Some of us are even injured. We can't even question them about their brutality. They call us illegal encroachers and claim that they can punish us under the municipal laws accusing us of obstructing the traffic. We hardly stay in our living spaces during the day. It is fully utilized as a parking place for huge cars of big business men over here. It is only in the night that we use this little space to sleep. Otherwise we keep our belongings in a corner without obstructing anything. Probably they don't want us to live here because we are too poor. Who will fight for our justice? We are so poor that we can't arrange any lawyers to fight for our dignity and security. We don't have any option as we cannot afford rented houses, and our earnings are

have any option as we cannot afford rented houses, and our earnings are dependent on manual labour, what these businessmen provide. Whenever they offer us jobs we have to be present or else we lose our opportunity. Losing the opportunity means starvation for the whole family. In the last three months, from August 2003, our lives are wholly disturbed because of this eviction-drive and brutality of the police”.

Radha, has been living in Sembudoss street in Parrys corner for more than 30 years.

“It is almost three months since our family as well as all the people in this area have had proper sleep and food. During the anti-encroachment drive the policemen were very harsh and they broke all the utensils as well as the mud-stove and ordered us to vacate. From then on I could not cook food here because of the fear that they would attack us any time. Spending money to buy food for the whole family from hotels is a costly affair. Every day I fear to light the stove. Now a days all of us do not even eat a single proper meal a day. Why should this kind of trouble come to our life? We have lost our sleep and we starve because of the problems that we face. Don't we have an option to exist in this world? I work as domestic servant. Whatever remaining food is given by the family I work for, I bring home for my children and my husband. I cannot afford to buy food everyday from hotel. This kind of torture is unbearable. I really do not know what is going to happen the next moment, because our life is under constant threat. Why do they have to humiliate us like this and torture our life?”

Muthaih is a migrant from Tiruvannamalai who is settled on new Avadi road for almost two years.

“When the eviction drive happened most of us were not here. We had all gone for work while the big bulldozers demolished the small tents. There was a fire accident during this demolition and every thing was burnt. Many lost their little belongings like clothes, vessels etc. When we came in the evening, none of us could locate any of our personal belongings. Out of dire poverty in our villages we come here to do back breaking jobs, to earn some money to fend ourselves. With these meager earnings somehow we run our lives. But this eviction-drive has tormented our lives. Where can we go? Though some of us tried to rent a house, it is beyond our reach because paying rent would take more than half of our monthly income. After paying the rent we would not have any money to send home. We have lost our peace and are very confused about the by the government's anti-poor attitude. They neither provide us any help in our village to sustain our life their, nor do they allow us to lead the life in the city.”

The recent eviction drive has exposed the extreme vulnerability of the poor. It has totally affected their livelihood as a resultant they get into debt traps again for their survival.

Since they have nowhere to go they come back to the same places from where they have been evicted as these places have been home to them for decades. Moreover these places provide them with the little employment that is possible.

Some of the field work employees of Chennai for Change, who work for the urban poor living on the streets felt that,

“ It was an utter waste of time for the Corporation officials and Police who engage in this eviction drive. The people who they chase out were not given an alternative choice of settlements, and after a few days the people come back to their original place of settlements for their livelihood. The poor suffer badly because, the corporation employees demolish all their belongings, and the eviction process is an act of looting the little belongings that the poor have. The state instead of providing a safety net for the poor, have begun to attack them. Some of the police officials are so crude that when the poor people resisted or questioned the eviction they even lathi charged them”

When approached, the police authorities defended their action and denied any excesses. When the police officials were asked about the allegations of brutality, one of the Sub Inspectors said, “ I believe that the role of a POLICE personal is to be Polite, Obedient, Loyal and to maintain Integrity and be Committed while Exercising our duties towards the state. So we have orders from the government to carry out our responsibilities. We have to follow it strictly so as to maintain the law and order. There is no provision in the city laws permit people to reside wherever they wish to settle. The pavements are for the pedestrians to walk on and not for anyone to live with the family. It is illegal if they do it, in spite of warnings. That’s why we have to employ some strict measures to evict them.”

A social activist, who works for the welfare of unorganized laborer’s, Ms. Geetha, feels that,

“Even though the Article 21 of the Indian constitution ensures the ‘Right to life’ for all the citizens, in practice it just remains on paper. In reality the poor labourers are harassed. The various institutions of the state do not care about what happens to the livelihood of the people or to their life. I am aghast at the plans of the state administration to create Chennai city as a global center by developing it like Singapore and Malaysia, so as to attract lot of foreign investments. They are not bothered about poor people’s sufferings. The chief minister has forgotten the fact that, Singapore does not have villages whereas Tamil Nadu State has lot of poor people struggling for their livelihood in the

villages. When the poor come to the city they are tortured by the rigid rules and regulations. Even the laws, which are supposed to protect the rights of the people, have been misused largely to suit the needs of the ruling class. It is increasingly difficult to fight for the rights for the poor through the judicial system as the ruling classes have been utilizing the judicial system to their advantage. The Tamil Nadu government ruthlessly enforced the eviction-drive of the pavement hawker's and dwellers as part of the beautification of city."

Upadhyay (2003), a Supreme Court lawyer, explains how the urban poor in the city has been pushed 'Further to the margins by law'. "The courts have drifted far from their humanitarian past, and presently show their judicial aggression against the urban poor." In the well-known *Olga Tellis versus the Bombay Municipal Corporation* case in the mid eighties, the Supreme Court declared the 'Right to livelihood' as part of the fundamental right to life. The eviction of slum dwellers and "unauthorized" occupants, the court felt, would lead to deprivation of their livelihood and consequently to the deprivation of life. Recognizing slums as a reflection of structural social inequality in the country and seeing them as the 'hell on earth', the court stated that 'Human compassion must soften the rough edges of justice in all situations' and that 'the humbler the dwelling, greater the suffering and more intense the loss'. Around the same time, in another case, the Supreme Court directed the authorities to provide alternative accommodation to the slum dwellers in Madras adding that the Government should continue evincing dynamic interest in improving the conditions of slums, and wherever that was not possible it should provide alternative accommodation. But the same Supreme Court over a few years developed a completely different view about the urban poor. In the year 2000, in the *Almitra* case in Delhi, it is declared that, "Rewarding an encroacher on Public land with free alternate sites is like giving a reward to a pickpocket. This lack of planning and initiative on the part of respondents cannot be replaced by an arbitrary system of providing alternative sites and land to encroachers on public land." This observation has become decisive in the subsequent judgments on slums, particularly in the High Courts of the country. On this basis the Court went on to quash the State Government's policy that required alternative sites to be provided to slum-dwellers occupying public land before they can be removed from such public land. It is worth noting that invariably in all such cases the Court finds and concludes that that government's total inaction has created the problem and exacerbated it. Yet there has been no effective direction that questioned Governments accountability in this regard.

These accounts given by Upadhyay (2003) holds true in the recent eviction drive launched against the poor in Chennai city who live on the pavements and roadsides and other squatter settlements. Without providing any right to alternative accommodation, their settlements were bulldozed completely. When the researcher held discussions with some of the government officials of Tamil Nadu Slum Clearance Board and Madras Metropolitan Development Authorities, the same views were expressed, that, 'These people cannot stay the way they like to on the road sides and pavements. It is considered illegal according to corporation laws. They were already given accommodation in the resettlement areas. They don't want to live there. Sometimes they sell off their plots and come to the city. There is no legal approval for them to stay on the roadsides; it is an obstruction for the pedestrians. That is why government is taking action against them'.

What we can see from these accounts is the state, which is supposed to protect the rights of its citizens and ensure security needs, has changed its role by disowning them. The current dominant practices happening today in the cities against the poor can be characterized by an unmistakable judicial aggression that distorts every basic human right to livelihood of its citizens particularly for the urban poor and largely the poorest of the urban poor who dwell on the streets.

To summarise, Living in poverty in the squalor of urban streets for a bare survival is definitely less than human. Out of their poverty they have to pay for every basic need. Even then they are not rewarded with adequate amenities. Perhaps they get better opportunities to earn some precarious little, enough to meet their hunger, which may not be possible in their native place when there are not enough earning opportunities. This condition may force them to continue to live these precarious living conditions. For the poor when they try escape from one form of poverty they end up in other forms of exploitation and poverty. The next chapter looks into the impact of their precarious living conditions on their health and remedies available to the urban poor living on the streets.

Chapter 6

CHAPTER SIX

HEALTH PROBLEMS AND ACCESSIBILITY TO HEALTH SERVICES

We have looked into the perilous working conditions and living environments of the poor in the last chapters. These situations are not isolated issues and have their telling effects on the health conditions of the poor. Health has often been taken as a bio-medical condition and most of the studies on the urban poor living on streets have ignored this aspect of their lives. A look into the various diseases that they have been suffering from would reveal the relationship between their socio-economic conditions and their health. In chapter 4 and chapter 5 we have seen how their work conditions and living environment are precarious, and often life threatening. Living in the squalor of urban poverty, in despicable living environment infested with pests and vectors, deplorable basic amenities, living under the looming threat of being evicted from the meager settlement and the loss of their little belongings, working in hazardous conditions with low and inconsistent income, and being exploited at every step, take its toll on the physical and mental health conditions of the respondents. The researcher has probed into the common ailments that the study population often suffered from, for which they sought treatment in the two months before the time of interview: September and October 2003. The details are presented in table 6.1 and table 6.2.

Table 6.1: ILLNESSES AND SYMPTOMS TREATED

(Multiple responses)

	DISEASES TREATED	Male	Female	Transgender	^{N=150} Total
1	Malaria	11	12	1	24
2	Typhoid	3	2	-	5
3	Diarrhea/ dysentery [Bethi/setha bethi]	8	14	3	25
4	Tuberculosis [Kasa noi]	17	9	-	26
5	HIV infected [Aids noi]	1	1	-	2
6	Jaundice [Manjal kamalai]	9	3	-	12
7	Injury [by accident, burns, violence]	17	12	-	29
8	Dog bites/ rat bites [Nai, Eli kadi]	3	2	-	5
9	Uterus cancer [Karba pai puttru noi]	0	2	-	2
10	Piles [Mulam operation]	2	0	-	2
11	Leprosy [Kushtam noi]	1	0	-	1

Table 6.2: SYMPTOMS FOR WHICH MEDICAL HELP WAS SOUGHT

	SYMPTOMS FOR WHICH MEDICAL HELP WAS SOUGHT	Male	Female	Transgender	Total
1	Fever [Juram]	15	23	2	40
2	Severe cough [Irumal]	9	14	-	23
3	Wheezing [Muchu vanguthal]	9	8	-	17
4	Cold and phlegm [Sali, jalathosam]	10	7	-	17
5	Skin itching [Arrippu]	9	10	1	20
6	Boils wounds and lesions [Punnu]	2	6	-	8
7	Dizziness [Mayakkam]	5	9	-	14
8	Vomiting [Vanthi]	9	14	-	23
9	Fits [Vallippu]	6	0	-	6
10	Burning sensation in the stomach [Vaithu yerichal]	6	7	-	13
11	Burning sensation while urinating [Muthira vayil yerrichal]	12	14	-	26
12	Eye pain [Kan vali, Madras eye]	2	6	1	9
13	Ear pain [Kadhu vali]	2	2	1	5
14	Tooth ache [Pal vali]	4	13	-	17
15	One side head ache [Otrai thalai vali]	1	0	-	1
16	Chest pain [Nenchu vali]	9	14		23

The respondents reported more than one illness. This suggests the extreme vulnerability of the population. Not all the respondents who were interviewed were able to name the diseases they sought treatment for. This is mostly because of the lack of awareness among the respondents about health itself. As most of them had not had any kind of formal education, this is not surprising. Many of them were able give only the symptoms. Interestingly, from the interactions that the researcher had with the respondents it was gathered that they sought medical help only when it hindered their capacity to earn a living. The most frequent problem they faced was fever, which was reported by 40 respondents. If we add malaria and typhoid fever, it comes to 69 out of 150 respondents who have had fever in the period of two months. This shows that their living conditions are the breeding grounds of vectors as we have seen in the last section. The next highest reported illness they got treated for was injury (29 respondents) caused by accidents due to occupational hazard, some of them due to burns and violence.

The other major ailments the respondents got treated were tuberculosis (26), burning sensation while urinating (26), diarrhea/dysentery (25), malaria (24), vomiting (23), severe cough (23), and chest pain (23). Nearly 20 of the respondents said that they got treated for itching. The other ailments reported by them; were wheezing, cold and phlegm, tooth ache, dizziness, jaundice, eye pain, wounds and lesions. Few of the respondents reported that they received treatment for typhoid, ear pain, fits, chronic headache on one side, dog bites and rat bites. In the sample population of 150 that have been studied, only 2 of respondents reported to have diagnosed of HIV infection. One of the respondents is undergoing treatment for leprosy.

Most of the illnesses reported by the respondents are infectious in nature. Most of the illnesses reported by the respondents—malaria, typhoid, jaundice, diarrhea, vomiting, fever, malaria, tuberculosis, skin infections, cold, cough, conjunctivitis, irritations in the urethra, sexually transmitted diseases, HIV AIDS, leprosy—all belong to infectious category (Park and Park, 1997). Their unhygienic living environment is a mine of infectious ailments. Lack of proper sewerage, contaminated drinking water, living in surroundings, which are infested with flies, mosquitoes, other viruses and bacteria, can directly serve as the source of infection. The very fact that 29 respondents reported injury shows the hazardous nature of occupations the respondents are involved in. Problems like poor vision, chest pains, backache, and joint pains, loss of appetite are probably due to lack of adequate nourishment. When they are undernourished, their susceptibility to illness is very high.

There were no noticeable gender-wise variations observed in the illnesses and the physiological symptoms by the respondents. Though more men suffered from tuberculosis, jaundice, injury, and fits, and more women from malaria, diarrhea, fever, cough, dizziness, wounds and lesions, vomiting, eye pain and chest pain, the size of the study population is not big enough to draw any significant gender-wise patterns. Since the proportion of the sample transgender in the study population was small, we were not able to get varied responses. Similar problems faced by the transgender population are the same as those experienced by men and women also suffered from.

Though all the respondents feel the burden of illness in a same way, in cases of women the experiences they undergo in their life could be worst. The following life story of Vimala illustrates how being a women and poor can be more vulnerable.

Vimala comes from a small town near Kanchipuram. She is 32 years old and lives alone on a pavement in Parrys Corner. Her main source of income is commercial sex work. When Vimala was studying in 4th standard her mother passed away. Her father was a street vendor who used to sell small plastic items and her mother used to be a food vendor. When her mother died the economic condition of the family worsened. After her mother's death her life has been torturous. Her father married for a second time. When her stepmother conceived, the problems started for Vimala, she was stopped from going to school and made to do all the household work. When things was getting worse her father decided to leave her in Madras city in one of the relative's house. They decided to send her to work as a housemaid.

She worked in a rich Marwadi house in Chennai and sent money to her parents. When she reached puberty at the age of 14 years, her world was confined only to the four walls of the house. Her master's son exploited her ignorance and abused her sexually. Once her employers came to know about her pregnancy they concocted a story to sent Vimala away. She was accused of stealing a gold chain and was thrown out.

When she went back to her relative's place, they took her to a government hospital to abort the child. Doctors did not oblige, as she was very weak then. She gave birth to a premature baby who died after few days, due to some heart problems. Vimala could not take the severe blows that followed one after the other. She decided to end her life and made a failed suicide attempt. After this incident she did not want to stay in her relative's place. She came out, and did not have any place to go.

With no skills, education and no support she felt lost on her own. Faced with hunger she entered commercial sex work. Whenever she tried to enter into a relationship her trust was broken. She says, "People could see my body as a commodity, no one understood me as a person or accepted me as a human being with feelings. It is not that I enjoy what I do or derive sexual pleasure. It is painful to humiliate my body this way for my survival. When I think about my condition I cry to myself".

She often suffers from urinary tract infections and STD. She has a fear of getting HIV all the time. So far she has not tested positive. "Sometimes men behave very rude and harsh, I don't have a say there except to oblige, because if I don't get that money I cannot fill my stomach that day". Now she has become very weak, she could earn a very meager amount which is hardly enough for her food and medical expenses. As she cannot afford any other

amenities she stays on the pavement. The neighbors who live with her on the pavement take care of her whenever she falls seriously ill or for any other emergency. To forget her worries she consumes alcohol every day. She is uncertain about her future.

Vimala's life brings out how poverty in itself can be an illness. She has faced violence physically, emotionally, economically and socially since her childhood. The experience of a poor man in this case would be a certainly a different one from that of Vimala. Being a 'women', viewed by others as an object of sex that can be consumed, in itself has been a serious problems in her life. The sexual exploitation, the unwanted pregnancy, the suicide attempt when she lost her child and the pain she undergoes everyday at the hands of her customers, the infectious diseases she suffers, the fear of acquiring fatal diseases, the disillusionment and fear about the future, all these portray how being a women and poor can be dangerous in terms of physical and mental health.

Symptoms for Which Treatments were not Sought for

The respondents were also asked for the symptoms they did not seek any kind of treatment for so far. Often they reported more than one symptom that they suffer from. This could be because of the fact that they are unaware of the various issues related to health, in most cases the relationship between symptoms and diseases. Probably they consider these symptoms to have become a part and parcel of their every day routine. Moreover, most of the poor procrastinate about seeking help regarding their health, until the diseases threatens their economic activities. Forty-seven of the respondents said that they have joint pains and twenty-six of them suffered from backache. These they never considered illness. The other symptoms they reported were poor vision, poor hearing, chest pain, sleeplessness, poor appetite, sudden bloating, mild fever, patches in the skin, mouth ulcer, menstrual problems, swelling in the throat, swelling in the head etc. The table 6.3 below gives lists some of the common symptoms that the respondents usually ignore.

Table 6.3: SYMPTOMS FOR WHICH THE RESPONDENTS DID NOT SEEK TREATMENT (multiple responses)

S.NO	Symptoms not treated	Male	Female	Transgender	Total
1	Head ache [Thalai vali]	6	2	1	9
2	Back ache [Mudhugu vali]	12	13	1	26
3	Joint pains [Muttu vali]	21	25	1	47
4	Wounds [Punnu]	3	3	-	6
5	Minor burns [Nerrupu kayam]	2	1	-	3
6	Cough/cold [Irumal, Sali]	1	1	-	2
7	Mild fever [Sadha juram]	13	10	2	25
8	Swelling in the throat [Thondailla veekkam]	2	3	-	5
9	Swelling in the head [Thalailla veekam]	0	1	-	1
10	Patches in the skin [Themal]	1	7	-	8
11	Sleeplessness [Thukkam varalai]	9	2	1	12
12	Poor vision [Kan parvai mangal]	9	11	1	21
13	Poor hearing [Kadhu kekkalai]	5	3	-	8
14	Numbness in the part of the body [hand, legs [Marrathu pothal]	3	3	-	6
15	Increasing weight [Sudden bloating, putting on weight]	2	2	-	4
16	Breathing problem [Muchu vanghuthhal]	5	1	-	6
17	Mouth ulcer [Vayil punnu]	3	2	1	6
18	Excessive bleeding/painful/white discharge [during menstruation]	0	5	-	5
19	Chest pain [Nerju vali]	8	7	-	15
20	Poor appetite [Pasi illai]	6	5	-	11

Reasons for not Seeking Treatment

As long as the symptoms do not hamper their productivity and normal life they do not consider it very serious. In case of usual illnesses like fever, head ache, cough, cold, minor injuries, which occur frequently, they try to manage on their own as they cannot afford to loose their time and earning opportunities. They sometimes tried home remedies¹ on their own to get rid off headache, cough and cold.

¹ Some of the respondents talked about the type of home remedies they practice. For cold, they prepare and drink Sukku Kashayam for three days, a concoction made of dried ginger. For minor injuries and burns they apply salt and turmeric, which has antiseptic component. For headache and cold, they boiled 'nochi' leaves and

Some of those who suffer from poor vision, particularly older people, want to go for eye check up. As their family members were engaged in work, no one could accompany them. Women who work in the building and road construction said that they suffer from menstrual problems (white discharge). These women have accepted this as a part of their life so long as they were engaged in the work. Many of them said that they could not afford time and money for seeking proper treatment.

Financial constraints appear to be an important reason for not seeking treatment. When the illness prolongs and hampers their capacity to earn, they would take some measures for treatment. Some of them said that whenever they do not have enough money to consult a doctor, they approach the nearby pharmacist for medicines in order to save on the consultation charges of the private medical practitioner. Sometimes when their conditions do not improve, they cannot avoid seeking medical help. If they are able to manage, they work for that day, earn some money, and see a private doctor after the work in the evening. If they are unable to work, they might end up borrowing money from someone for the medical expenses. For serious and prolonged illnesses that need inpatient care the respondents usually seek admission in government hospitals. Those who have been settled for a long time said that if they were left with no choice to seek medical help they simply lie down in the corner of the living space on the streets.

Cases of Mortality Reported in the Respondent's Household

Except for 60 respondents, rest of the respondents reported mortality within their current household unit. Some of them mentioned that more than one person had died in their household unit. These details collected regarding mortality have some limitations. The mortality rate may be under reported because some of the male respondents were not able to give the exact details of abortions that their spouses have had, where as women could recollect their own experience, whether they had natural abortion or they went to the hospital. The details collected from the respondents regarding the deaths in their current household and the reasons for the mortality is presented in table 6.4.

inhale the steam. For itching and insect bites they grind neem leaves and turmeric and apply, or crush the leaves of a plant called kuppai meni and apply it.

There were totally 16 cases of abortions. Among these, 10 were spontaneously aborted, and 6 abortions were conducted in the hospital. Perhaps the cases of natural abortion occurred due to physical weakness or because of their hard labour, without any rest. Some of the women who have had abortions conducted in the hospital said that they did it voluntarily due to economic reasons, as they could not manage to have one more child.

About 28 children died within one year of their birth due to illness. About 18 children in the age group of 1-5 years died due to some sickness. One child died in a road accident. Such an exorbitant child mortality rate points to the nature of the poverty that the urban poor live in. Two children in the age group of 6-15 years died when they were hit by vehicles while playing on the road.

Table 6.4: CASES OF MORTALITY WITHIN THEIR CURRENT HOUSEHOLD UNIT² AND REASONS FOR MORTALITY

	REASONS FOR MORTALITY	Pre Natal	0-1 Year		1-5 Yrs		6-15 Yrs		16-25 Yrs		26-35 Yrs		36-45 Yrs		46-55 Yrs		56yrs And Above		Total Mortality Cases Reported*
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1	Spontaneous abortion	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10
2	Abortion done In the hospital	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
3	Sickness	0	15	13	10	8	0	0	0	0	1	2	2	4	4	0	5	0	64
4	Accident	0	0	0	1	0	1	1	0	0	5	0	2	0	0	0	0	0	10
5	Old age	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	4	3	11
6	During Delivery	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
7	Suicide	0	0	0	0	0	0	0	2	0	1	1	0	0	0	0	0	0	4
8	Missing	0	0	1	1	0	0	0	0	0	0	0	1	0	1	0	0	0	4
	Total cases reported. *	16	15	13	11	8	1	1	2	1	7	3	4	5	4	3	9	3	106

* The cases reported to be missing is not included in the total because the respondents did not know whether the missing people were alive.

² The current household unit indicates only the immediate family i.e. husband, wife and children.

There was only one woman who was reported to have died, during delivery. Of those 16 years to 56 years and above eighteen cases died due to sickness, seven died due to accident, eleven died because of old age. About four persons committed suicide. The fact that sickness was cited as the major reason for most of the deaths shows that the urban poor carry more burden of ill health. Living in poor socio-economic conditions, with indifferent health service system, constant exposure to pitiable public health provisions the poor encounter death at every step in their lives. This study shows that except for seven respondents who died beyond 56 years, 99 out of 106 deaths were reported to have occurred before 55 years. Among the 99 deaths, forty-six of them died between 0-5 years and sixteen were abortions. This indicates the uncertain health status and shorter life expectancy of the poor people.

There were four cases of missing people of which two were children. One of the respondent said that she lost her child in the hospital on the second day after her delivery, when she was fast asleep. No one took responsibility to help her. Another child was reported to have been kidnapped by someone. There were two adults who were also reported to be missing of whom the respondents did not know whether they were alive or not.

Physical and Mental Disabilities

Among the poor who live on the streets those who suffer from physical and mental disabilities are the most vulnerable. Of the one hundred and fifty respondents interviewed, 15 (10%) respondents suffered from physical and mental disabilities. Among these, there are five people who have been physically impaired because of accidents. There are four respondents who are trans-sexuals, who had voluntarily emasculated due to their strong psychological desire to become feminine. There was one respondent who was born dwarf. There were four respondents who became physically handicapped as a result of serious illnesses, like polio (2 respondents), leprosy (1 respondent) and filariasis (1 respondent). There was one respondent who was partially blind. The researcher could not interview those

who suffered from severe mental illness due to practical reasons like time limitations. Moreover, the nature of the problem requires an in-depth study.

Some of those who were physically impaired had come to the city in search of work and had lost their limbs while they were working. Once they lost their limbs the exploitative employers ignored them, throwing them helpless. Five of the respondents who had multiple bone fracture could not afford the cost of the surgery to reset their impairment. They were not able to work and earn a living and at present live by begging. Their condition speaks about the mistreatment meted out to these informal non-unionized manual labourers who are considered disposable beings. Their conditions also speak volumes about the lack of legal coverage, denial of rights, ineffectiveness of health system and inadequacy of rehabilitation programmes.

Use of Alcohol, Tobacco, and Other Substances

The intense hardship and disintegration of the personal and social relationship in the city environment also produce severe mental disturbance that prompts them to seek for temporary measures such addictive substances as alcohol, tobacco, ganja, and brown sugar. The table 6.5 shows, the intake and frequency of addictive substances among the respondents.

Table 6.5: INTAKE OF ADDICTIVE SUBSTANCES

S. NO	FREQUENCY OF INTAKE	TOBACCO	ALCOHOL	OTHER ILLEGAL DRUGS
1	Everyday	81.3	16.0	2.7
2	Weekly once	0.0	14.0	4.0
3	Monthly once	0.0	6.0	0.0
4	Once a year	0.0	0.7	0.0
5	Don't consume	18.7	63.3	93.3
	Total N = 150	100.0	100.0	100.0

Of the study population about 18.7 do not consume tobacco in any form, 63.3 percent of the respondents said that they do not consume alcohol, and 93.3 percent of them do not take any other illegal drugs.

The intake of tobacco was found to be higher than alcohol or any other illegal drugs among the respondents. Nearly eighty two percent of the respondents said that they take tobacco every day. Usually women chew tobacco based additives like pan parag and *super pakku*. Men were found to chew pan and smoke *beedies*. Some of them chew raw tobacco with betel leaves. Among the 36.7 percent who consume alcohol, about 16 percent of the respondents consume everyday and 14 percent consume it once a week. The prevalence of alcohol consumption was higher amongst men; out of the seventy-two male respondents interviewed, 51 men said that they consumed alcohol. Whereas, of the seventy-four women respondents, only 3 women said that they consumed alcohol. Of the four trans-sexuals only one person said that she took alcohol. Among the hundred and fifty respondents less than eight percent of the respondents take other illegal drugs like ganja, brown sugar and intravenous drugs. Mostly men consumed these illegal drugs.

Some of the reasons cited by the respondents for the consumption of the addictive substances needs to be mentioned. Only a few of them said that these addictive substances were consumed for the sake of pleasure, many of them said that they used these substances to forget their worries and pains, particularly in the absence of any other alternative diversions. For many women who frequently chew tobacco it has become a habit. Whenever they continuously engaged in work and have no time to have food or whenever they do not have enough money to buy food, chewing tobacco was a way to escape hunger as they felt that it gives them some kind of sensation to divert their attention. Men said that they smoke tobacco to relieve their stress. When they work for more than 10 to 12 hrs a day, they develop body aches and joint pains. They take these substances to relieve their tensions and body pain and sleep for a little while. Some of them consume alcohol to overcome sleeplessness or to relax.

Except for one person who is a multiple addict using intravenous drugs, none of other respondents have been treated for substance abuse related (addiction) problems. A few

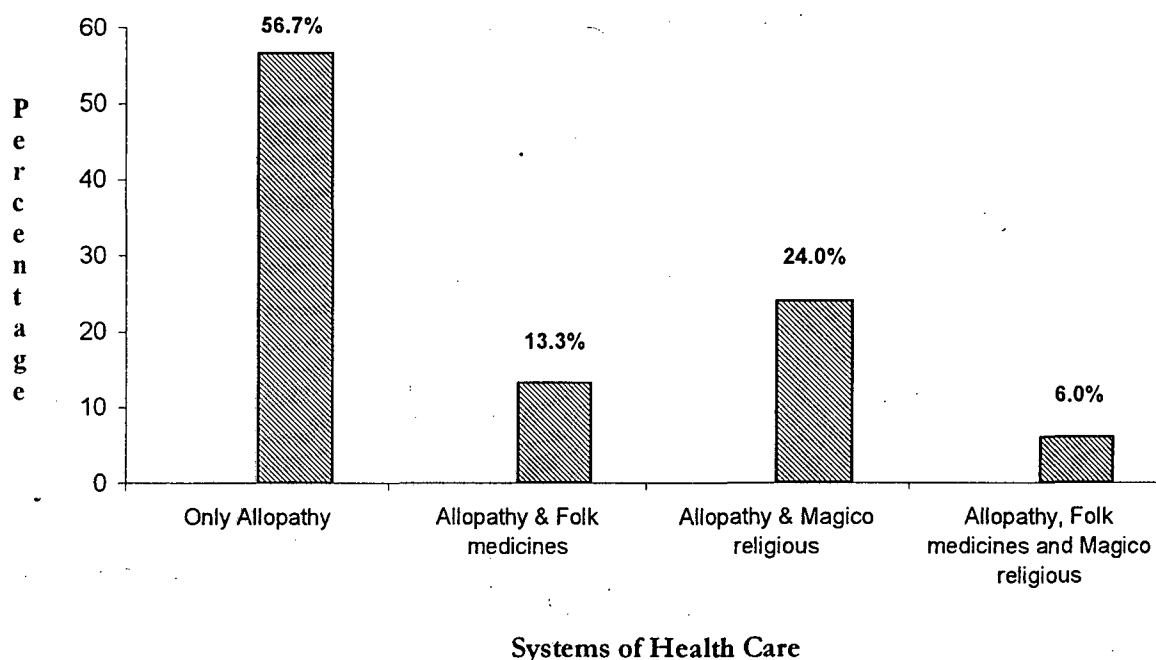
of the respondents feel that they require some help in quitting the addictions, as it affects their daily work. Though these addictives are harmful to their health, they work as stress relievers helping them with their anxieties temporarily. These addictions further take away their meager earning. When the intake of addictive substance increases it could lead to permanent addiction, which could drain them off. As they are weak and undernourished their body would become easy target for various chronic ailments. The worst impact of addiction is on those who are dependent on the addicts, like women and children who cannot survive on their own. Sometimes addictions add to domestic violence.

Utilization Pattern of Health Care

When enquired about the various systems of health care the respondents (see figure 6.1) have been utilizing so far, almost 57% of them said that they had used only allopathic systems of health care. About 24% said they have used Allopathic and magico-religious treatments. Those who have sought treatment in allopathic as well as folk medicines were 13.3%. The respondents who mentioned using all the three systems of health care were only 6 percent. Almost all of them have utilized the allopathic system of health care.

The interesting thing here is that the utilization of magico-religious practices is more than the even folk medicines practiced in the city. Other systems of health care like, Ayurveda, Siddha, Unani etc. have not reached these poor at all. The majority of the poor living on the streets probably depend on the allopathic system due to its easy availability, in the form of pharmacies, private clinics etc. Most of the treatments are symptom based, as we can understand from the fact that most of the respondents could only recall the symptoms that they were treated for. Allopathy provides them with quick and temporary relief when they have health problems.

Figure 6.1: SYSTEMS OF HEALTH CARE USUALLY SOUGHT BY THE RESPONDENTS



Health Care Providers Approached by the Respondents

Though the availability of health care facilities is better in urban areas when compared to rural areas, it is very important to understand health care in terms of accessibility in the case of the poor. During the visits to the settlements of the urban poor it was noted that though there are government health care institutions within a radius of three to five kilometers of all the settlements, it does not ensure adequate access to the poor. In case of established private hospitals, advanced treatments were beyond the reach of the urban poor. In the case of government hospitals though they provided affordable medical care, they were inaccessible as they work during the day, the time when the urban poor are out looking for some work. There were fewer people who have utilized the government health services compared to the care received from private practitioners in the period of two months before the interview. Another reason given by the respondents for not approaching

the government hospitals, for primary health care is their indifferent attitude towards poor; quite a few respondents mentioned that poorly dressed people like themselves are not received sympathetically by the staff in the government hospitals.

Furthermore, the general rush in the outpatient departments, of these hospitals were heavy that the doctors do not find adequate time to attend to the patients with adequate care. However, the respondents said that when they suffer from chronic and serious ailments which require in patient care, operations, long term medications, like in case of tuberculosis, malaria, typhoid, leprosy, cancer, sexually transmitted diseases, they preferred to go only to the government hospital because they cannot afford to buy medicines for longer period of illnesses. Apart from these, for other services like emergency services, maternity and child health care, the urban poor usually utilize government health services. The table (6.6) given below lists the various agencies sought by the respondents for health care at the times of illness.

Table 6.6: HEALTH CARE PROVIDERS APPROACHED

(Multiple responses) (N = 190)

S. No	Health Care Provider	Number
1	Local private practitioner	142
2	Government hospital	31
3	Local pharmacist	28
4	Magi-co religious practitioner	18
5	Folk medicine practitioner	4
6	N.G.O/missionary clinics	2

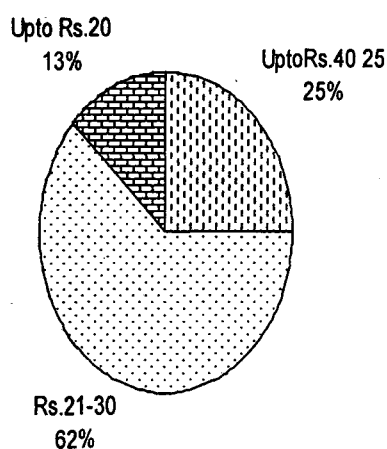
The respondents have approached a variety of systems of medicines and health care providers, for themselves and for those who belong to their immediate household. It was largely the local allopathic private practitioner that the respondents sought for health care in the two months before the interview. As table 6.5 shows out of the 225 medical consultations made one forty two of them were to the local private practitioner, and only 31 respondents said they went to government hospital. 28 of them said that they had went to the local pharmacist and taken medicines for their problems on the suggestions of the

pharmacist. Interestingly, there were 18 respondents who said that they had consulted magic-religious practitioners, which is higher than the number of people who have used folk medicines. Only 2 people reported to have received any form of treatment from non-governmental organizations or clinics run by missionaries.

Majority of the respondents had contacted the local private practitioner in their area. In fact in all the areas, the respondents were could name some private practitioners they consult, who they refer to as 'doctor'. We did not collect information on whether these 'doctors' were trained medical practitioners. They usually approach the local private practitioners mainly because their consultation hours were usually at the times that were convenient to the respondents. As we have seen early, the urban poor living on the streets are mostly non-unionised informal labourers, without any medical protection. In the case of daily labourers, missing a day's work would mean starvation. Any sickness to them is an extra financial burden too. Due to their poverty the urban poor living on the streets usually follow the prescribed treatments to the point at which they are capable of earning their daily bread.

The truth that 142 respondents have taken treatment from private health practitioners in their local area, either for themselves or for their household members, certainly suggests that the urban poor rarely receive free health care. In almost every settlement that was visited, there was at least one 24 hours clinic. It is found that, the local private practitioners charge no less than Rs.20 for every consultation. The following pie graph (Figure 6.2) explains the details of the consultation charges. About 25 percent of the respondents said that they pay Rs.40 just for the consultation. They have to shell out more money for medications. As we have seen in the third section of this chapter, most of the respondents dread illnesses as illnesses deprive them of their earning opportunities and often lead to debts.

Figure 6.2. CONSULTATION FEES PAID TO PRIVATE MEDICAL PRACTITIONERS (Excluding medicines and injections)



Twenty-eight respondents who have directly approached the local pharmacist did so in order to avoid paying the consultation charges of the private doctor. For some of the common ailments the medication prescribed by the pharmacist worked. However, when they take medications directly from the pharmacist without prescription or diagnosis there is a chance that they might take wrong medicines or even spurious medicines, which can have adverse consequences to their health. About 18 people reported to have sought treatment from the magico-religious practitioner. The charges taken by the magico-religious practitioner were no lesser than that of other systems of medicines. One of the respondent named Arumugam from Egmore relates the experiences of his mother's sickness that claimed her life,

My mother was a fortune teller in a nearby temple. She had many clients. 3 months before she fell ill, she suffered from fever that lasted for about three months. With the fever she became immobile. We took her to government hospital where the doctors failed to diagnose what she was suffering from. So we approached a magico-religious healer. He said that someone has done

black magic, which is not an ordinary one. It is more powerful and it requires a 'malayala samiyar' (a black magician from Kerala) to cure this problem. He took Rs.1500 for the consultation and then when we went to Kerala we spent about Rs.2, 500 there. All this was wasted because we could not save her.

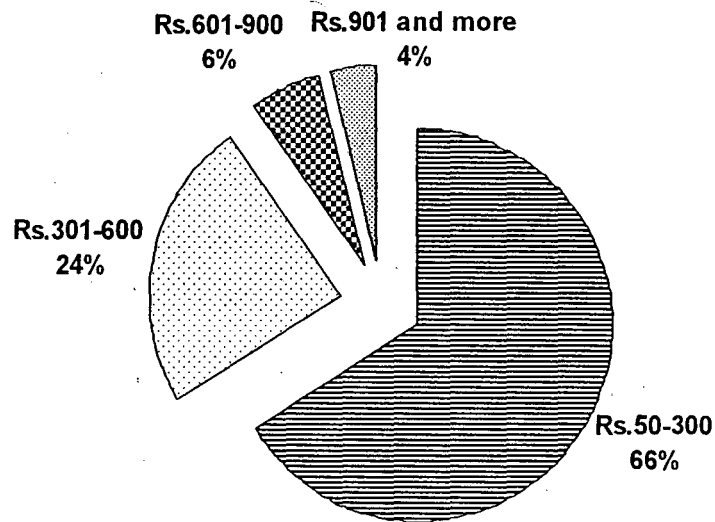
There are other forms of magico-religious treatment taken for the children and pregnant women to save them from bad spirits, which was observed in Parry's Corner and Zam bazaar area. The patients are taken to a priest in a mosque in these areas. He blesses them and put a '*kulsam*' which is a kind of thread with small circular metallic objects tied to it. It is believed that the *kulsam* can drive away bad spirits. Depending on the problem faced by the patients the priest charges them anything between Rs.51 to Rs. 501 for tying this *kulsam*. The prevalence of magico-religious practices need to be studied in details. One of the reasons for the faith in these practitioners is that they explain medicine and health in simplistic terms that could be easily understood by the poor. Perhaps, if the basic concepts of modern medical practices are made available to people it could win the trust of the people.

Expenditure On Health Care

The funds spend on health care by the Indian government is less than 2 percentage of the GDP, which is about (Sengupta, 2003) per person. In the case of the most vulnerable sections this amount does not even make an impact. The possible impact of the meager funds become far diminished if one take into account the various problems associated with accessibility, as we have seen so far. To the poor for whom hunger is the first challenge, health becomes a distant concern.

However, in terms of expenditure it takes a huge toll on their insufficient income. The figure 6.3 shows the total household expenditure of the respondents on health problems in the last two months.

Figure 6.3: House hold expenditure on health problems in the period of two months



Almost 66 percent of the respondents reported spending between Rs.50 to 300. Twenty four percent of them have spent between Rs.301 to 600 and ten percent of them have spent more than 600. In the earlier section we saw that 76 percent of the respondent's household income was below Rs.2000. In a situation where the urban poor living on the streets end up spending almost one third of their income for their recurring health problems, any possibility an escape from such incapacitating poverty.

To sum up, the poor, whenever they fall sick and their productivity gets impaired the only source of permanent asset they could protect is their body. Several modern medical practitioners and the traditional healers to make money they exploit the helplessness of the poor. It is like minting money out of the miseries of the poor. Most of the short-term illness

what the poor suffer is largely preventable, if they could improve the socio-economic conditions. The negligence and indifferent attitude of the health system of the State towards the poor has resulted in spending money for the health problems, which is one main source to make them impoverish.

Chapter 7

CHAPTER SEVEN

NEEDS AND ASPIRATIONS OF THE URBAN POOR LIVING ON THE STREETS

FELT NEEDS OF THE RESPONDENTS.

Having been caught in a desperate cycle of poverty the urban poor living in the streets are not devoid of any vision or idea. Contrary to the legal and official accusation that the poor is an eyesore that enjoy in its own filth, the urban poor that the researcher encountered on the streets of Chennai were not a lost tribe bereft of any visions of civilization. Most of them, even those who have been seeking refuge in drug-induced delusion knew as to where they stand in the society, the exploitation that they face, and what need to be done. The felt needs and aspirations expressed by the respondents speak volumes about their sufferings and their deep felt desire to escape from that.

The researcher approached them individually as well as through focus group discussions conducted in each settlement area in order to understand deeper the needs and aspirations of the respondents. Often the respondents expressed more than one need. They are presented in the table 7.1.

Table 7.1: FELT NEEDS OF THE RESPONDENTS (multiple responses) (N = 150)

S.NO	FELT NEEDS	NUMBERS
1	Secure regular employment with adequate wage	96
2	Permanent house for their family *	83
3	Temporary shelter near their work place	57
4	Accessible and free primary health care	52
5	Ensuring a dignified future for their children	39
6	Protection against eviction and police harassment	34
7	Provision of identification records	24
8	Provision of pension	26
9	Loan facility at affordable interest rates	20
10	Provision of basic amenities at their settlements	20

Secure Employment with Regular Wages

The most important need expressed by almost two thirds of the respondents, 96 of them, was that of secure and regular employment with adequate wages. During the focus

group discussions the respondents expressed this need frequently. To quote Kumar, a second-generation settler in Egmore area, “Even to live on the streets and to fulfill all our primary needs like food, water, firewood, bathing, etc. I need to earn something everyday. If I have a secure job with regular earnings, I can think of renting a small house in a nearby slum with some basic facilities to live with my family. We need not struggle like this on the streets.”

Tulasi from Thiruvannamalai, a first generation settler living on New Avadi road is troubled by their everyday uncertainties and hopes that their contributions would be recognized and respected, “If I have regular work and some income in my native place why should I come to the city and struggle like this? If I have a regular income in our native village, we can stay in our house and manage with the minimum amenities, we need not come and struggle in this alienated atmosphere where we are not wanted and we have been chased away like animals. We need recognition and respect that befits human beings.”

It is surprising that the various organizations working for the urban poor call them ‘homeless’ as though their only problem was that of housing, while the poor themselves are more worried about the uncertainties regarding their employment. This is evident in the policies and activities of the Tamil Nadu Slum Clearance Board, which make efforts to relocate them in houses far away from the city. Most of the poor find it hard to live there as their places of work are far off, which requires them to travel hours to reach their places of work. Very often they return to the streets near their places of work.

Permanent House for Their Family

The second important need expressed by 83 respondents was the support from the government to acquire some kind of a permanent housing for their family. Those respondents who mentioned this need were mostly the second and third generation settlers, who never had a house for generations, and those settlers who have recently migrated to the city and did not have any kind of property, land or house in their native place. They felt that they could never imagine having a decent space to live in by their own efforts, when their meager earnings cannot even fulfill their primary needs. With the price of the land far beyond their reach and building construction materials being very expensive they believe that they can never afford to have a house of their own.

The condition of their being poor and houseless has been exploited by the politicians to fill vote banks. Every time they seek votes from this people they give them false promises that they would give them houses. Muthu from Parry's corner, who is a Third generation settler, narrates his experience:

My grand parents had come to this city, struggled a lot, and could save nothing in spite of their hard work. The cost of living has also been steadily increasing. My earnings are not adequate to fulfill the basic needs of my family. If we desire to have a house it is just beyond our means. Every election the politicians promise to provide us with houses when they ask for our votes. Earlier I was a supporter of D.M.K, (shows a tattoo of rising sun, the DMK symbol, on his hands). They never did any thing though were lavish in their promises. Then I joined AIDMK (shows the wall behind his shelter and the water pots, painted with AIDMK symbol). All the members of our community voted for them, but in vain. Now they have come to the power and they hardly care about our conditions. They chase us away like dogs! We don't know whom to believe? Where can we go? The government should be considerate and provide permanent houses for those of us who have never had one because we could not afford one."

Need for a Temporary Shelter Near Their Places of Work

About 57 of those interviewed expressed the need for a temporary shelter near their places of work. Those who had come as migrants to the city in search of work for shorter durations and those who could not travel frequently for their work from the outskirts of the city felt that it would be better if government arranged night shelters near their work place. They do not mind paying nominal fees for the maintenance of the shelter. If such arrangements exist, they need not fear the police harassment or the suspicion of others. They can keep their belongings safely, their family who stays in the native villages would be able keep in touch with them at least in case of emergencies as they would have an address.

Accessible and Affordable Primary Health Care

About 52 respondents asked for the provision of accessible and free primary health care services. The respondents feel that though there are many government run hospitals in the vicinity of their places of living, they are not accessible for them in many ways. Many of the respondents depend on their daily wages, availing the outpatient care at government hospitals means losing of a day's wages. If there were provisions for evening outpatient care in government hospitals, many of them would try and avail the facility. One of the respondents in the group discussion suggested the idea of mobile health units. He is a recent migrant from a place called Vellore. In their village government runs a mobile health unit.

In a similar way if government or any other voluntary organization could arrange a mobile health clinic in the city at least once a week, it would help them to save the expenses on medicines and consultation charges which are paid to private practitioners. Even accessible health care units can only help them in a limited way, as most of the diseases that they suffer from often arise from their poverty that forces them to live in filthy conditions under near starvation. Any measures to alleviate their health problems should ensure adequate food, housing and employment security.

Ensuring a Dignified Future for Their Children

Thirty-nine of the respondents said that they require help to ensure a dignified future for their children. In spite of their poor economic conditions many of them long for a better life for their children. Some of them by their own efforts have found some means to educate their children. Some of the respondents educate their children with the help of missionary organizations, non-governmental organizations and with help from some philanthropists. They dream of facilities to educate their children in order to ensure some dignified employment with regular income.

Protection Against Eviction and Police Harassment

One of the most immediate needs expressed by the respondents who are the direct victims of the ongoing eviction drive is the protection against eviction and police harassment. The respondents complained that government officials drove in with big bulldozers without even giving them any prior notice, and smashed the little structures that they called their homes, and took away their meager belongings. The policemen threatened to arrest them and to impose huge fines if they questioned them. In fact the police even lathi-charged them to chase them away. Their whole life activities have been disturbed after the launch of the eviction.

Provision of Identification Records

Almost 60% of the respondents do not have any kind of proof of identity or that of their residence in the city even after so many years of their living there. When some one comes for any verification, they light heartedly put their address as, ' So and So, c/o Plat Form', as they belong to pavements and railway platforms. Many of the respondents fear that they could be thrown out anytime with out any legal protection, as they do not hold any proper documents to prove the fact that they have been living for years at their current place of settlements in the city. Many of them find it difficult to get ration cards, voter identity

cards, and caste certificates for their children mainly because they did not have a proper municipal address. They want the government to somehow make provisions to provide them with some records of identification.

Provision of Pension

Another desperate need felt by some of the respondents, especially old people, widows, and permanently disabled was the provisions of monthly pensions arranged by the government. Those who were aged and permanently disabled make their living by seeking charity. They feel that there should be measures to provide them with proper financial security. Though there are some welfare measures exist for this people without proper address and identity they cannot claim their rights. There should be some alternative arrangement made so that at least the existing measures can reach these people.

Loan Facility at Low Interest Rates

Whenever they require huge sums of money to meet emergency health problems, or to buy provisions as in the case of vendors or for other needs, they have no where to go but to the moneylenders who charge exorbitant interest rates. Many a times they end up paying more as interest, than the actual money they borrow. Respondents said that they could not approach any legal institutions such as banks to seek loans, as they do not have proper identity records. Moreover, being illiterates many of them are not aware of the procedures involved in securing a bank loan. Arrangement for loans from government banks at affordable interest rates, many felt, would probably help them meet their financial needs.

Provision of Basic Amenities at Their Settlements

About twenty of the respondents felt the provision of basic amenities such as clean water, clean toilets and bathrooms in their area as an important need. They said that in spite of collecting 'user fees' from them for the use of these amenities, the services that they receive leave a lot to be desired.

The other needs expressed by the respondents were, easy access to government services, like obtaining community certificate for their children's admissions to schools, securing ration cards etc. without having to approach intermediaries or having to pay bribes. They also expressed, that they need consistent support from the people who work for them, like social workers, non-governmental organizations, social activists etc. These people often failed to keep their promises, and were not found trustworthy.

In spite of their desperate and often hopeless existence on the streets the poor too aspire to achieve things in life, like securing the future of their children. But very often their dreams turn sour given the uncertainties of their life on the streets. Their despair and dreams can be better understood in the case of children who have to drop out of schools to fend for their families under unavoidable circumstances. The story of Ragavan's who is 13 years old, represents it all.

I had to discontinue my studies at school 6 months ago. My parents promised me that they would get me admissions in the school when they brought me to the city. I came with the aspirations that I would study in a city school but my dreams turned sour. My mother says what I have studied enough and that I am old enough to work. I have to store water, take care of all the things at home until my parents return from work. All of us in the family work hard. Sometimes I too go to work, laying the foundations of buildings (a job traditionally done by Odder community). I am have been learning this from my parents. They pay me Rs 50 a day. I don't spend any money. I give it all to my mother. On the days I work she gives me Rs.5 and on other days Rs.2. I attend non-formal education classes conducted by an NGO. I don't want to give up my studies. I don't know what my parents want. My father lost his fingers, my mother is sick and I have to take care of the family."

The next generation thus joins the cycle of poverty. The iniquitous society that perpetuate exploitation, trap the poor living on the streets in the cycle of poverty and ill-health generation after generation.

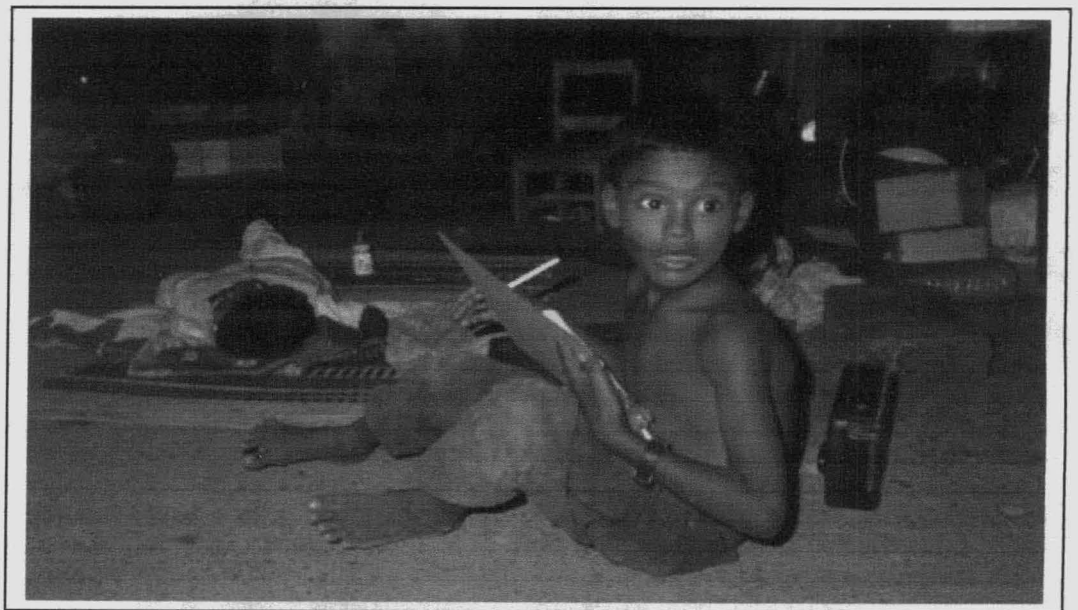


Plate 7.1: A LITTLE BOY DOING HIS HOMEWORK, HOPING THAT ONE-DAY HE WOULD BREAK THE CYCLE OF POVERTY.

Chapter 8

CHAPTER EIGHT

THE CYCLE OF POVERTY AND ILL HEALTH: CONCLUSION

8.1. Summary

This chapter summarizes the major findings of this research work and concludes with a comprehensive analysis of the whole study. It looks critically into the various findings about the phenomenon of urban poor living on the streets, the various policies, prejudices as well as the exploitative nature of the society at large, and suggests the need for a right based approach taking into account all the socio-economic aspects of their lives. The chapter emphasizes the need for a broad based approach in understanding their health, without looking at it in isolation as a mere bio-medical phenomenon.

The research work was aimed at understanding the socio-economic and health conditions of the urban poor living on the streets of Chennai City. It was also an effort to understand how various social and economic factors are responsible for their state of extreme poverty making them susceptible to dangerously poor health conditions. To grasp their socio-economic and health conditions, the study looked into various aspects of the life of the urban poor on the streets; the socio demographic characteristics, transition from rural poor to urban poor, conditions of work in the city, living conditions on the streets, health problems and accessibility to health services respectively. Their felt needs and aspirations were also studied.

For the purpose of the study, 5 different locations in five different zones, Parry's corner, K.K Nagar Road, New Avadi Road, Egmore and Zam Bazaar of Chennai city were chosen in order to have a wider representation of the urban poor living in the streets in different parts of the city. A pilot study of the areas was done along with the pre-testing of the semi-structured interview schedule. A sample size of 30 household units was chosen for the study from each area, making the total sample size 150. Only one member from each household unit was interviewed. The primary respondent was the head of the household, in whose absence an alternative member who could provide clear information of the household was interviewed. The researcher applied purposive sampling method to select the respondents for the study. The researcher applied a combination of quantitative and qualitative research methods for this study. The notional mapping of the area, semi-structured schedule for individual interviews, focus group discussions, key informant

interviews, narrative interviews, in-depth interviews for case study, non-participant observations, field notes and photographs were the tools and techniques applied for this research study.

8.2. Main Findings

Socio-demographic features

- Of the hundred and fifty respondents studied, 49% of the respondents were women, 48% were men and a very small proportion were transsexuals, which is about 3%. However, this ratio is not uniform throughout all the five areas that have been studied. There was a significant difference in the sex-wise distribution of respondents across the areas depending on the nature of the settlements.
- The study found that the majority (84%) of the respondents were between the age group of 17 to 48 years. About 8.7% were between 49-58 years and 7.3% of them were over 59 years.
- The majority (56.7%) of the sample population was married and continues to live with their spouses. The percentage of separated women (7%) and widowed women (16%) were found to be higher when compared to 1% separated men and 4% widowed men. Seventy five percent of the respondents live with their family members on the streets.
- In this study it was found that the majority of the respondents, about 61% were illiterate. Though 39% of them had any formal education, only 17% said that they could read, write and sign.
- This study found that a large proportion of the poor who live in the streets belong to the lowest caste groups in the Indian caste hierarchy. Nearly 57% of the respondents belong to scheduled castes. 28.6% of the respondents belonged to the most backward class. About 5.3% belong to Schedule tribes. Only 4.6% of the respondents belong to what is officially called the backward class and there was only one person among the 150 respondents who belonged to an upper caste community. About four percent were Muslims.
- Almost 60% of the respondents do not have any kind of proof of identity or proof of residence in the city. It was interesting to know that 23% of the respondents had

voters card, and they have cast their vote. These proofs of identity are usually issued with the address of some nearby shops, companies etc.

The Transition: Rural Poor to Urban Poor

- Except for 33% of the study population who have been living on the streets for generations, the rest of the study population has migrated from the neighboring districts. The urban poor living on the streets show strong sense of community and often tend to settle with migrants from their own native places.
- Eighty-two, of the hundred and one respondents, stated poverty as the main reason for migration. Unreliable employment pattern depending on the weather and other conditions and unemployment in some cases (38 respondents) and lack of cultivable land (19 respondents) have been cited as two of the main reasons for migrating to the city. Some of them have been forced to migrate due to severe drought (16 of them), which impoverish them. Indebtedness and their inability to pay back the money have been cited by 14 of the respondents as a factor that pushed them to the city in search of steady income.
- The researcher also explored the nature of the occupation and the average monthly income earned in their native place by the respondents before moving into the city. About 14.7% were at home and 13.3% were unemployed. Only two percent of the respondents had more an income more than Rs.1000 per month. Almost 25.3% of all the respondents had an average monthly income which was less than Rs.500 and 28% of them had no income.
- About 45% of the respondents who are first generation settlers still hold contacts with their native places for some reason or another. 32.7% of the second and third generation settlers have somehow lost linkages to their roots from where their parents or grandparents migrated. Of the first generation settlers, 22.7% said that

since all of the family members have moved to the city, they do not hold any more contacts with their native places.

- The respondents gave many reasons for their decision for choosing Chennai as the place for migration. The foremost reason expressed by 43.3% of them was their confidence that some how they could earn for their subsistence in the city and manage their life.

In the clutches of the informal labour

- The occupational structure of the respondents indicates that they were involved in 25 different types of occupations which were in the informal non-unionized sector, such as rag picking, sex work, scavenging etc. More than 80% of them are involved in casual labor and none of them are permanently employed. Only 16% of them were engaged in what are usually termed illegal occupations. Most of the jobs involve hard manual labour. Seventeen of the twenty-five types of occupation required the respondents to work on all seven days a week to make their living. They did not have any fixed hours of work or days of work. The work hours usually exceed 11 to 12 hours.
- The average monthly income earned by the respondents. 53% of them were found to be earning between Rs. 500-1000 per month while 22% of them earned between Rs.1001-1500. Only 8% earns up to Rs.2000. Seventeen percent of the respondents' total household income was between Rs.2001-2500. Only 7% of the respondents' total household income exceeded Rs. 2,500. However, the majority (76%) of the households had their total earnings between Rs.501-Rs.2000.
- In spite of the fact that their earnings were low, about 22 % of the respondents had any savings. For a majority (78%) of the people any savings from their meager income was impossible. Except for 12% of the respondents, 88% of them lived in shadow of debts. About 18.7% of them had debts of more than Rs. 5000. Most of the respondents (32.6%) reported that their debts ranged between Rs.1000-3000.

- Nearly 61 percent of the respondents do not have any kind of property such as house or land. However, 27.3% said they have houses of their own and 12 percent said they own house and land.

Living in Poverty in Squalor of Urban Streets

- Depending on the availability of space on the streets, the respondents have settled on the pavements, on the roadsides, on the verandahs of shops, at bus shelters and inside hume pipes. Eighty two percent of them were found to settled on the pavements. Contrary to the myth that people who live on the streets are wanders, nomads etc, 33% of them have been born and brought up in the same place. Except for the 8% who lived in the current place of settlement for less than a year, most others have been living in the same place for several years.
- Some 14.3% had lived in some illegal slum colonies from where they were evicted and had to opt to settle on the streets nearer to the place of work. About 2% of them had lived in rented houses before they moved to the streets. Interestingly 3% of them have been allotted resettlement houses in the outskirts of the city. But they found the cost of conveyance too much to travel the 20 to 30 kilometers to their places of work. They had to move to their current place of settlement for its proximity to their places of work.
- A few (32%) of the respondents have managed to have some shelters for themselves. Most of the respondents (68%) lived in the open space, without any form of roof over their head. 28% of them had made their shelter on the roadsides, with flimsy materials such as tarpaulin sheets, flattened tins, pieces of wood, old mattresses, used cement jute bags, old clothes and palm leaves for a roof. The floor space of settlements was less than 40 square feet. 5 to 6 members of the same family huddle into very small space.
- Majority (86%) of the respondents could afford to have only two meals a day. Ten percent of them said that they take only one meal a day. Only 4% of the respondents

take three meals a day. Seventy two percent of the respondents said that they cook their own food. 26 percent of them said that they had it at cheap food vendors and 4 percent received food through charity. About 84% of the respondents could sleep for 4 to 6 hrs.

- About 94% of the respondents used governments run public toilets. They pay a 'user fee' of Rs.2 every time when they use the toilets. Though majority of them use public toilets, about 6 percent use open spaces, particularly those who live close to the railway stations. Even those who lived near the public toilet avoided unclean toilets and waited till it got dark to go nearby bushes. Only 64% of the population utilizes the public bathrooms and 50% wash clothes in the public bathrooms. They have to pay a "user fee" of Rs.5 for bathing and washing. About 24% said that they use the open space to have bath and nearly 40 % of them said they wash their clothes on the streets in the night after 11 or early in the morning when there is no traffic or any other disturbances from the police or the public. .
- Only 36% of the respondents could avail the metro water. Those who get metro water, have to pay at least 50 paise to one rupee for about 15 litres. In some places the private sellers supply water for Rs. 2 per pot.

Health Problems and Accessibility to Health Services

- The most frequent problem they faced was fever, which was reported by 40 respondents. The next highest reported illness they got treated for is injury (29 respondents) caused by accidents due to occupational hazard, some caused due to burns and violence. The other major ailments the respondents got treated were tuberculosis (26), burning sensation while urinating (26), diarrhea/dysentery (25), malaria (24), vomiting (23), severe cough (23) and chest pain (23), skin Itching (20), jaundice (12). The other ailments reported by them; were wheezing, cold and phlegm, tooth ache, dizziness, eye pain, wounds and lesions. Few of the respondents reported that they received treatment for typhoid, ear pain, fits, chronic headache on one side, dog bites and rat bites. In the sample population of 150 that have been

studied, only 2 of respondents reported to have diagnosed of HIV infection. One of the respondents is undergoing treatment for leprosy. Most of the illnesses reported by the respondents are infectious in nature.

- The respondents were also asked for the symptoms they did not seek any kind of treatment for so far. Most of the poor procrastinate about seeking help regarding their health, until the diseases threatens their economic activities. Forty-seven of the respondents said that they have joint pains and twenty-six of them suffered from backache. The other symptoms they reported were poor vision, poor hearing, chest pain, sleeplessness, poor appetite, sudden bloating, mild fever, patches in the skin, mouth ulcer, menstrual problems, swelling in the throat, and swelling in the head.
- Except for 60 respondents, rest of the respondents reported mortality within their current household unit. Some of them mentioned that more than one person had died in their household unit. There were totally 16 cases of abortions. Among these, 10 were spontaneously aborted, and 6 abortions were conducted in the hospital. Except for seven respondents who died beyond 56 years, 99 out of 106 deaths were reported to have occurred before 55 years. Among the 99 deaths, forty-six of them died between 0-5 years and sixteen were abortions. This indicates the uncertain health status and shorter life expectancy of the poor people.
- About 10% of the respondents suffered from physical and mental disabilities. Among these, there are five people who have been physically impaired because of accidents. There were four respondents who are transsexuals, who had voluntarily emasculated due to their strong psychological desire to become feminine. There was one respondent who was born dwarf. There were four respondents who became physically handicapped as a result of serious illnesses, like polio (2 respondents), leprosy (1 respondent) and filariasis (1 respondent). There was one respondent who was partially blind. None of these respondents were received any rehabilitation health services.
- Of the study population about 81.3% consume tobacco in any form, 38 percent of the consume alcohol, and 6.7 percent of them take illegal drugs.

- When enquired about the various systems of health care the respondents and their households have been utilizing so far, almost 57% of them said they had used only allopathic system of health care. About 24% said they have used allopathic and magico-religious treatments. Those who have sought treatment in allopathic as well as folk medicines were 13.3%. The respondents who used all three systems of health care were 6 percent.
- The agency of treatment that was most sought for in the period of two months before the interview was largely the local private practitioner. Out of one hundred and fifty respondents, one hundred and forty two of them said that they sought treatment from local private practitioner, whereas, only 31 respondents said they went to government hospital. 28 of them said they had directly contacted the local pharmacist and taken medicines for their problems. Interestingly, there were 18 respondents said they had consulted magic-religious Practitioner, There were only 2 people reported to have received treatment from non-governmental organization or missionary clinics.

Felt Needs and Aspirations

- The most important felt needs expressed by two thirds of the respondents were secure and regular employment with adequate wages.
- The second need felt by them was some kind of permanent housing with the support of the government. At least a temporary shelter arrangement near their place of work so as to avoid the police harassments or the suspicion of others was what a major section of the respondents needed.
- Provisions for accessible and affordable primary health care were also desired by them. Those who had children aspired to ensure a better future with some assistance to educate their children and to ensure some dignified employment for them.
- One of the most immediate needs expressed by those who were traumatized by the eviction-drive was an end to police harassment. 60 percent wanted some proof of identification for legal protection from eviction and harassment. The other needs expressed were provision of pension, loan facilities, provisions for basic amenities such as clean water, clean toilets etc.

8.3. Suggestions and Conclusions

The health status of the urban poor cannot be improved just by opening more hospitals, or providing free medicines, or by funding more non-governmental organizations to take of their health. For one thing, health cannot be understood in mere bio-medical terms. The urban poor living in filthy conditions, not on their own volition, cannot be saved from contagions unless sanitation is improved. Their unsanitary conditions are not a result of their love for filth but of their inability to afford anything better. Nor can one expect them to have any immunity to withstand diseases without proper nutrition. Their improper diet is not a result of their food culture which is not nutritious, but because of their poor income. Their inadequate income is not a result of their being lazy, but it is because their labour is exploited by upper-caste/upper class entrepreneurs who also control government policies that brand the poor as vagrants, illegal-encroachers or as 'pick-pockets' as a recent high-court judgment¹ suggests. A deeper analysis of the socio-economic conditions of the urban poor living on the streets would reveal a vicious trap of caste based ascriptive system that bind those at the lower rungs of the hierarchy to eternal misery.

The Cycle of Poverty and Ill Health

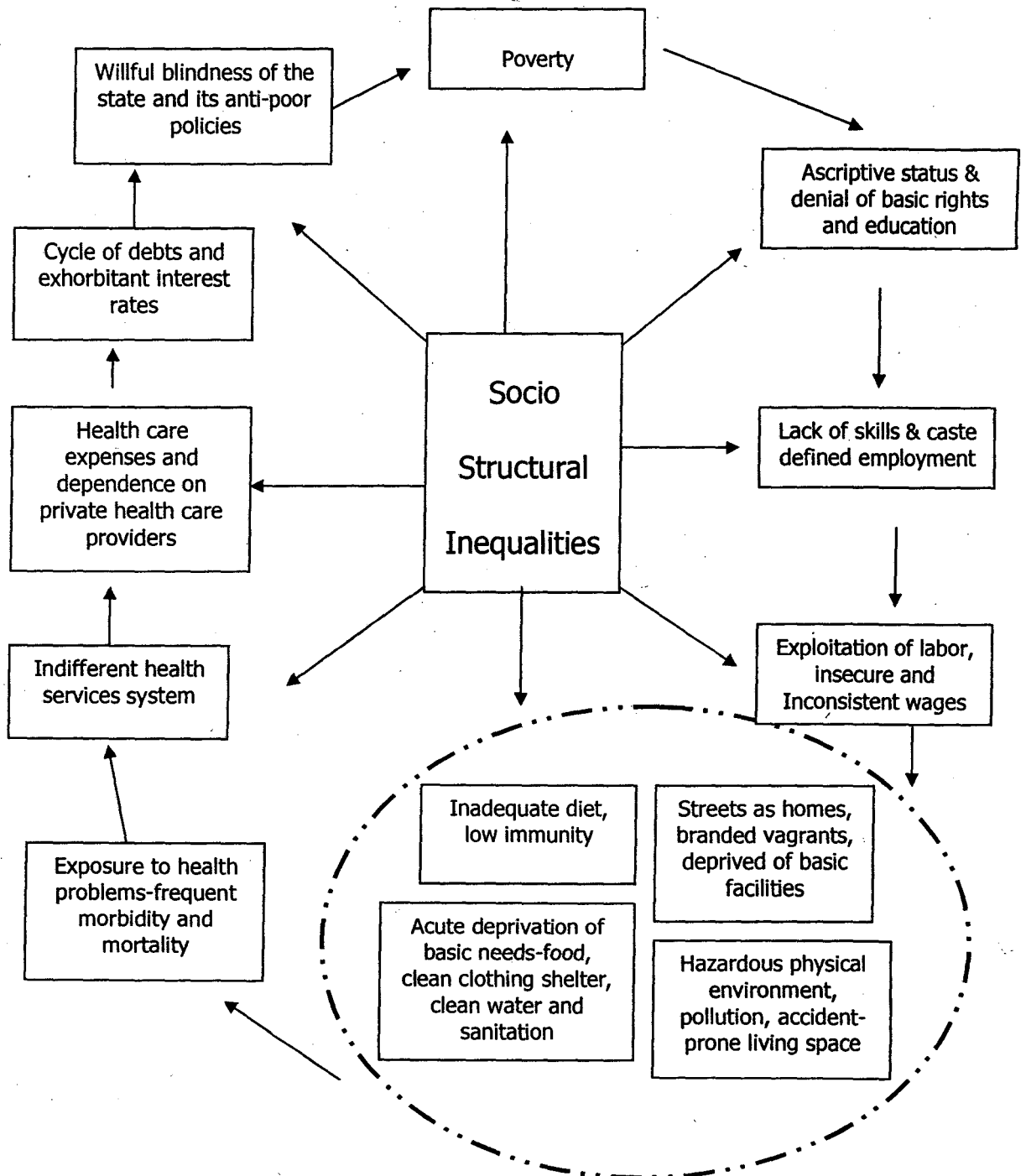
This cycle is not an accidental occurrence, but is a subtle conspiracy that runs behind the veneer of what is commonly taken as the civil society. This inescapable web is not something that emerged recently but is the continuation of an ongoing process as in the case of Murugan. As we have seen in the second section of the fourth chapter, Murugan who was born to a bonded labourer grew up into a landless labourer and migrated to the city as he could not work and feed himself in his old age and landed up in the Chennai because of the opportunities that a city offers for beggars. The poor who escape to the cities in search of 'opportunities' are entrapped in another cycle of misery. The fact that most of the urban poor living on the streets belong to the lower caste communities, as pointed out by the earlier studies², has been proved to be true in the case of Chennai by the findings of this

¹ Upadhyay (2003) analyses the changing tone of the judiciary towards the issues of the poor. In the Almitra Case in Delhi, the Supreme Court equated the urban poor to pick pockets.

² Mukherjee's study on the urban poor of Calcutta (1973), Prasad on Hyderabad (1995), Gandotra on Delhi (1976), Acharya on Bombay (1988) and *Chennai for Change* on Chennai (2003) have all demonstrated the 'over representation' of dalits among the urban poor living on the streets.

present study as well. The following figure (8.1) is a diagrammatic representation of the cycle of poverty and ill health that the poor undergo.

Figure 8.1: The Life on the streets: A Cycle of Poverty and Ill-health



Addressing Caste Inequality

The immediate reason that uprooted the rural poor from their native villages might be a drought or debt burden. But for the poor who have been condemned to live as landless agricultural labourers or as menial workers under caste defined feudal system poverty has been a way of life for centuries. In the second section of fourth chapter we have seen that only 3.3% of all the urban poor had any cultivable land. Their transplantation into urban rootlessness might just have been some of the immediate fallouts of an agricultural crisis. Bound by the caste dictated discrimination and poverty they are denied of education, ensuring a steady pool of unskilled labourers whose helplessness could be exploited. Only 17% of the respondents could read and write, to some extent. Even those few who struggle and gain some education do not have much of a prospect as in the case of Raji, who lives on the streets in spite being a degree holder. In section three of chapter four we have seen the abysmally poor level of education and (im)possibility of finding any formal employment in an iniquitous world. Any attempt to address the problems faced by the urban poor has to address the prevalent exploitation prescribed by the caste system. Implementation of any rule to end the caste system should also target unequal landholding as well as the poverty that denies the poor of alternative avenues that education can offer.

The concept of urban poverty itself is not to be addressed in isolation. In fact the bureaucratic concepts of urban-rural divide is only a convenient classification arising out of the ignorance or a collective willed indifference of the elite rulers towards the plight of the poor. The migration of the lower caste rural poor to the city is just another manifestation of the evolving trends of urbanization, and in the evolving urban centres the status of the poor remains unchanged. The rich landlord in the rural area and the urban elite are not very different in terms of exploitation: only the caste determined landlord has some obligation towards the maintenance of his lower caste workers. The inexistence of measures to alleviate poverty at the rural level as well as the lack of measures to prevent migration to the urban centers points to the complicity of the government with the capitalist demands. The rural poor, who have been alienated from the fruits of their labour, metamorphose into informal non-unionized informal labour sector, even more deeply alienated from anything that is remotely considered human. In the words of Perlman: The poor are, "not economically

marginal but exploited, not socially marginal but rejected, not culturally marginal but stigmatized and not politically marginal but manipulated and repressed” (Cited in UNCHS, 1994, p.8).

Recognising the Contributions of the Urban Poor Living on the Streets

Roberts in his book, *Cities of Peasants: Political Economy of Urbanization in the Third World* (1978), believes it to be a “deliberate alienation of the working masses who although exploited are organized to be excluded from the material benefits of the capitalist system”(p.6). If the land they toil in do not belong to the agricultural labourers in the villages, where they are not even paid the minimum wages, the working condition in the city is even worse. Though their work is exploited by capitalist ventures, they are never directly employed. Most of them who work on construction sites, road lying, cable lying, loading and unloading, and tricycle pullers, who perform rudimentary but important functions for the urban capitalist system and are never employed directly. They are usually brought by the cartload by contractors thus absolving the capitalist system from any direct responsibility to provide the basic employment obligations like minimum wages, employment security measures, or protection in the case of hazardous works. The complicity of the government policy makers with the private capitalist sector is obvious in the ineffectiveness of the existing labor rules to prevent such exploitation. If the government is sincere in its commitment to the poor, then it should ensure the proper implementation of measures like minimum wages, employment security measures, including the provision of housing to the poor who contribute tremendously for the nation’s economy. Even those whose work is not visible, like vendors, domestic maids, cobblers, sweepers, scavengers, rag pickers, carpenters, stone sculptors, basket weavers contribute to the urban economy without any kind of social and economic security measures, contrary to the common misconception that they are lazy and irresponsible vagrants. In spite of their hard work they hardly earn enough to feed themselves, leaving them undernourished, susceptible to diseases.

Instead of recognizing their contribution to the economy the government machinery controlled by the elites do not even give them due recognition. Sixty percent of the urban poor we approached do not even have any proof of identity despite the fact that they have been living in the city for years, placing them at the mercy of the urban authorities who can dispense them off according to the elitist demands. The recent eviction drive in Chennai is a

good example of this. The cities, which extract their labour do not want their presence in their 'elitist city', as Partha Chatterjee (2003) puts it, for the city is becoming increasingly bourgeoisie. Though the Indian constitution guarantees the right to equality as a fundamental right, the poor who live in the urban fringes, in slums, on the streets of the cities have always remained 'illegal encroachers'. They are often called wanderers, criminals, lazy parasites on the city, eyesore in the city, etc. without considering the causes that force them to make homes of precarious corners of the city. The state authorities and city planners need to understand the deeper causal factors that the poor 'illegal' in the city and the exact nature of the socio-economic problems they encounter in their life and devise policies to help the poor. One of the first steps that the state should adopt is to stop harassing them and give them proper recognition. Even when the poor are provided alternative settlements they are displaced into far off places from the places of employment. As we have seen in the fifth chapter how housing is related to employment and income. Any policy to provide the urban poor living on the streets with housing should consider employment, transportation etc.

The Convenient Myth of Illegality

It was only a negligible section of the poor who were found to be involved in what are illegal activities. Less than one percent (0.7%) of them were found to be engaged in illicit arrack peddling, 1.3% in pick pocketing, 2% in black ticket selling, 5.3% in sex work and only 6.7% charity seeking. Those who chose to take up such illegal occupations did not choose these occupations on their own volition. It was only after years of hard struggle that they took to these activities. Deprived of education, necessary skills for formal employment, financial security and opportunities for regular sources of income they have to depend on this informal and 'illegal occupation' occupation for their survival. The larger section of them, those engaged in sex work and charity seeking, are the weakest links in the chain of poverty. The experience of Vimala in chapter six and that of Murugan in the fourth chapter show how women, old and physically challenged are the most vulnerable. Their condition exposes the failure of the society to provide them with efficient social security measures.

Towards a Comprehensive Understanding of Health Conditions

The little corner what they call homes cannot be associated with anything that could be called luxury, but are in fact second only to the upper class imaginations of hell. They

have hardly anything to protect them from the harshness of nature, needless to say about pollution. They often vie with dogs and rats for a place to lay down their weary bodies after the day's hard labour. Lack of proper sewerage and other sanitation facilities make their dwelling places breeding grounds of microbes and vectors. Added to such precarious conditions they do not even have any supply of potable water. The major illnesses suffered by the poor were mostly of infectious nature that could be largely preventable if only adequate basic amenities provided for them. There were cases of high infant and child mortality reported by the respondents. Even the little facilities that exist often come with a price, greatly disproportionate to their earnings. Added to these, their being under-nourished makes them extremely vulnerable to diseases. The health of the poor should be thus understood in the larger framework and should address the deeper determinants of health. The precarious living conditions, the hazardous nature of the job, irregular earnings that could hardly fulfill their nutritional requirements, together with constant alienation that they face in the society which creates a immeasurable mental trauma all together plays an important role in determining their health.

The health seeking behavior of the poor was found to be dependent on their financial status. Despite the numerous government health care facilities present in the Chennai city they are not accessible for the poor at the time of their needs. For most of the primary health problems they spend to take treatment from private practitioners. Though they rely on curative centered health services, when they come back to the same precarious living environment the treatment hardly helped them. Until their socio-economic conditions improved, their health condition can never be improved.

Health as a Privilege Vs. Health as a Right

Initiatives to improve the health status of the urban poor living on the streets should take into accounts the basic necessities of life like equal access to resources in a way that it ensures adequate social and economic security. The least that is expected of the government machinery is to ensure that the poor have some form of a shelter, that they are paid enough to maintain a dignified life free of hunger and shame. But that seems to be too distant a possibility when we consider the changes in the approaches of the government of India in the recent years of liberalization. After the introduction of neo-liberal policies the state has

been gradually declining its obligation to provide welfare and security for the needy and poor. In the case of health sector the expenditure on health (which is one of the lowest in the world) has been reduced from 1.3% in 1990 to 0.9 % of the GDP in 1999. While the central budget allocation has remained stagnant at 1.3% of the total budget outlay since then, the budgetary allocation to health in the state budgets has fallen in this period from 7.0% to 5.5% (Sengupta, 2003). The decline in the expenditure holds true in the case of other social sectors like rural development, housing, education, water and sanitation, as there has been concerted efforts to commercialize even the basic needs. The study brought out how the urban poor on streets are living in extreme poverty conditions for more than one generation they had been born and brought up in the streets of the city, in this neo-liberalization era their situation has become more worst after enforcing stringent laws to erase the poor out of the elitist city. Schenk (2002) shares the same perspective in his analysis that from 1990 onwards macro changes in the political economy of India and a new wave of evictions of the migrants, squatters, industrial units, pavement hawkers and settlers have been taking place.

Fred in his article 'A precarious existence: The fate of billions' (2004) points out how the poor cannot claim their legal right to the basic needs such as food, water, land, shelter, health, clothes as they are becoming more and more commercialized. The Universal Declaration of Human Rights in 1948 says, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his/her control" (cited in Desai et. al., 2003: 4). Most of these basic rights have been reduced to privileges that the poor enjoy at the mercy of the philanthropy of the capitalist society. According to Satyamala (2004), "The fact is that the disparate NGO sector contains within it a section of the liberal vocal middle class with little social accountability and no explicit ideology or long term commitment has made it a sitting duck for cooption. The dependence on external funding, be it domestic or foreign, has meant that it is possible to manipulate and pressurize these organizations at critical times and shift their attention from issues of people's livelihood to seeking means to protecting their own" (p.5). Moreover, in their short sightedness they can only take actions like providing them temporary shelters or giving a day's meal etc. that are all band-aid approaches.

What Engels stated more than a century ago holds true even now. He locates health in its larger social frame, pointing out the responsibility of the larger society.

“If one individual inflicts a bodily injury upon another which leads to the death of the person attacked we call it as manslaughter, on the other hand if the attacker knows before hand that the blow will be fatal we call it a murder. The murder has also been committed if society places hundreds of workers in such a position that they inevitably meet premature and unnatural ends. Their death is as violent as if they had been stabbed or shot. Murder has been committed if thousands of workers have been deprived of the necessities of life or if they have been forced into a situation, which is impossible for them to survive. Murder has been committed if the workers have been forced by the strong arm of the law to go on living under such conditions until death inevitably releases them. At first sight it does not appear to be a murder at all, because the responsibility for the death of the victim cannot be pinned on any individual assailant, because it appears as if the victim has died of the natural causes.” (qtd. in Samson, 1999)

He emphasized that the unequal society created an unhealthy environment for the poor to live and enjoy a normal expectation of life. These situations send them to their graves earlier than the privileged of the society.

Any lasting measure to redeem the urban poor living on the streets should begin with the larger society owning its responsibility towards the poor. Any policy to alleviate poverty and to ensure decent health status of the poor should work towards wiping out of the inequalities that exist in the society. As Friere in his book *Pedagogy of the Oppressed* (1972: 48) suggests, the poor who are oppressed are not marginals, they are not the people who are living ‘outside’ society. They always have been inside the structure, which made them ‘beings for others’. The solution is not to integrate them into the structure of oppression, but to transform that structure so that they can become ‘beings for them selves.’ He says that the world to which one relates is not a static and closed order, a given reality which man must accept and to which s/he must adjust; rather it is a problem to be worked and solved a task, which is dehumanizing at any particular time and place and dares to create a qualitatively new.

A permanent and long term, comprehensive strategy has to be planned to address their various problems in a comprehensive manner, which has to be rights based. For many years these poor have been denied of their basic minimum rights. Providing one kind of

intervention like shelter rights and without ensuring employment rights or providing health care without other basic amenities and adequate nutrition will not help them in the long run. The interventions to improve their health cannot happen without improving their socio-economic conditions. If such intervention does not take place, the lives of the poor will continue to be caught in a vicious cycle of poverty and exploitation where they can be eternally stuck to their precarious existence. Their parents lived on the streets and their children will continue to be part of the cycle of poverty that grows in its intensity with the growing social and economic inequality and the resultant oppression.

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Appendix

Appendix: 1

INTERVIEW SCHEDULE:

1. Serial No:

1.1. Sex:

1.2. Place of stay:

1.3. Geographic location:

2. GENERAL DESCRIPTION.

2.1. Age:

2.2. Marital status:

2.3. Language spoken:

2.4. Educational level:

2.5. Educational status:

2.6. Religion:

2.7. Caste:

2.8. Proof of residence:

3. FAMILY CONSTELLATION.

3.1. S.No.	3.2. Relationship	3.3. Age	3.4. Sex	3.5. Educational level.	3.6. Employment	3.7 Income Per month	3.8. Special Remarks.

4. PLACE OF ORIGIN.

4.1. State:

4.2. District:

4.3. Do you hold any linkages with your people in the native place?

- 4.4. How frequently do you visit your native place?
- 4.4. What were you doing before coming to the city?
- 4.5. What was your average monthly income in your native place?
- 4.6. Do you hold any assets in your native?
- 4.7. Land ownership: mention acres..... a) cultivable land b) Non cultivable land.
- 4.8. What were the main reasons responsible for you to migrate to the city?
- 4.9. What were the reasons for choosing Chennai?
- 4.10. What are the initial problems you faced when you came to the city?

5. PRESENT OCCUPATION

- 5.1. What work you do at present?
- 5.2. Do you work everyday?
- 5.3. How many hours do you work?
- 5.4. Average income earned per month?
- 5.5. Are able to save some money from your income?
- 5.6. If you save, how much have you saved?
- 5.7. What are the main sources of saving?
- 5.8. Do you have any debts? Amount of debts.....
- 5.9. What are the main sources of borrowing?
- 5.10. What are the main reasons for debts?

6. PRESENT LIVING CONDITIONS.

- 6.1. How long have you been staying in this current place of settlement?
- 6.2. Is this your settlement outside your native place?
- 6.3. Why have you chosen this particular settlement?
- 6.4. Type of roofing:
- 6.5. Expenses for roofing:
- 6.6. Do you prepare food everyday?
- 6.7. How many meals do you eat in a day?

6.8. How many hours do you sleep?

6.9. Where do you access

- a) Toilet facility.....a.1) charges:
- b) Bathing facility.....b.1) charges:
- c) Washing clothes.....c.1) charges:
- d) Drinking water.....d.1) charges:

6.10. What kind of problems you face in this current place of settlement?

7. HEALTH STATUS.

7.1. Kind of illness you suffered in the last two months:

7.1.1 Illness for which treatment was sought:

7.1.2. Illness for which treatment was not sought:

7.2. Who did you approach for treatment?

7.3. What are the different systems of health care that you have utilized so far?

7.4. Place of utilization of services.

- a) Ambulatory & emergency services.....
- b) Out patient services.....
- c) Inpatient services.....
- d) Maternal and child health services.....

7.5. What is the consultation fee charged by the local private practitioner?

7.6. What is the approximate household expenditure for health has you spent in the last two months?

7.7. Has any one demised in your family?

7.8. Age of death.....

7.9. Cause of death.....

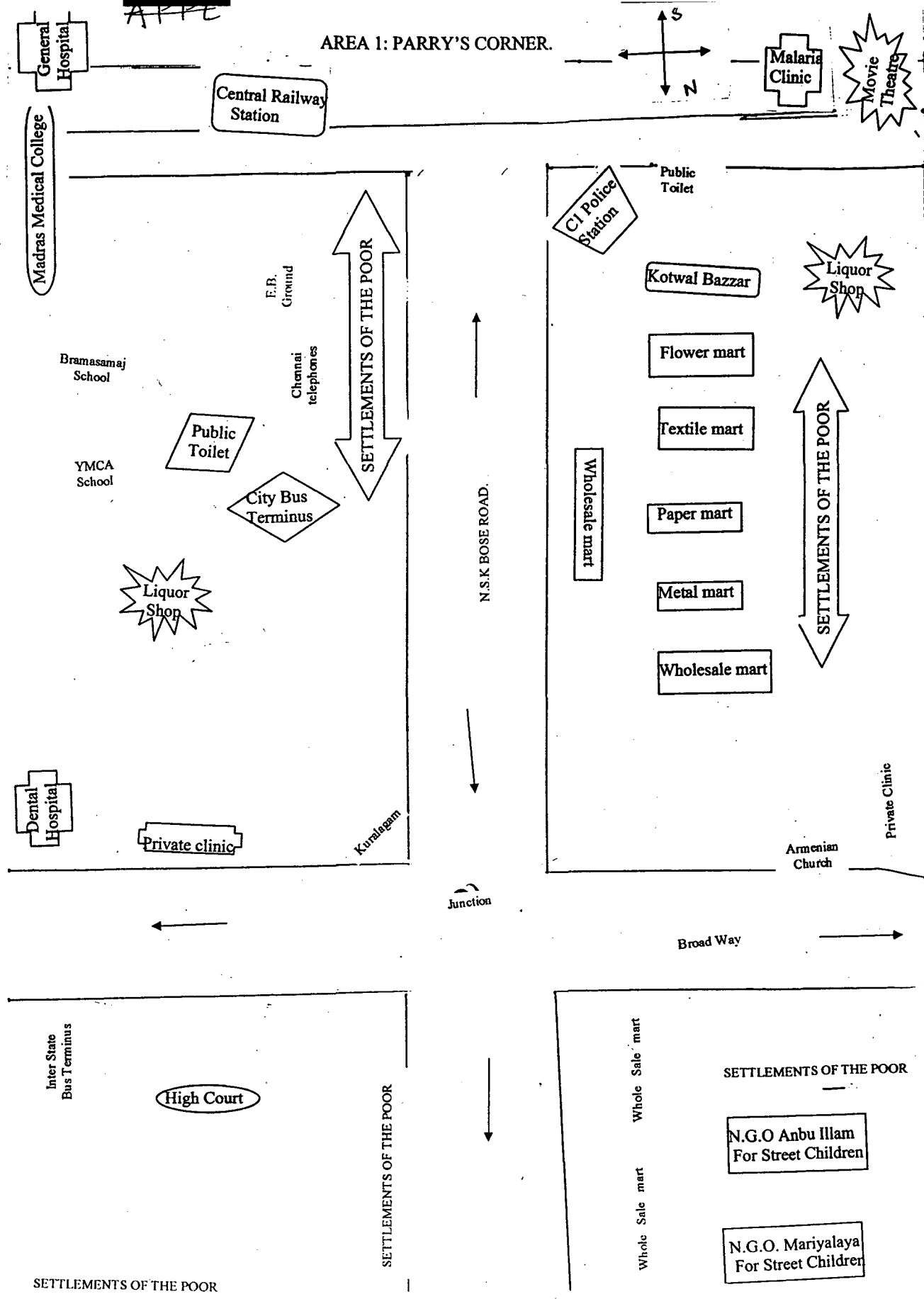
7.10. Do you take any kind of addictive substances?

7.11.Frequency of intake.....

8. FELT NEEDS.

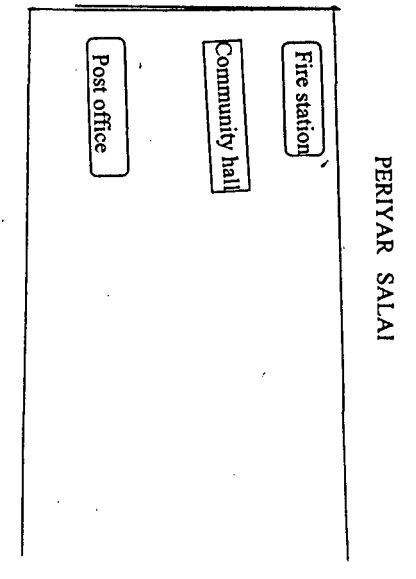
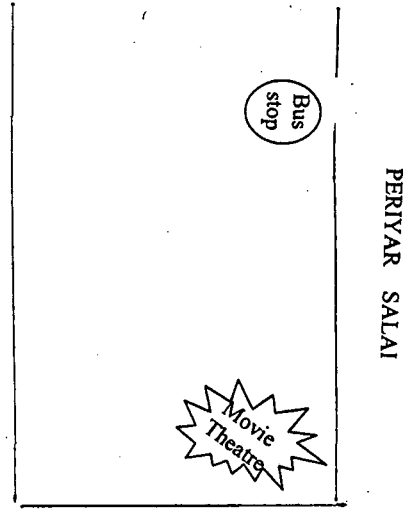
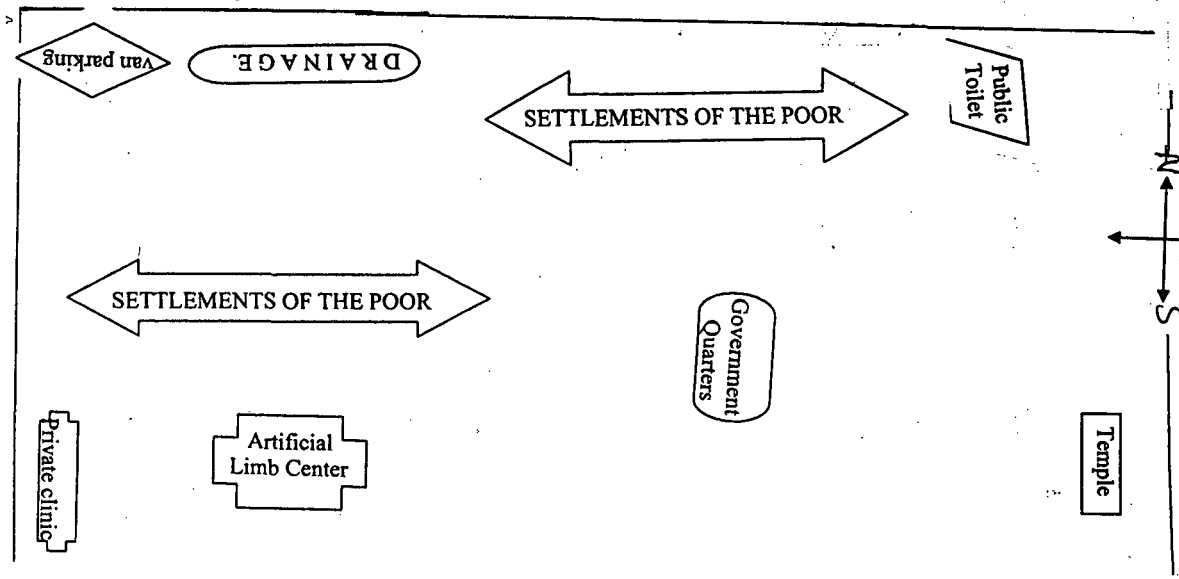
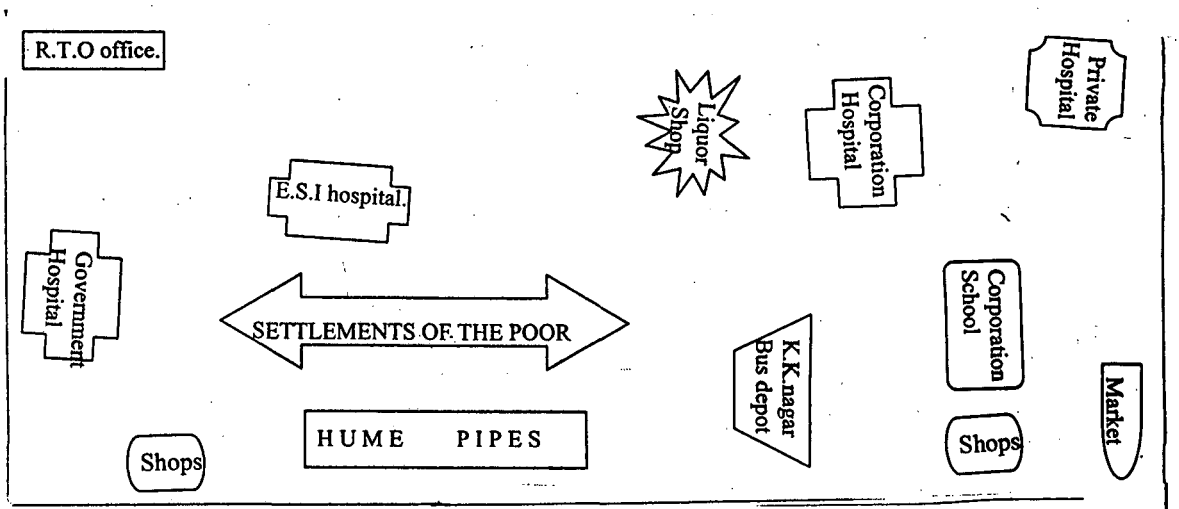
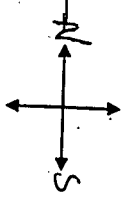
8.1 What are your most important felt needs?

8.2 What are your other expectations?

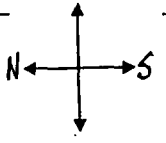


APPENDIX : 2
 NOTIONAL MAPS

AREA 2: K.K.NAGAR

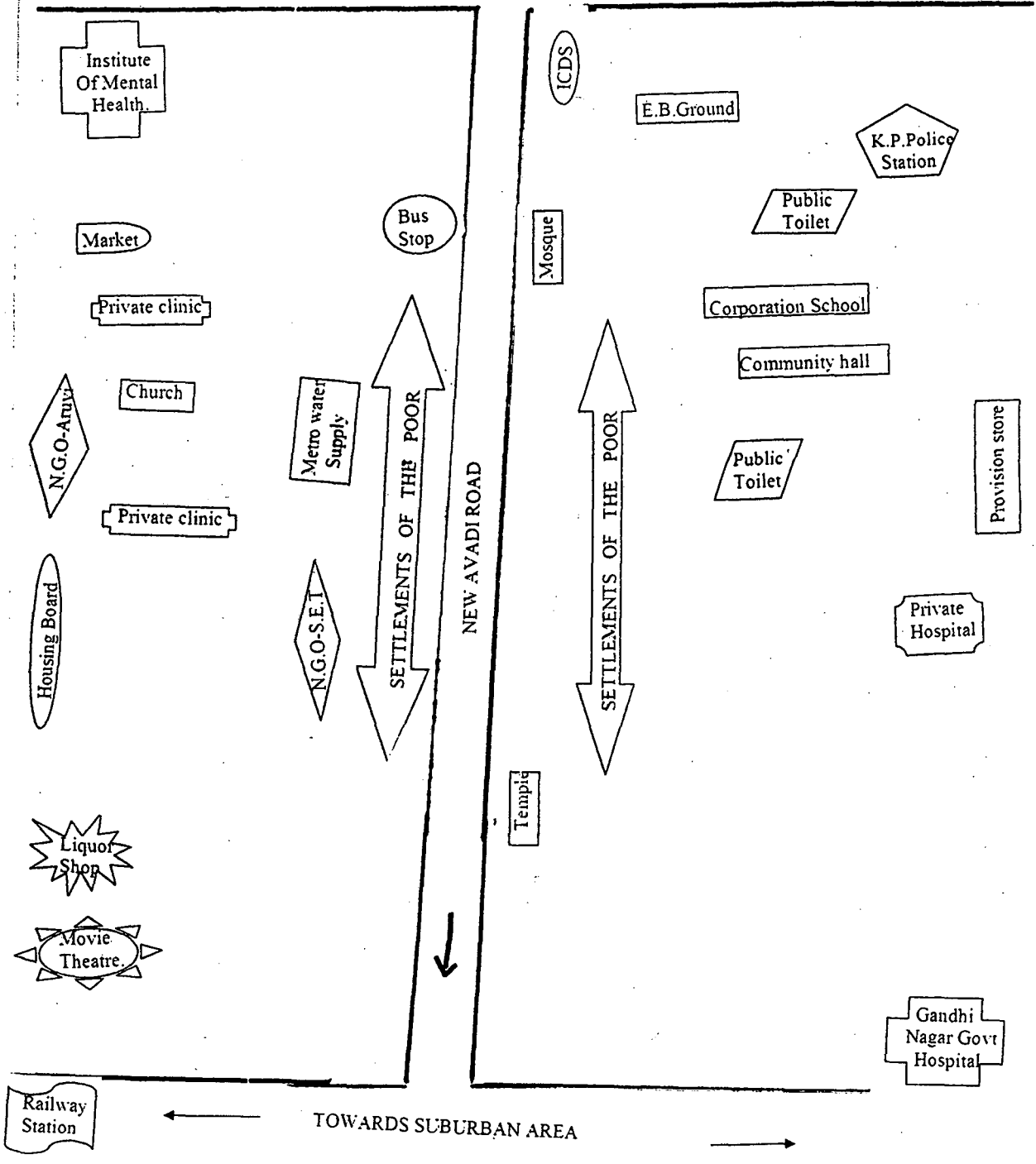


AREA 3: NEW AVADI ROAD



Kilpauk Medical College

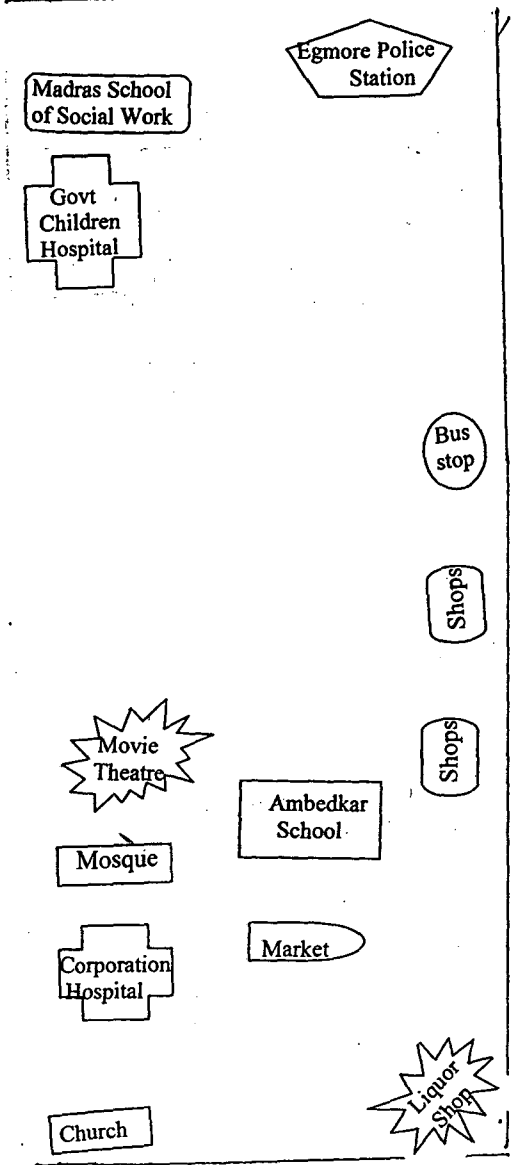
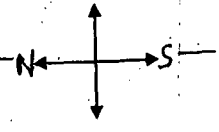
KILPAUK GARDEN



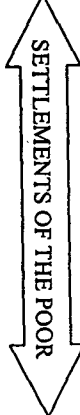
Railway Station

TOWARDS SUBURBAN AREA

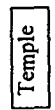
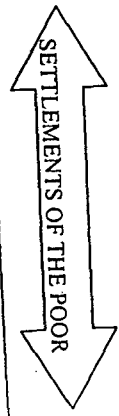
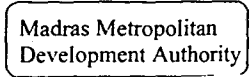
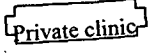
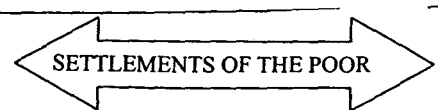
AREA 4: EGMORE



GANDHI IRWIN ROAD



NARRIYAN PADY



AREA 5: ZAM BALLAR

