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THE POOR WAY TO FIGHT POVERTY

A STUDY OF COPING STRATEGIES PRACTISED BY THE URBAN POOR IN BENGALURU, INDIA

Mudassar Mahamad Jamadar^{*} and Kala Seetharam Sridhar^{**}

Abstract

The study investigates the coping mechanisms practised by the urban poor, with special emphasis on shocks. The study is based on a primary survey of 300 poor households identified in six localities of Bengaluru in the post-pandemic period. Five themes emerged from the quantitative and qualitative content analysis: coping during i. Shocks/ Crisis ii. Economic distress iii. Social distress iv. Health distress and v. education. We find various coping mechanisms practised by the urban poor, such as skipping meals, selling assets, pulling family members to the job market, postponing expenditures, and compromising food quality. The results show that shocks triggered food insecurity among poor urban families. As part of a planned effort to fight poverty, 62% of households started savings, anticipating expenditures during emergencies (25%), & for business (29%). Friends & relatives are approached the most (85%) to tackle social distress, and 43 per cent of urban poor rely on home remedies to cut down health expenses. This study concludes that short-term coping strategies during shocks give instant relief from the crisis but make them vulnerable to falling into poverty in the long run. Safety nets should cover adversaries of shock and crises to interrupt the perpetuation of poverty among the urban poor.

Keywords: Urban poverty, shocks & crisis, food insecurity, coping strategies, cycle of poverty

Introduction

Among the United Nations' sustainable development goals (SDGs), the problems of poverty and hunger have received top priority around the world. The constant decline in global poverty rates made everyone believe we will live in a poverty-free world soon. However, the poor performance of the developing world, specifically India, in the recent Global Hunger Index (GHI-2023) has raised concerns about the population's food security and nutritional requirements. Armed conflicts and climate change pose major challenges to global poverty eradication efforts. In addition, in 2020, COVID-19 erupted, and all the gains in reducing poverty over at least four years were threatened to go in vain (Kharas & Dooley, 2021). According to the UN's biennial 'Poverty and Shared Prosperity Report: 2020,' the pandemic itself may push more than 100 million people into extreme poverty, and most of the new poor will be from the most poverty-stricken areas like South Asia and sub-Saharan Africa. A report further

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explained that the new poor will be mainly urban, living in congested urban settings and working in sectors most affected by lockdowns, like informal services and manufacturing.

The pandemic is a shock that created a crisis at a global level. A shock is a driver of vulnerability, an important factor that can push people into poverty. The shocks are usually sudden and unexpected events that will cause a household monetary or emotional setback. It has been observed that the unprepared or defenceless poor are plunged into poverty in the event of sudden shocks, which can be understood with the example of the COVID-19 pandemic. Estupinan & Sharma (2020) estimated that during India's nationwide lockdowns, among those who were at risk of losing jobs, 89.50 per cent in the first lockdown and 68 per cent in the second lockdown were informally employed. During the entire lockdown in 2020, the employees in the informal sector lost, on average, 22.62 per cent wages compared to a 3.83 per cent wage loss for formal employees. A study conducted by Azim Premji University (2021) to capture the impact of Covid-19 on the livelihoods of informal sector workers in Bengaluru found that nearly 75 per cent of people returned to the same job, but 46 per cent of them were receiving less pay, and 23 per cent joined with a break in employment. The same study also found that only 3 per cent returned to the same job at higher pay.

Given that poverty is understood as a market failure, poverty eradication is considered a major responsibility of the state. In all fairness, the Indian government made efforts to reduce people's hardships during the pandemic. Pradhan Mantri Garib Kalyan Anna Yojana (food scheme for poor- PDS), PM-KISAN (minimum income support scheme for farmers), hiked wages under MGNREGA, cash support (DBT) for senior citizens, widows, physically challenged people, and all woman Jan Dhan account holders, free gas cylinders for BPL families under Ujjwala Yojana, and Atmanirbhar Bharat Rozgar Yojna are a few schemes that helped the vulnerable people during the pandemic (KPMG Global, 2020). The World Bank economists opined, *"Most social protection schemes operating in modern India are designed for a rural, agrarian, and chronically poor country. That India now only exists in pockets. Even prior to Covid-19, India needed to pivot its social protection system to address the needs of a more urban, mobile, and diverse population where the risks are related to climate, urbanisation, and migration. The onset of the pandemic has escalated the urgency of this reform agenda'(World Bank, 2020b).*

The coping mechanisms practised by the urban poor are not much discussed in academia. The available literature also focuses on coping strategies of slum households, and all of these slum dwellers are not necessarily poor. In this light, the present study is an effort to understand how the urban poor use various coping strategies to escape the poverty trap. The study also attempts to understand how the urban poor the urban poor respond to sudden shocks. This study focuses on assessing coping strategies practised by the urban poor, taking the case of Bengaluru.

Here are the specific questions this paper proposes to answer:

How do the urban poor cope with their economic distress?

How do the urban poor deal with their social deprivations? How do they cope with health and education-related shocks?

The assessment of coping strategies may guide policymakers in identifying the shortcomings in the existing policy framework meant for welfare disbursement.

This paper is organised as follows. We first review the existing body of literature on the subject, which consists of the theoretical framework for understanding coping in the theoretical part of the review. Then, there is a section on data and methodology, followed by a section on the findings. A final section summarises the policy implications of the research and concludes the paper.

Literature Review

The literature review presented here seeks a comprehensive understanding of the shock, also known as crisis and emergency. Another significant term elaborated here is coping mechanisms. An effort has been made to elaborate on definitional terms and approaches to coping from the existing body of literature on the subject. Since different individuals choose different coping mechanisms, a theoretical review of the literature has been attempted to address the issue of how different poor choose their coping strategies.

The crisis of shocks

The shock situation in day-to-day life is understood as an unpleasant or disappointing surprise. Shock refers to the feeling of distress and disbelief in someone when something bad happens accidentally. Shock is a well-established phenomenon in science regarding electric or medical shock, but very few scholars in social sciences have attempted to define the shock situation.

Shocks are "an event which may disrupt the normal functions of socioeconomic agents and/or their activities, impose challenges or threaten household food security" (Ansah et al., 2019). The shock is explained as a deterrent function in people's normal life course.

Understanding a coping mechanism

Coping mechanisms practised by the poor are not always the after-effects of shocks. People anticipate unpleasant situations in the future and can practice coping mechanisms to avert or reduce the anticipated crisis of shock in the future. Savings or emergency funds accumulated by the poor can be a good example to explain the fact.

The poor deal with problems in their own way. These defence strategies against the adversities of unpleasant situations are better understood as coping mechanisms. Poverty is a stressful event, and it has been widely presumed that the poor are so powerless (maybe because of their limited access to financial means) that they can't exert any influence on poverty. However, Giddens (1984) and Long (1990) extended the purview of this understanding by establishing the working assumption in the research on coping strategies that people are active agents and surely have certain freedom and choice of action (to deal with situations). Poor households have limited leeway due to a lack of resources. Still, certainly, they have free will to opt for appropriate coping mechanisms in their capacity that produce good or bad results for them. Snel & Staring (2001),cited in Gonzales de la Rocha (1994), noted in the context of Mexico City that there are always more and less effective ways of dealing with financial

scarcity. These ways must be tried out, acquired, adjusted, and improved: "...denying the existence of strategies is equivalent to saying that poverty determines the lives of poor in such a way that their courses of action are given."

Coping mechanisms are well described in the psychology and health literature. The pioneers of coping theory, Lazarus & Folkman (1984), have defined coping as,

"Constantly changing cognitive and behavioural efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person".

Folkman & Lazarus (1980)also indicate that coping strategies are methods people employ to deal with situations that require a tremendous investment of their resources, such as time and effort. Based on these definitions, one can infer that:

- i. Coping involves spending energy/effort in a way that can reduce the stress/ severity of an unpleasant event.
- **ii.** The ultimate goal of coping mechanisms is to enable the resolution of the problem and return to normalcy or a comfortable situation.
- **iii.** Coping strategies can be positive or negative, depending on whether they reduce or increase the severity of the stressful event.
- iV. Coping is highly dependent on personality patterns and perceptual experiences.

Snel & Staring (2001)pointed out that coping with poverty and coping with stress are correlated. The unsuccessful strategies in dealing with poverty certainly increase mental stress, and sometimes, the decision taken in frustration can further push people deep into poverty. Wisner et al. (2004) elaborated on "preventive" and "impact minimising" coping strategies. Preventive strategies are ex-ante coping mechanisms; here, efforts are made at the individual or community level to avoid unpleasant situations that may occur in the future. For example, urban poor living in make-shift structures on the banks of rivers may relocate before the flood hits their settlement.

Contrary to this approach, impact-minimising strategies, mostly ex-post in nature, minimise the loss and facilitate recovery after the unpleasant event. An example is the sale of an asset to cope with financial setbacks. It has been observed that the poor are double burdened because poverty costs them a decent living, and their lower position in the class hierarchy exposes them to many more stressful events. (Dohrenwend et al., 1970; Kessler & Cleary, 1980)

It is well understood from the above literature that poverty refers to different problems that can be dealt with differently. It is frequently found that for the same problem, different individuals try different coping mechanisms. To further understand the 'choices of coping' among the urban poor, the capability and culture of poverty approaches are reviewed as the theoretical background.

The capability approach

Sen's capability approach defines poverty as not merely an absence of income but an inability to acquire certain minimum capabilities (Sen, 1976). One should not misunderstand that the capability approach is explaining poverty. It is a framework or a tool that will help conceptualise and evaluate poverty, inequality, or well-being (Robeyns, 2005). The core idea of this approach is centred on what people can effectively do and become. Every individual is opting for his/her own strategy to fight poverty, but not necessarily all the poor are succeeding in their way of coping. We have observed in field surveys that poverty is sometimes perpetuated from generation to generation. The "Culture of Poverty" theory will shed light on this phenomenon and explain why only specific households suffer from poverty generation after generation.

Culture of Poverty

Lewis gave an interesting theory of the 'Culture of Poverty' in the late seventies (Lewis, 1966), which suggested that poverty is a result of people's values or cultural norms. According to this theory, the poor and the non-poor have significantly different cultural values. Lewis argued that children who grow up in deplorable conditions like slums would internalise feelings of hopelessness and desperation. As these children grow up, they would be unable to take advantage of opportunities that might exist, which is a psychological phenomenon that accompanies living in dire situations.

In the present study, we understand different coping strategies practised by the poor, which may or may not overcome the poverty trap due to the culture of poverty.

Data and Methodology

Primary surveys of the urban poor were conducted between February and April 2021 to collect data from poor households¹ in Bengaluru. It was chosen as the study area because it is slated to be one of the wealthiest cities in Asia, and there promises to be considerable inequality. The data from the primary surveys has been analysed here to understand the coping strategies of the urban poor in Bengaluru.

Methodology

We first developed an Index of Multiple Deprivation (IMD) based on Baud (2008), which helped identify the city's most deprived wards. IMD consists of eight indicators in three capitals -- human, financial and physical capital deprivation. For Bengaluru, the required ward-level data was collected from the 2011 Census. The deprivation scores were generated by applying equal weights to each capital mentioned above. The deprivation scores thus generated for respective wards were arranged in descending order, and the six most deprived wards were selected from the wards of Bengaluru. In each of these six wards, 50 households were selected for primary surveys, making for a sample size of 300.

¹The primary surveys were cleared by an Ethics Committee at the Institute for Social and Economic Change, Bengaluru.

The data has been collected through a household schedule. The present paper analyses the questions dealing with households' coping strategies. The questions regarding coping were open-ended, and in selected questions, three choices were recorded based on the respondents' preference, from top priority to least priority, at the end. The collected data was analysed using descriptive statistics and rank order analysis.

In the rank order analysis, we have given weightage to preferences in descending order. For example, when we have collected three preferences of respondents, the first preference will get the highest points in the analysis (3), and the last preference will get only one point. After applying the said weights, a cumulative score was generated. The higher the rank order score, the higher the preference. Ranks were given to coping strategies. The rank order analysis has been depicted in bar graphs and pie charts.

Results and discussion

The present research deals with coping mechanisms used by Bengaluru's urban poor. The analysis of questions about direct or indirect coping is summarised here. The coping strategies practised by the urban poor are elaborated through different themes.

1. Shock situation

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In this paper, we asked the poor to describe the shocks they went through in the past year. Here, Table 1 lists stressful events faced by the urban poor in Bengaluru. It has been observed that many households suffer from multiple shocks at the same time, e.g., the principal earner of the family losing a job and borrowing money from moneylenders. In 2020, the population of cities notably experienced unprecedented health emergencies due to Covid-19, which adversely affected the livelihoods of the poor. In the primary survey, 78.33 per cent of households noted experiencing a financial shock. With the nationwide lockdown imposed in the country, many households suffered due to the lack of income from any source. Many urban poor are self-employed, but even then, 32.66 per cent of households had a family member lose their job in the previous one year.

No	Event of Shock	Victims	Percent*
1	Disease or hospitalisation	13	4.33
2	Physically challenged person	9	3.00
3	Accident	2	0.67

Table 1: The shocks experienced by selected urban poor in theprevious one year in Bengaluru, 2021

98

5

42

235

65

5

32.66

1.67

14.00

78.33

21.67

1.67

Source: Author's calculation of field survey data

Expenditure on marriage

Un-institutional Borrowing

Death of earning member

Daughter/ in-laws seeking financial help

Person lost job

Financial setback

*These are multiple-response questions (meaning respondents may have had more than one shock to report). Hence, the total does not add up to 100.

In a small survey of 300 households, the death of 65 earning members was observed. The toll is par one-fifth of the total households surveyed. It shows the grave reality of the COVID-19 pandemic. The data also shows that only 4.33 per cent of households incurred expenses due to disease or hospitalisation. The slums had been considered Covid containment zones due to their density, weak health, and sanitary practices. The pandemic also highlighted the stark inequality in accessible health care services available for the urban poor, with a meagre hospitalisation rate among the surveyed population.

Expenses incurred by the urban poor due to accidents are observed to be minimal (at 0.67 percent). Events like marriage are always considered a big blow to savings by people experiencing poverty and are also mentioned by very few as events of shock in the previous one year. After reviewing different shocks, we next understand which coping mechanisms the urban poor used to defend against such shocks.

In our primary survey, more than 20 different coping strategies practised by the urban poor as a defence against shocks were identified. Out of them, we have listed only the top 10 coping strategies in Table 2. It has been observed that food insecurity is frequently triggered in the event of shock. About 14% of households during the survey noted that they were skipping meals in the event of a shock, e.g. taking only one meal until dinner. This is consistent with our observation because the urban poor often skip lunch at the workplace. Therefore, only3% admitted to compromising the quality of food (giving up on meat) to cope with the shock. The respondents also mentioned that they do not have an option but to sell their assets (13.52%) for survival through difficult times. Such direct strategies can provide temporary relief in the event of shock but could negatively impact the objective of poverty alleviation in the long run.

Rank	Coping Strategies	Preference (%) *
1	Skipping meals	14.11
2	Selling assets	13.52
3	Control non-food expenses	13.22
4	Pulling adult members into the job market	12.27
5	Overtime at work	10.67
6	Postponement of non-urgent financial matters	7.74
7	Control unnecessary expenses	6.94
8	Borrowing money	3.88
9	Compromising with the quality of food	2.73
10	Pulling non-adult members into the job market	2.13

Table 2: Top ten coping strategies practised by urban poor in Bengaluru during shocks in thepreviousone year, 2021.

Source: Authors' calculation of field survey data

*These are multiple-response questions; hence, the total does not add up to 100.

Controlling non-food expenses (13.22%), postponing non-urgent financial matters (7.74%), and controlling unnecessary expenses (6.94%) can be seen as positive coping strategies. In the long run, such coping strategies may save the poor from falling deeper into destitution. However, the restlessness during shocks pushes poor households to engage in some ill practices. Pulling non-adult

members (2.13%) into the job market has its own adverse consequences as it involves child labour. The culture of poverty theory elaborates on such practices that have been responsible for perpetuating poverty for generations.

Some employers might have taken advantage of the precarious conditions of the urban poor by mandating more work to meet their ends; the urban poor are forced to work longer hours with less pay. In our survey, 10.67 per cent of households preferred to work overtime to cope with unforeseen situations. It may be argued that overtime as a coping strategy is generally found even among nonpoor households, as more work exists typically in relation to the labour supply at any given time. However, as most of our respondents represented gig workers, security guards, house-helps, drivers, etc., such jobs are less likely to represent the strategy employed by higher-skilled or non-poor workers during crises. The poor workers' responses indicated that they put in extra hours at work, worked on more than one job, did additional work on holidays, served more people, etc.; all these practices were clubbed under the overtime category at work. Additional work may not necessarily be an incentive for salaried workers, but for informal workers, exceeding their regularly scheduled work hours can get extra income. The field observations suggest that the urban poor do not necessarily engage in additional work until they face an emergency or crisis. Therefore, there is less chance for the urban poor to get involved in extra work over and above the main work if it is not necessary.

So, we see that the positive coping strategies of the urban poor to face shock situations are controlling non-food expenses, pulling adult members to the job market, overtime at work (which may or may not have been compensated with extra wages), postponement of non-urgent financial matters and controlling unnecessary expenses. Conversely, skipping meals, selling assets, compromising food quality, and pulling children into the job market are negative coping strategies. The negative strategies were expected to provide temporary relief from unwanted situations. Still, in the long run, we see them as making households more vulnerable to falling into the poverty trap.

Rank	Rank Practised strategies to increase the HH income			
1	Change in present employment/ business	52		
2	Overtime or opting for part-time jobs	30		
3	Controlling the HH expenditures	8		
4	Others	7		
5	Pulling other HH members into the job market	3		
Source: Authors' colculation				

Table 3: Coping strategies practised by urban poor in Bengaluru to increase the HH income.

Source: Authors' calculation

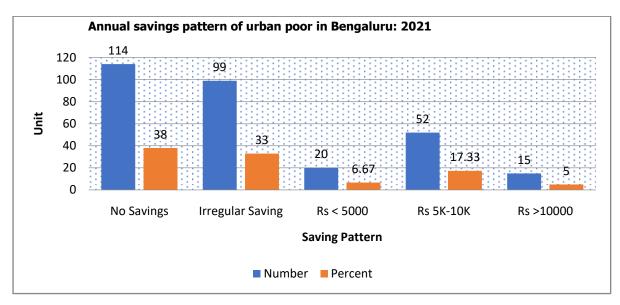
An open-ended question was asked to the households about their strategies to increase household income. More than half of the respondents (52%) said they changed their present employment or shifted to a business that would help them earn more (Table 3). Roughly 30 per cent of households worked some extra hours with their current job or opted for additional part-time jobs elsewhere. Eight per cent of households opted to control their current food and non-food expenses, and three per cent brought their other HH members to the job market. The strategies compiled in the category 'others' are availing loans, exhausting savings, seeking help from the government, promoting

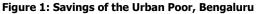
the business of selling home-made products, etc., which account for seven per cent of responses. It indicates some poorer households opt for positive coping strategies to increase their income during shocks.

The literature suggests that shocks and the intensity and type of shock motivate some to opt for various coping strategies. Shocks need quick actions, but people also have long-term plans to tackle unwanted situations that might occur in the future. The analysis below deals with such coping mechanisms.

2. Economic Distress

The urban poor are majorly involved in informal economic activities. Their incomes are lower and irregular most of the time. As poverty is widely understood, it is a monetary problem since it is assumed that the poor cannot save. Savings can defend the urban poor from any economic distress. In Figure 1, we investigate the saving patterns of Bengaluru's urban poor.





Source: Authors' analyses

Figure 1 indicates that a whopping 62% of the urban poor in Bengaluru try to save out of their income. On the other hand, 38 per cent of households have no savings at all. These defenceless people are more vulnerable to falling deep into poverty in the event of shocks. Though 33% of people noted their savings are irregular, we also note that 17% are saving between Rs. 5,000 and Rs. 10,000 per annum and an additional 5% save more than Rs. 10000 annually, mainly due to their small family size.

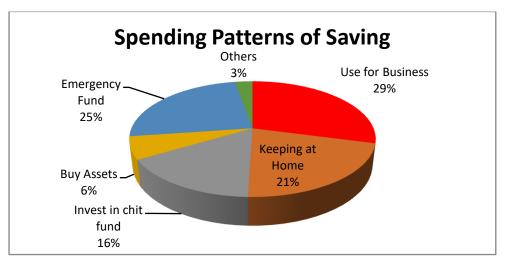


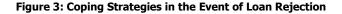
Figure 2: Spending of Savings by the Urban Poor

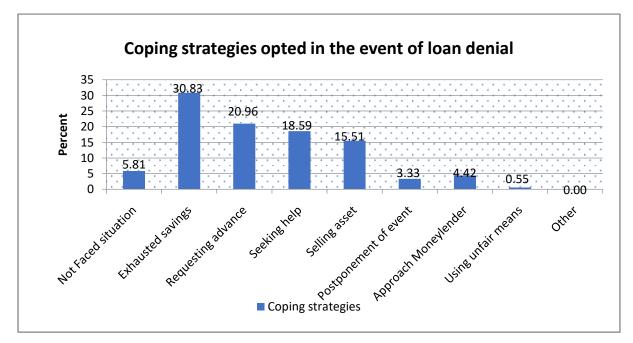
Source: Authors' calculation of field survey data

Figure 2 elaborates that the accumulated savings are primarily used for business purposes (29%) (repaying long pending dues/ loans, expanding business, buying raw materials, advance payments, etc.). This situation is somewhat satisfactory because the money saved by poor households opens different opportunities for them. However, as shown in Figure 2, if more and more people are piling up their savings at home, it will not help them in their capacity to fight poverty. We found that 21% of households keep their savings at home due to either inaccessible formal financial institutions, irregular cash flows, documentation challenges, or being concerned over government surveillance.

Another major objective of the urban poor's savings is to use them as emergency funds. Such emergencies include health expenditures, hospitalisation, job loss, financial urgency, etc. Figure 2 shows that the poor are also finding ways to invest. The local chit funds are best suited for their needs, as they can start saving with small amounts and have the leverage to save irregularly.

In some financial emergencies, such as starting/ expanding a business or for any monetary matters, a loan can be a game-changer. But for various reasons, the poor can be denied a loan. Such loan rejections can be a setback for the plans of poor households. Therefore, it is necessary to understand how the urban poor deal with the situation when denied loans. During the survey, the poor households were asked what their defence strategies were when denied loans.





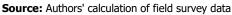


Figure 3 shows the different coping strategies opted for by the urban poor in the event of loan denial. We note that about six per cent of our respondents did not face loan rejection. However, when denied loans, their savings emerge as the primary defence, even though the magnitude of savings is not necessarily adequate. At least three responses are observed from concerned households; it is found that in the event of loan denial, the urban poor exhaust their savings. Nearly one-third reported that they would exhaust their savings if the loan were denied. So, we found differences in the coping strategies adopted by households who save and those who don't.

In the event of loan rejection, the poor also seek advance salary payment from their employer (20.96%). About one-fifth (18.59%) agreed that when they are in dire need, they reach out to their friends, relatives, and neighbours for monetary help. A significant number of the poor also reported the option of selling assets (15.51%). A small proportion (4.42%) of respondents agreed they had approached moneylenders for loans.

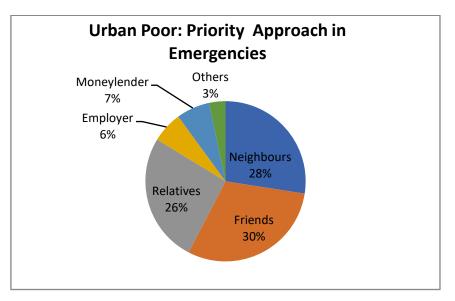
The strategies listed above can be classified as positive and negative coping mechanisms. As is clear, requesting advance from an employer and seeking help from others are positive coping strategies in the event of loan denial; selling assets, approaching moneylenders, and using unfair means are negative strategies to practise. Beyond these two categories, certain strategies cannot be classified as either positive or negative because they have moderate levels of risk and benefit, e.g., exhausting savings or postponement of an event if a poor person seeks a loan for medical treatment or hospitalisation. However, postponement of treatment can be a life-threatening event.

As poverty has several dimensions, we have tried to understand how the urban poor deal with their social deprivations.

3. Social Distress

It is not always necessary to immediately react to stressful situations. It has also been observed that the poor are more likely to seek others' opinions before responding to a problem. We attempted to identify the first social defence of the urban poor. During the survey, people experiencing poverty were asked whom they approached in emergencies. Three responses from each household are recorded according to their priority.

Figure 4 illustrates that people find it easier to get in touch with friends during emergencies or difficult situations.





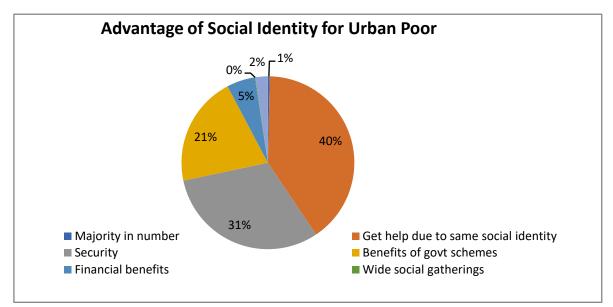
Source: Authors' calculation of field survey data

Thirty per cent of our respondents reported that they would approach friends, followed by neighbours (28%) and relatives (26%). This pattern reflects the urban scenario where people live away from relatives but close to friends and neighbours who might have come in contact due to sharing the same workplace, regional identities, languages, social identities (caste and religion), class, etc. Seven per cent of the poor responded that they would approach a moneylender, while six per cent said they would ask their employer for assistance.

Further, we have tried to evaluate the impact of social identities like caste and religion. The questions have been posed regarding the benefits and drawbacks of respondents' social identity in their current residence because the literature suggests that people's social identity serves as a coping mechanism for social discomfort.

Figure 5 explain show people see their social identity as a coping mechanism. Forty per cent of respondents believed they would get help in a crisis from those from the same caste or religion as theirs. Less than one-third, 31%, agreed they were safe in their current locality due to their social identity. Surprisingly, twenty-one per cent noted that their social identity would bring them benefits of

government schemes in access to basic amenities, education, and employment. Five per cent were happy that they were the majority in their locality.





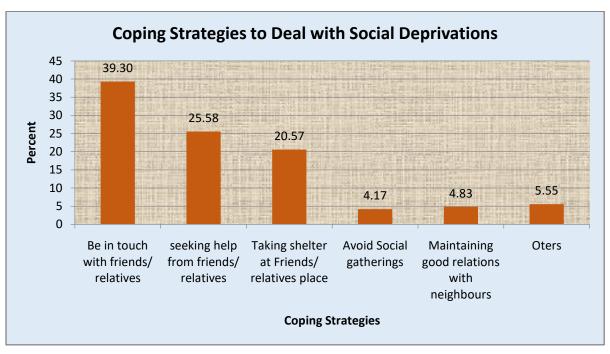
Source: Authors' calculation of field survey data

The urban poor are among the most vulnerable groups in cities. Apart from facing economic problems, they also go through social deprivations. Poor children and women are the major victims of such unpleasant events. The following question was asked to understand how social deprivations were tackled by the urban poor.

 How is your family dealing with social problems like discrimination, isolation, threats, or harassment, if any?

The open-ended question asked respondents to provide at least three coping strategies: highest preferred at first to least preferred coping at the end.

Figure 6 shows that in the event of social problems, the poor depend primarily on their friends and relatives. Nearly 40 per cent of respondents were in touch with their friends and relatives, meaning that the victims were dealing with the problems at the forefront but taking suggestions from friends and relatives. About one-fourth agreed that they needed the presence of their friends or relatives while dealing with social issues. Temporary migration was also sought as a coping strategy where the poor sought shelter at a friend's or relative's place.







Maintaining good relations with neighbours (4.83) can be a good coping strategy but escaping from social gatherings (4.17%) highlights the precariousness of the urban poor much more strongly. Humans are social animals, and in difficult times, seeking help from other members of society is an obvious and positive way to cope with social deprivations. However, avoiding social gatherings can be a negative coping mechanism that will not resolve the problem of social deprivation, as friends and family networks can support them during times of distress by opening up new opportunities.

4. Health Distress

The urban poor have inadequate access to sanitation and hygiene, less access to safe drinking water, lack of decent housing, etc. All these and several other factors make the urban poor much more vulnerable to health hazards. The recent Covid pandemic exposed the defencelessness of the urban poor to tackle health distress. In this study, we inquired about the coping mechanisms the urban poor opt for during such health-related problems. At first, questions were asked about why people choose government or private hospitals for treatment.

Figure 7 depicts why people go to government hospitals, and Figure 8 shows why the urban poor utilise private hospital services. The main reason for availing of government hospital service is 'affordability'. In the survey, 41 per cent of respondents revealed that they choose government hospitals over private healthcare centres because they are affordable. A little over one-fifth, 21.41% of respondents, were convinced that govt hospitals have qualified doctors, trained staff, access to standard equipment, and overall good health facilities. Governments are trying to make available good healthcare within the reach of the poor. Less than 15% of respondents considered the hospital's proximity to their residence as the reason for opting for a government facility over a private hospital.

Almost 11% of respondents agreed that when home remedies were not beneficial, they approached a government hospital.

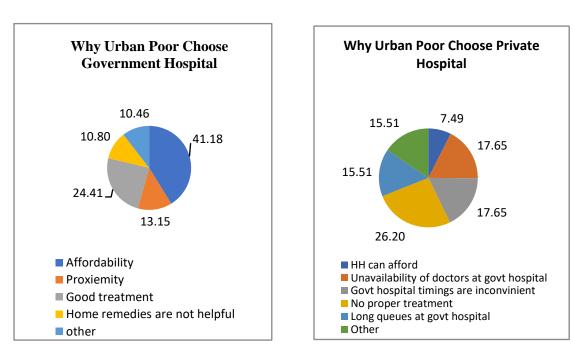


Figure 7



Source: Authors' calculation of field survey data

Source: Authors' calculation of field survey data

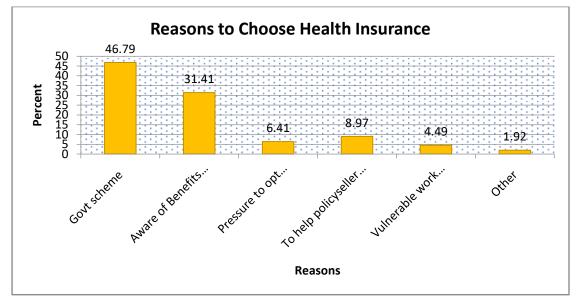
Figure 8 shows that 26% of respondents choose private hospitals because government hospitals do not give appropriate treatment. Most people are forced to opt for private over government hospitals for two major reasons: 1. The timings of government hospitals are inconvenient (18%), and 2. The unavailability of doctors in government hospitals (18%). The urban poor can't afford to lose a day's wage to see a doctor in a government hospital. The long queues at government hospitals discouraged 15 per cent of those who chose a private hospital.

While 21% say government hospitals provide good treatment, 26% stated that no proper treatments are given in government hospitals. Further inquiry regarding the type of disease (outpatient department or hospitalisation) for which the treatment is sought, the slum & non-slum differentiation, the location of the hospital, etc., may give satisfactory reasoning for the results.

Both government and private companies promote health insurance schemes. However, in the survey, it was observed that 91 per cent of respondents did not have access to health insurance. The remaining 9% do have health insurance. We further investigated why people are availing of health insurance.

Figure 9 shows why the respondents chose health insurance. The most cited reason for availing health insurance was a government scheme (46.79%). About one-third (31%) of respondents mentioned that they were aware of the scheme's benefits and therefore opted to have one. A smaller 9

per cent of respondents wanted to help the policy seller friend/ relative to complete their target, and 6.41 per cent of respondents succumbed to the pressure exerted by employers, friends, etc.





Health expenditures for the urban poor in India are considered mainly out-of-pocket expenditures as the poor have less access to insurance schemes, and most of the time, they pay from their own pockets without help from the government. A large share of their savings as emergency funds are exploited to pay doctors' bills. An investigation has been done to understand the poor people's coping mechanisms to cut down their health expenditures.

Figure 10 shows that the urban poor in our study were trying to avoid spending on medicines and doctors' consultations. Forty-three per cent of households relied on home remedies, and about 16 per cent preferred to self-medicate without proper diagnosis by doctors. About 15% of respondents preferred government hospitals to cut down health expenditure. A smaller percentage of households (8.48%) preferred to stop medication in between to save money.

Source: Authors' calculation of field survey data

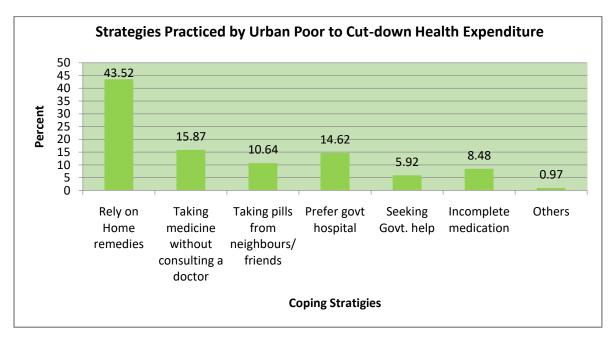


Figure 10: Coping to Cut Down Health Expenditures

Source: Authors' calculation of field survey data

Relying completely on home remedies, taking medication without consulting a doctor just based on friends/neighbours'/relative's advice, and incomplete medication tenure are examples of negative coping strategies that may cause adverse health implications in the long run.

5. Education

The Sarva Shiksha Abhiyan has succeeded in increasing the school enrolment rate of students. In our survey, we found that the urban poor want to send their children to a good school to get quality education as they believe their children's education may help them fight poverty in the future. However, they cannot make better education facilities available for their children for several reasons. We surveyed only those who agreed by saying that opting for government school is a coping strategy, as to why that is the case.

Figure 11 provides additional information about the decision to opt for government school as a coping strategy. More than one-third, 35.86 percent, prefer government schools because they charge no/ minimal fees from students. The second big reason to opt for a government school is these schools provide free mid-day meals (which 23 per cent of respondents stated).

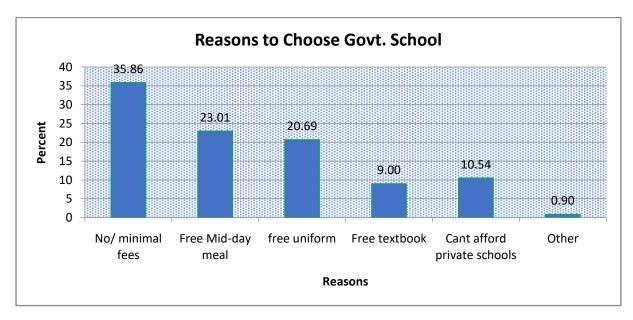


Figure 11: Reasons for Choosing Government Schools

Source: Authors' calculation of field survey data

When the survey was conducted from February to April 2021, the schools were closed because of the Covid-19 pandemic. So many households mentioned that they were having difficulties feeding their children when schools were closed. As many as 20.69 per cent preferred government schools for their free uniform facility. In contrast, private schools compel parents to buy uniforms only from schools; those who can not afford school uniforms may choose government schools for free uniforms. Incidentally, 10.54 per cent of households mentioned that they could not afford the expenses incurred by private schooling.

Conclusions

India has a poor performance in the hunger index, which is also reflected in our study. The study concludes that shock situations have triggered food insecurity among urban poor families. The Indian government has recently launched the new integrated food security scheme, Pradhan Mantri Garib Kalyan Ann Yojana (PMGKAY), to provide food grains to help 800 million poor people. The poor have also been found to be facing multiple vulnerabilities at once, and to overcome the financial stress, they are very flexible, either changing their jobs or working extra hours at their existing employment. Poor people have intentions of saving, but they are irregular. Smaller families have been found to save a substantial amount of money. The limited savings are again used for business or as emergency funds, mostly when loans are rejected.

Friends are found to be the most approached entity during emergencies, and the poor believe that their social identities, similar to other members, are useful to get them needed help in society. Government hospitals are attracting the poor because of their affordable services. Health insurance is availed as part of government schemes, to reduce health expenses, the poor prefer home remedies. The poor prefer government schools due to their mid-day meal scheme and affordable fees. Mid-day meals have helped to increase the enrolment in schools and the nutritional status of poor children.

The present analysis has depicted the less discussed coping mechanisms of the urban poor. Though the poor are fighting adverse situations in their own way, it is difficult for them to fight the battle without institutional support. For example, the poor save to tackle economic distress but can indulge only in irregular savings, so low or no-interest, collateral-free loans to expand their business should be facilitated. Interestingly, Sridhar and Reddy (2014a) and (2014b) found, in the cases of Bengaluru and Chennai, that the poor who were the beneficiaries of government programmes did not vote in elections.

Although the urban poor are aware that education is crucial to overcoming poverty over time, they tend to disregard health care significantly due to discriminatory practices in the household or outside. Overall, the analyses lead us to conclude that not all coping strategies will help the poor come out of poverty; instead, a few negative strategies drag poor households deeper into poverty traps. The study also discusses that coping strategies cannot always be fixed in a positive or negative framework. There is scope for further research regarding more positive coping strategies to help the poor.

Future Research

The present study aimed to provide an overview of how Bengaluru's poor are fighting poverty in general and coping with the shocks/crises in particular. This study is part of ongoing research that aims to analyse coping strategies practised by the urban poor. Therefore, a further research avenue is to investigate how to identify and select slum non-slum poor, whether caste, religion, and gender identities have an impact on the fight against poverty, the role of coping mechanisms in day-to-day lives of urban poor with special investigations on slum and non-slum differentials.

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