

Urban Chronic Poverty In Vijayawada : Insights From Household Profiles Over Time

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Introduction

Background to Vijayawada

Vijayawada is the third largest city in the southern state of Andhra Pradesh. It is located on the banks of the Krishna river and is 275 kilometres from the state capital of Hyderabad. It is one of the major road and railway junction connecting the Southern parts of India to the rest of the country. It is one of the main commercial and trading centers of Andhra Pradesh.

Vijayawada was the site of one of the early slum improvement projects supported by the then Overseas Development Agency (ODA), UK. The project was implemented between 1989 and 1997 by the Municipal Corporation of Vijayawada with a total outlay of £16.3 millions. Major components were infrastructure development to improve slum environment and community participation processes.

Method

The study of chronic poverty in recent years has been focusing on quantitative measures of income, expenditure and consumption. Though these dimensions are important for future research they must be accompanied by studies that take multi-dimensional view of poverty that is qualitative and give us insights in to poverty dynamics concerning individuals within families, households and larger context of society.

The existing literature on chronic poverty focuses on specific groups of people sometimes having a common social identity and associational forms like members of caste or community. It is important to focus on the process in which changes within the household takes place – due to death, migration, sudden illnesses, accidents, economic crisis and differentiated along the lines of gender, age, caste, community and health status.

A biographical perspective on the lives of the individuals, families and livelihoods can bring in rich qualitative and quantitative dimension to the study of chronic poverty. Research on chronic poverty will have value only if it deepens the understanding of the reasons that keep the poor remain poor. The focus should be on those who experience poverty for extended periods of time and the processes that prevent them from getting out of poverty.

Approach

The core purpose of this study was to get the narratives of the poor households recording their experience of poverty and the constraints they faced in pursuing livelihood strategies. The method was to visit and to revisit the same households over a decade in slums of Vijayawada in

Andhra Pradesh in south India. An in depth study was done with eight households in 1993, 1997 and 2002.

The households interviewed were composed from different caste and religious groups. The methodology consisted of interviews, discussions with individuals and household members. A decade ago, it was a baseline study that encompassed individual interviews combined with prolonged observation of individual routines in the household as well as family and community rituals and functions. Since the accent was upon mapping out possible changes due to intervention efforts, it was necessary to establish the prevailing situation with respect to material conditions and living standards and levels of participation in community organization. The second round of interviews were held six years ago with a selected number of poor households from the baseline survey, to elicit responses to the Slum Improvement Project of ODA and individuals within households received particular attention. The main themes of discussion were a) Vulnerability b) survival strategies c) stress events and d) community support systems. The third round of the study had taken place at the end of 2002. An attempt had been made here to meet all the twelve households from the previous study to examine the changes if any, in their lives. Only seven members from the previous list could be contacted while the others changed residence.

Each interview had been an in depth probe to get a narrative of family background, family history, household composition, economic occupation, education, health, social and family networks and the respondent's well-being or ill-being.

The study demanded patience, confidence building and sophisticated application of a range of interacting probing techniques in order to get insights in to the material and mental processes of those interviewed. The prolonged contact and interaction with the families often needed many hours of stay in the households and the visits were planned in such a manner so as to cause least interference in the daily affairs of the households. Care was taken to intervene minimally in the narrative to reduce the power imbalance between the interviewee and the interviewer. The result was the "respondent's view point as a unique and changing perspective, mediated by the social context". The respondent's perception of reality and how they edit their life stories what focus they choose to give to events incidents and crisis in reconstructing their present experiences forms an important part of the analysis.

For the sake of protecting the identity of the respondents the names have been given as initials.

The Narratives

Profiles of respondents: There are equal number of women and men interviewed. Among women, one belongs to the muslim community one to the dalit (known as scheduled caste or SC) Christian and two to the backward community (known as BC). Among men there are two from a tribal community Erukala (scheduled tribe or ST) and one from BC. None of them are employed in a regular economic activity and all of them with the exception of one woman are engaged in diversified economic activities. The only exception is that of a sixty five/seventy year old woman who is dependent on charity and is a destitute. All the families are indebted to a little or greater extent. With the exception of two, all of them are suffering with health problems and sometimes

the illness being the single most factor in keeping them in chronic poverty. In one decade, they all, more or less struggled and survived with sheer determination on their part rather than any external help. Those who have done marginally better have done so due to the contribution their children have made though with meager incomes.

They are dependent on themselves for livelihoods rather than any development scheme or programs of the government. The women on the whole are worse off than men with limited range of skills in their possession and seem to suffer from depression often manifested as suicidal tendency.

Emerging themes

There are certain factors that emerge from the narratives that seem crucial to have kept these families survive. These can be categorized as a) the livelihood strategies and diversification b) children as assets c) the impact of illness or ill being and d) the importance of networks.

a) Livelihood strategies and diversification

AK is about 50 years of age and illiterate. She belongs to muslim community and is a widow with two sons. Her husband who was the main bread winner and kept the family comfortable with his earnings died of heart attack nearly twelve years ago. Her main earning occupations have been through selling kerosene oil and rice from fair price shop and selling and making papads and selling them. All the sales were within the slum she lived in. She kept home and never stirred out of the house before her husband's death, a fact of which she is still proud. She has no particular skills and had to rely upon low skilled work like making papads for sale. She says it is backbreaking and fetches little money. Earlier, according to her she earned more money by selling rice from the fair price shop she could buy at a reasonable price. Now that has become expensive. Kerosene oil that was used extensively by the slum residents to light their homes is now not in use since they have electricity in the area three years ago. She makes small amounts that keep her and her son alive. For a short time she tried selling of vegetables and realized that people could not afford vegetables in the area where she lives. She talked of the difficulty in getting credit to buy flour to make papads or buy rice and borrowing from the money-lender meant high interest she could not afford. Has been chronically poor for the entire period of the study.

PL is 55 years age. Belongs to madiga community considered the lowest in the caste hierarchy. She is illiterate. Belonged to agricultural labour family had worked as child labour. After marriage, practiced traditional caste occupation of midwifery and herbal medicine, a skill she acquired from her grand mother that gave her respect in the community apart from small livelihood. She now does not practice anymore due to her failing eyesight as well as the health seeking behavior of the community where everyone according to her prefers hospital deliveries. In the beginning of her married life for a very short time it was her husband who provided mainly for the family and her earning were supplementary. He fell ill with tuberculosis and the burden fell on her completely to provide for the family. She took up sand quarry work that was back breaking and could not continue for long. At the time of the second part of the study she took up work as a maid-servant which is low paying even compared to quarry work. At present

she is contracted as a maid for weddings and other family functions. She is paid a wage along with food sometimes. She finds tough competition even in this and says there are many women who have taken up this work. As a result, she has to maintain good relations with the contractor and cannot protest if he does not pay properly. She sometimes is paid for her transport but not always. This is seasonal since traditional weddings take place only during summer and occasionally during winter almost never during monsoon.

KK is 37year old and belongs to BC community. His is an example of someone who was economically comfortable at the beginning of the study a decade ago. But, now has entered the 'new poor' category. His parents were migrants from another town in Andhra. He is barely literate but street savvy and comes across as smart and with good market skills. He tried his hand at productive work in a foundry for about four years and gave up finding the physical labor too difficult and poorly paying. He did odd jobs like running a bicycle shop, worked in a bakery, pulled rich-shaw for a while and for a short time was involved in buying scrap from rag-pickers and selling. None of these occupations were well paying and finally he moved in to a watchmen's job at a local cinema theatre. Ten years ago, he was struggling to set his family up trying to make ends meet and at the second round of the study was better off with his job as a watchman that gave him not only a regular salary but extra money earned in black, whenever a popular cinema was running. The family was well taken care of, children were sent to school, wife managed to acquire a few household items and they indulged even in occasional entertainment like cinema going and in good clothes. Currently he is without a job lost due to the sudden illness that had befallen him. This created a complete crisis for the family. He has two daughters and a son and the eldest girl stopped going to school. The wife who never worked outside the house has taken up work as a maid-servant. It is a gloomy and depressed household currently.

MR is 45year old man belonging to a tribal community. He worked as an agricultural labor and migrated to the town in search of work about fifteen years ago. In his tribe women have the skill to work as soothsayers and his wife worked as one initially. In the village there was no possibility for her to earn with her occupation and she persuaded her husband to migrate to the town where her parents lived. With this connection MR managed to find a place in the relocation slum. He experimented with different occupations like being sales person for popsicles, cookies, bread, biscuits and plastic goods. His wife sold fish. His life improved with the infrastructure development of the area undertaken by the Slum Improvement Programme (ODA) and he talked about the comfort created by the construction of roads and electricity that contributed to better livelihood possibilities. This combined with his skill at diversifying occupations have helped the family in managing better than the previous examples cited. Two of his children contribute to the family economy by selling fancy goods. Altogether there are four family members earning with diversified occupations.

Children as assets

To explain the different household trajectories it is useful to look at the importance of the support of adolescent children and youth. The story of MR who has four children among whom the oldest and youngest do not help but the other two- a boy (thirteen) and a girl (sixteen), are earning to help the family reveals the significance of children's role.

“Mt sixteen year old daughter and thirteen year old son sell fancy items...we married our daughter two years ago. Our son is growing up now and he is also earning some money and it is adding to the family income. Previously only the two of us (me and my wife) were earning, the children were very small and most of the money went to bring them up.”

AK has a different story to narrate. Her constant pain is that her elder son whom she had high hopes for, broke up with family several years ago. She invested in his education but in her opinion it was his peer group influences that ruined him by getting him addicted to drinking gambling and so on. This finds repeated mention in her narrative and reveals the importance she attaches to children’s education and to the desire that they should serve the family. Because of his ‘bad behavior’ (he beat up his wife and landed in the police station) he gets in to trouble with the police and she has to pay a bribe to get him released. Her present hope is her second son who is apprenticing as a automobile mechanic and will start earning in two years time. She starved herself to pay for his education until he completed high school, though she felt the compulsion to stop his education often.

KA is seventy year old with four daughters and two sons. She migrated to the town several years ago worked as a maidservant and fell sick with hypertension and diabetes. Her husband died and daughters after marriage abandoned her except for occasional visits. She has been penniless for the last ten years and dependent on relatives for food in return she had to do domestic work. The elder son is a mason but doesn’t bother about her. The second son who is a rickshaw puller provides her with some food daily. She applied for widow’s pension but never heard about it again. She is mainly dependent on charity and there is nothing in her hut that can be called an asset. It goes without saying that if not for the second son she would have been left to the mercy of nature. There is no social security that takes care of her needs. She “prays to god everyday that she be blessed with a peaceful death.”

Both in the case of AK and MR they have complaints about the education system that throws children out in to the hands of ‘evil’ company. MR’s eldest boy who has been educated in government school has discontinued and betrayed parents’ hopes. In MR’s words, “he disappointed us. He got in to bad influences and stopped going to school.” Ak’s son who was sent to a private school while her husband was alive also left school since he fell in to ‘bad company’. He became a petty thief and sold away the few assets like gold chain, bicycle etc, and continues to be a source of tension for her still.

There are recent studies on Indian education system that highlight the shortcomings of the system in retaining the children rather than the outside influences being the cause for them to drop out. Much against the popular notion that poorer households want their children to earn for the family rather than going to school, the narratives here give a different picture. They are most certainly interested in the earnings of the children but not at the cost of schooling. Parents believe that schooling is essential to fetch a better job in the market and invest financially and emotionally to send the children to school. Their hopes are crashed when the children drop out. Almost always the blame is on the bad behavior of children. There is no awareness and

understanding as to how the education system functions. MR makes a passing remark about a government school,

“There is a school in the rose garden. we were sending our children there. The children are made to carry tables and other things, they are not taught anything. We stopped sending the children there and now we are sending them to a convent school. We pay 130 rupees a month as school fees. We minimize our expenditure and spend the money for children’s education.”

The impact of illness and ill-health

“ I took off from work for three months because I was sick. I got treatment at ESI hospital. I am consulting a skin specialist for my skin problems. I spend seven hundred rupees for ten days on medicines.... I never had illness before now I am ill. That seems to be the change in my life....since my health is not good I stopped working at the theater....Since I took the treatment from ESI hospital I got compensated by the government for the day’s I didn’t work... When I quit the theatre job I got 20,000 rupees as my PF and other allowances... I used the money to pay the debts. I spent a lot on paying the interest on the loans. Now since I left the theatre job I cannot get treatment from ESI hospital any more.”

KK’s illness is a mystery and no one could say what exactly was the problem. The wife and the daughter talked of the sudden crisis in the family with the main earning person falling sick with a dreadful disease. It consumes everything the family has in its possession including mental peace. The sudden deterioration in the economic condition has led to several changes in family life. After the initial three months treatment at the ESI, KK had to turn to private medical treatment and according to the family the expense amounts to Rs.2000/- per week. He has been ill for a prolonged period now. The children were taken out of the school. Wife has taken up a job as a maid-servant and the thirteen old daughter helps her in her work. The pride of a lower middle class housewife is swallowed to adjust to the change for worse.

The family or KK himself either do not want to reveal the nature of the disease or they are not aware of it. The daughter said he suffers from a lung problem. If it is Tuberculosis, it was considered a stigma many years ago but not anymore. If it is a STD or AIDs the possible reason could be stigma attached to the disease. KK talks of skin problem and often STD is associated with such a problem. Whatever it is, the family is trapped in to poverty like never before with out any hope of pulling out of it in the near future. There is no hope of the daughter taking up work soon and she will have be married off according to KK with a dowry at least of Rs. 40000/-. KK talks as if he is in control of the situation constantly referring to the various plans of taking up work. He does not want to admit that anything is the problem with the situation. The only mention he makes is that nothing was bought recently for the house.

KK's daughter Bhavani tells the story differently.

"I am Koppula Bhavani. We are three children.... My father is not well for the past 5 months. My mother is now working as servant maid. We stopped education, for my father fell ill. We are now helping mother in both domestic work and her work as servant maid. My mother is paid Rs. 400 per month for working in a house here and Rs. 200 for another. Thus my mother's monthly income is Rs. 600. I have a sister and a brother. They are going to school. I don't feel like going to school. I just want to help my mother in her all her works. I am told that my father is been suffering from *nemmu* (some chronic problem related to lungs).

We take our father to hospital weekly. I am told we are paying Rs. 500 for weekly consultations. I am also told that my mother borrowed some money for my father's treatment.

We are already in debts. And the money we are borrowing for my father's treatment is an additional thing. We three are (me and my mother and my father, when he becomes healthy) planning to pay back whatever we are borrowing. These days my father is not going to work. He is taking rest. I think once my father becomes healthy he would attend work in theatre."

He and his family find solace in visiting a temple every week and believe his health improved since, though it means spending money.

The narrative that is a striking example of ill-health affecting work pattern and the income earning capacity of a person, is that of PL. She talks about hunger and ill-health at all three stages of the study. She could not afford to take tea or breakfast daily and preferred to finish cooking by 10.30am and then to go for brushing. To quote, "she does not brush her teeth early, because she feels hungry the moment she completes brushing." She talks about the psychology of a hungry person, "if there are food grains at home, even if you don't cook you don't feel hungry. When Lakshmi (goddess of wealth) is not with us, then hunger and poverty embraces us... There are no changes in my life in the last five years. ...We are not able to retain money that is the problem". Her ability to analyze her own life in relation to poverty, hunger and ill-health is simply astounding.

"I go for labor more these days. Not every day. Alternate days. We do a whole day duty and next day stay at home. We don't have strength we don't go to work.....Sometimes when I sit and reflect on my life I don't know why I should live. I shivered with pain when I tried lifting huge vessel at work. I sat there and cried for two hours. When I am sick some times people help me at work but some people are very unsympathetic. They say if I get paid I have to work."

Her awareness about ill-health affecting her work is evident from the second narrative.

To quote, “According to me, lack of blood in my eyes is the main reason for me loosing sight” and this was affecting her capacity to do deliveries as a dai. Out of despair she says, “ my hand is swollen and I am unable to move my hand. I didn’t go to work today, I may not go for another two days. There is no one to take care of me... I feel it is better to die than suffer with this pain.”

The other side of the coin is how chronic poverty and extreme levels of stress affect health. There can’t be a better example than that of AK’s story. After her husband’s death she had to think of livelihood to support herself and her two children. Being from the muslim community where women normally didn’t work outside home, she had no skills what so ever. She suffered constant tension. It was also due to her elder son turning out be a petty thief and coping with the family and managing to keep them alive. She suffered from constant acidity, burning in the stomach and often complained of heaviness in her chest. Depression made her weep even while talking to the team in all the three instances. Several times she felt suicidal. Once she tried to commit suicide by jumping in to the river Krishna.

Talking about her inability to work like before she says, “Inside of my heart it feels as if I am being held with a forceps. I feel tightness inside my head. One eye is almost gone. I can’t see properly.” This clearly is a case of hypertension undiagnosed and leading to probably angina pain. In the entire period of the study AK seemed to continue with her ailments that arise from extreme stress levels in life. This also proves that hypertension and heart disease that are commonly considered problems of management class, are very much problems for the poor as well. There are research studies that now warn about heart disease and diabetes reaching epidemic proportions in India.

The Importance of networks

The resilience to struggle constantly with life and make sense of it is possible only when there are support systems for the poor. Often these systems are not readily available and have to be constantly worked at with careful planning and negotiation. People have several ways of building these networks like a) with extended family and relatives b) slum residents and associations c) with politicians and bureaucracy.

a) With family and relatives

After AK’s husband’s death her brother and uncles offered to keep her and the children but she refused the offer. She preferred to be independent. She took help occasionally by taking little amounts of money consulting them when she has problems etc. She felt if she accepted their offer she would have lost her dignity and became a headache for the family. The traditional custom in muslim families of Zakhat which meant a part of every one’s earnings were spent on the needy in the community serves her need. Every year she and her son get clothes from the

relatives and occasional contribution to the family earnings. She suffers with the idea of accepting help and in the narrative every time she mentioned the fact she wept. She manages to raise loans from relatives at no interest. She maintains good relations with the slum community and seeks advice from the local pastor who prevented her from selling the house when a fire accident burnt it down.

She is glad she didn't sell it and further made a complicated arrangement with her cousin sister and her husband who works in Dubai as a truck driver. They invested Rs. 60,000/- to rebuild the house which is in her name. She in turn, looks after her cousin sister who suffers from epilepsy and her two children who are mentally handicapped. Because of this arrangement she has a roof over her head.

b) Slum residents and associations

MR combines skills in maintaining relations with family in the village as well as the slum community. He manages to get loans without interest from relatives and looks after them when they visit the town. He maintains links with parents, looks after them when needed and takes food grains from their fields in the village.

To improve on business possibilities MR set up a phone. To quote,

“for business purposes we installed a phone recently. Since it is difficult to maintain the phone ourselves we made a common agreement with our community people. It is a common phone – if others get messages I should go and tell them. We share the bill. We calculate how much the bill amounts to per month and share. We hardly make any outgoing calls we only get incoming calls. We get around 550 rupees as telephone bill. They call us and tell us to inform a particular person and we inform them. We get our contact through work. If we do decoration work in one house and leave our contact number with them, next time there is a function in their house or their relatives house they call us...” MR benefits from the caste association the president of which is also a member of the committees set up by the Slum Improvement Programme.

KK managed to be part of unions whenever he took jobs as a painter or a rickshaw puller. Recognizing the fact that bargaining power is improved with the union. He and his wife had been members in local 'savings and loan schemes' and managed to get household articles like fan, television, steel cup-board and other articles. To quote, “my wife pays fifteen rupees per week for the scheme. There is a new scheme now you have to pay one rupee the first day, two the second day like that for twenty one days.... The money she saves in this one year will be Rs 1,800/- .

a) with politicians and bureaucrats

The caste association of erukala is the most active in the slum where most of the respondents live. The president managed to get maximum benefit for the slum as well as his community maintaining links with high level bureaucrats and politicians.

To quote,

My name is NC we belong to erukala, a Schedule Caste. I am the president of *erukala sangam* (Caste association). With the help of the then commissioner of Vijayawada, we registered our association with me as its president. We are seventy-two Yerukala families living here. We have submitted an application in 1992 for the land to construct houses. We appealed to many different political leaders, pleaded our case that we are poor families needing shelter and got a promise that the six acres sixty cents land under the road would be allotted for us. We made seventy-two plots in this land. We made a few plots on the other side for families belonging to mala, madiga and vaddera (stone cutters) communities (all scheduled castes). We allotted four plots to Muslims and a few to Turpu kapus. My children and I got four plots and I built a church in one of the plots for the community.

Originally officials wanted us to shift to Bhavani Puram. But, we resisted, for we were not ready to go that far from town. Coming from a distance to work in the town would mean spending almost forty rupees on commuting and we would hardly be able to save anything for the family. We get more work here and better business except during Krishna floods. Now the flooding has become much less in recent times. If there are rains in Bombay take it that we will have rains. If Bombay drowns, it means we have also drowned.

The houses improved because of slum improvement programme that came to Vijayawada you know? Several officers came to this area and felt that the area that is inhabited by SC's should be improved.

They asked for the *kula sangam* president here. They asked me what I do. They called me for a meeting and I said that I will tell them what I know. He said that he was the commissioner of slum improvement programme and that his name was G. Radha Krishna Murthy. He said that they want to form a committee with all the members of our community and that no one else can be part of the committee. I said, "When you want to help and do a good deed we would definitely come forward." I also told them that no political party leader comes to us. No one

helps us; Then commissioner asked me to call for a meeting and inform every body about the program and conduct elections to form a committee. Every one should state what they are committed to do.

The slum was in a terrible state at that time. The only thing that I could do was to get door numbers for all the houses, but the whole place was in a mess. If outsiders came here, there was no place for us even to make them sit. This much space to sit down we didn't have. The plots came in 1982 but the ODA support came in mid 1990s.

In 1996 we heard of ODA and they said that they would help us. None of us knew about loans about that time, we only knew to work with our hands and live. Radha Krishan Murthy helped us indeed. We got cement, stone and every thing at a concessional rate. This is for roads. He said out of 136 committees in the town, the only person who worked exactly is me. I got electricity for the slum I got the roads laid. It is three years since the electricity came to the slum. When you visited the slum last time we just started our efforts to get the connections. There were four bore wells before and now we have got fifteen more, altogether there are nineteen bore wells here.

We took 80 plots, 40 plots are for Rajakas (dobhi community). The rest of the communities also got few plots. In these 120 plots there are nineteen bore wells. The congress party laid Six to eight bore wells before the ODA came. 13 ODA gave and the recent corporator got 5 more and together there are 26 bore wells. Out of 80 plots sixteen plot owners don't have electricity. There are roads and drains everywhere. We have very high incidents of malaria in the slum. We said if they nominate two or three people to clean the drains here, which get clogged all the time, we can contribute one or two rupees per each household and pay for their services. Garbage clearance is not the responsibility of the municipality it is our duty. You have seen all the garbage in the slum, it is terrible, and no one is bothered. We have to collect the garbage, take it to the Krishna bed and throw it there. Some of us clean our own front yards. The quality of the slum surroundings has improved because of the roads. But the garbage is the problem. Every thing comes to our front yards now we don't have to go far"

It is clear from the narrative above that those who are able to negotiate with the 'powerful' in politics as well as bureaucracy, have gained much and benefited others in the community. But, interestingly this also seems mostly possible in case of men who are in the leadership positions (by virtue of being caste heads etc), but same can not be said about women like AK or PL. PL stated that slum organizations do not help and she mentioned NN's name particularly. She gave an example about women in the slum suffering from lack of privacy when they go to ease themselves due to lack of private toilets. Despite repeated appeals no one paid any heed to them. It is significant that both PL and AK belong to dalit and muslim communities that are the most disadvantaged. In contrast, MR and KK, both men belonging to BC communities and barely literate, manage to keep their links with their own communities and other powerful communities like that of the moneylenders. They negotiate better interest rates for themselves as a result for instance. It means that even having networks and belonging to caste associations will be beneficial in particular contexts differentiated by gender, caste, class and age .

The impact of Chronic poverty

For people to live in dignity it is essential to feel a sense of identity as a 'person', a 'man', a 'woman' an 'individual in a community'. Chronic poverty de-centers people dismantles their humanity and destroys their sense of dignity.

Over a period of time they loose the confidence they can bounce back with their own effort and support from others in their lives. The resilience that is much needed is lost and with it the ability to build networks or support systems. Some of the narratives exhibit severe depression. A rhythm or routine of having regular employment that can provide security is absent.

Similarly home stops providing a sense of security and comfort. Those who are disturbed and traumatized at times with the daily stress of managing lives to provide for their families find no one to comfort.

The importance of the family staying together can not be overstressed. Specially where the meager earnings of all the members is essential for the common good of the family. Those who are fortunate are the ones without any major illnesses in the family.

Those who still have links with the village they come from are better off considerably.

As PL stated, the illnesses in the slums are striking evidence to the stresses in poor people's lives, nutritional deficiencies and poor sanitation. She said "we have lot of diseases here. Chest congestion, palpitations, severe headaches, night blindness and malaria.

Chronic poverty reduces possibilities for investments the poor can make in their children's future by educating them. They continue to be low skilled and without any hope of improving on their lives. The 'culture of poverty' continues to rule their fate.