‘I live in a slum’: Locating vulnerability: Sonakshi Anand

Usha (name changed) is a well-dressed lady who works in a school, does photo-copying, can use the computer, cleans the school, serves tea and has a welcoming smile and guides people who come to visit the school. She stays in a slum in Mankhurd in Mumbai. Her story is similar to many others living in that slum. Usha’s forefathers were from a lower caste. However her grandfather, along with many others in the village converted to Buddhism in the beginning of the 20th century and hence, she has been away from ‘caste issues’ as she calls it. Before Usha’s marriage, she worked as a construction labourer, carrying heavy blocks of stone at various construction sites. After her marriage, she moved from her village to this big city which she has only heard of called ‘Mumbai’.

Life in Mumbai was thought to be flourishing as her husband had a ‘pakki naukari (permanent employment). So she assumed she would live like a princess in this new place. Her dream, she believes, does exist to some extent. She has caring in-laws, a roof on her head and a job which is decent enough. However, she begins to wonder whether her village was better or indeed this urban space called ‘slum’ is. She describes how in the village, she was forced to work as a construction labourer and here she goes to an office, well-dressed for work. This shift in occupation is described as mobility in her class status. Yet, she knows that she is marginalised here because she stays in a slum. While she has escaped the physical burden of construction work and is healthier yet she feels vulnerable to several diseases due to the slum character of her living space.

She knows slums breed various diseases like TB, stomach ailments, persistent cough etc. She describes how her husband has been suffering from persistent cough (though not diagnosed yet). But contrary to the popular perceptions of slums as the place of communicable diseases, she shares how her father in-law suffers from diabetes and hypertension while her mother in-law is a heart patient. As she deals with an ample number of health concerns, she sometimes wonders whether by moving out of this slum, she would ‘be better off’. She likes being in the city but not in the perceived marginalised spaces like the ‘slum’, where she currently lives. Jokingly, she adds, “I never had to suffer due to my dalit family background because of our family conversion, yet here I am an out-caste because of the place I stay in. Now it is more of a class difference. It is funny how the discrimination always finds you. You never know whether coming to the city is for the better or for the worse.”
Her husband too shares the same dilemma. He shares “I was a healthy child in the village with a good, clean house. My parents migrated here and were forced to live here as they were poor and working as toilet cleaners. I now have a good job, yet we continue to stay in a slum as expenses keep increasing forcing us not to move out of here”. He adds “When people get to know where I stay, they think I am ‘dirty’ and keep me at a safe distance. We go to private doctors who are far from our locality as we apprehend treatment bias. This has made me think that living here in the slum is not good for my family. Perhaps if we were richer, we could move out of the slum and be in a ‘better environment’”. On probing further whether they would like to move into the houses provided by the government, Usha’s husband explains, “Why would I pay half of the amount for a flat which is close to the slum? It would always be considered as slum itself. I would prefer to save more and completely move out of the slum”.

Usha’s story is shared by many migrants living in slums in big cities. Literature shows how location or space acts as a social determinant of health influencing access, quality of health care and overall wellbeing. As Paul Farmer would argue, the marginality of the location is a reflection of the ‘social fault lines’. As one can surmise, the act of labelling ‘slum’ itself with its derogatory connotations contributes to the process of social exclusion of the slum dwellers who remain at the fringe of urban and not so urban. Such labelling generates and reinforces class based division, health based inequity and perceptions that the poor living in slums are the ‘others’ – different from other citizens living in other parts of the cities. Problems of the urban poor are receiving increasing attention through upgrading the slums, increasing financial access to services, improving physical and social environment etc. The Knowledge Network on Urban Settings of the WHO Commission on Social Determinants of Health (2008) advocates ‘healthy urban governance’ as the key to act on the inequities emanating from urbanization. One hopes that such governance measures adequately consider the processes of social exclusion and multiple vulnerabilities of slum dwellers and help them lead a life with dignity.

*(Sonakshi Anand, former student of Masters in Development (2012-2014, Azim Premji University). This blog draws on the author’s field work done as part of the course on Social Determinants of Health)*

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