NARRATIVES FROM RAJENDRANAGAR: A CRITICAL ETHNOGRAPHIC STUDY OF FOOD INSECURITY IN AN INDIAN SLUM

A Dissertation

by

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ABSTRACT

This dissertation is an ethnographic inquiry into women's experiences of food insecurity in Rajendranagar, a slum in Bangalore, India. As a critical ethnographer, I undertook this study with a goal of addressing the problem of malnourishment that plagues India. The number of slums in the developing world is rapidly increasing. With increased migration to urban areas, the poor will live mainly in the slums of the city. However, relatively little is known about how slum residents struggle and cope with food insecurity. The dissertation contributes to the existing body of literature by arguing that responsibilities associated with food simultaneously empowers and disempowers women in cultural contexts. The findings of the dissertation will facilitate the process of female empowerment by understanding the communication processes and meanings that create the conditions which make women vulnerable to food insecurity.

I used the *Culturally Sensitive Model* of Health Communication to design the study and analyze the data. I employed a variety of qualitative methods such as participant observations, textual analysis, interviews, and photographs to understand the experiences of food insecurity. My exploration resulted in three analytic chapters. I begin this dissertation by sharing the structural support and constraints that affected the food security of women. There were four types of structural support: infrastructure, healthcare, government food programs, and NGO programs. I then discuss the cultural constraints and support that affect women's experiences of food insecurity. There were four cultural constraints that disempowered women: preference for boys, gender-based

violence, forced child marriages, and the lack of education. Rajendranagar culture was also rich in social capital. To this end, women benefitted from material, informational, and emotional social support through their networks. These types of support empowered women to cope with food insecurity. I also share how an infrastructural development intervention in Rajendranagar affected women's community relationships and food security.

Together, these findings illuminate the experiences of hunger among women in an Indian slum. Additionally, I provide insight into how marginalized women in a resource-limited setting enacted their agency to cope with food insecurity.

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CHAPTER I

INTRODUCTION AND LITERATURE REVIEW

All these months I have been interviewing women trying to understand what hunger means. But there aren't enough words to describe what I experienced today. Today, no interviews were necessary. I saw what it really means to be hungry in Rajendranagar.

As I was walking past a row of tin sheds in the slum, a young thin woman caught my attention. She was standing near the entryway of her home. The door to her home was open and any passerby could see what was happening inside. She was in her early twenties. She was wearing a red kaftan[1] and her right arm was moving from left to right like a pendulum. She folded the local newspaper so she could use it as a fan for her baby. With the start of summer, the weather has been hot and the tin sheds have terrible ventilation. The insides of the tin shed sometimes felt hotter than the outside. The baby was napping at the edge of the bed, near the entrance of her home. Keeping the baby near the door ensured it was getting some fresh air.

As I walked closer to the entrance of the woman's home, I got a better look of the baby she was fanning. As I stood near the door, the lady smiled and said, "Come in. You can come inside and see my daughter." The mother introduced herself as Pavithra

[1] A long and loosely fit overdress made of cotton. Kaftans are usually worn by women in the slum as house wear.

and when I asked about her daughter's name, she told me, "We haven't kept a name yet. Maybe in a month or so we will name her. We will do some religious ceremonies at that time." The minute I saw the baby, I couldn't take my eyes off of her. She was the smallest baby I have ever seen.

The baby was a little longer than a foot. Something wasn't right. I had a bad feeling. I have been in the community long enough to know how people behaved when a baby was born. Usually, the home of a newborn would be crowded and women from the community would be actively engaged in helping the mother. Families around the newborn would usually be excited. But the birth of this baby feels different. It was almost like people did not want to celebrate. I wonder if Pavithra had any idea that something was odd.

The baby is clearly underweight. The skin wrapped itself tightly to the bones of the baby. I could see the outline of the bones, as if the bones were pushing on the skin from the inside. The baby is extremely malnourished. Pavithra who is a new mother looks malnourished. No one can ever tell she gave birth to the baby last week.

When Pavithra became pregnant, she had stopped working as a maid. Her unemployment caused her family to constrain their household expenditures. She lives in a small tin shed with her husband and his parents. Pavithra's husband works as a construction worker and his limited income is needed to feed a family of four (and now a baby). Pavithra told me her nutrition had been compromised from the start of her pregnancy. While Pavithra had prenatal care, she could not afford the diet the doctors had prescribed. Having to quit her job as a maid was difficult on the family. The

government clinic provided subsidized healthcare but the pregnancy was still expensive for the family.

I asked Pavithra if she wanted me to take a picture of her and her daughter. She politely declined saying it was not customary to take a picture of a baby before a certain age. Pavithra's eyes were just like the other new mothers, tired but excited. I wonder if the baby would continue to live and if it would lead a healthy life if it survived. It was becoming hard to hide my emotions. I wonder if Pavithra saw concern and fear in my eyes. I just couldn't stand at Pavithra's doorstep any longer and I felt the need to leave. As I walked away from Pavithra's home, I stopped to talk with her neighbor. I explained to the neighbor that the baby looked malnourished and that I was concerned. Without much emotion she replied, "Poor baby. Yeah! It's not doing well. Around here many children are born like that. Don't feel bad. Some will live and some won't. Even Pavithra knows that. Everybody knows that. Now it is only in God's hands." (Fieldnotes, March 21, 2012).

Rationale

The pain of hunger and the insecurity of a next meal is a chronic reality for many in our world. The World Food Programme has declared that "Hunger is the world's No.1 health risk. It kills more people every year than AIDS, malaria, and tuberculosis combined" (WFP 2012). About 870 million people in the world do not have enough food (Food and Agriculture Organization, 2012). Ninety-eight percent of these people live in developing countries with about 563 million hungry people living mainly in Asia and the Pacific (Food and Agriculture Organization, 2012). In these Asian countries, women and

children compared to men are victims of hunger and its corollary problems. For example, in India, the 2004-2005 National Family and Health Survey (NFHS) stated that in resource-limited households, 23% of married men, 52% of married women, and 72% of infants were malnourished (Varma, 2012).

A woman's nutritional status will affect her child's health. Women like Pavithra who have poor health and nutrition are likely to give birth to low weight and malnourished infants (Rao et al., 2010). One in three of the world's malnourished children are in India and almost half of India's small children are malnourished (UNICEF, 2013). Malnourishment is a direct outcome of not having enough food to eat and/or consuming food of substandard quality. *UNICEF's Nutrition Programme* in India argues that in order to address the malnourishment crisis, women and young children below the age of three should be given priority. One way to improve the crisis is through the empowerment of women.

In the developing world, women compared to men have limited access to essential resources such as education, income, credit, and land (WFP, 2013). Hence, they are disempowered and such constraints limit women's decision-making power in their household (Food and Agriculture Organization, 2012). In households where women are able to earn an income and exercise their decision-making powers, display an expenditure pattern different from male-dominated households (Ramachandran, 2007). Research in developing countries has shown that household food security improves with women's ability to earn an income and her participation in household expenditure. This is because women compared to men, spend significantly higher proportion of their

income on food for the family (Ramachandran, 2007). Hence, women constitute a large portion of the hungry, but, "they are not merely victims of hunger. They are also the most effective solution to combating and preventing hunger" (WFP, 2012). For all these reasons, empowerment of women should be a priority.

"Studies show that when women are supported and empowered, of all society benefits, their families are healthier, more children go to school, agricultural productivity improves, and incomes increase" (The Hunger Project, 2012). While development organizations, activists, and scholars find innovative strategies to empower, they often forget that empowerment of malnourished women is fundamentally a communication process (Shefner-Rogersvet al., 1998). Empowering women requires an understanding of the following: (a) power-laden communicative processes that keep women disadvantaged in their cultural contexts and (b) how women adopt, cope, and resist their roles in these contexts. In other words, to improve the state of malnourishment in India, scholars and practitioners must understand the cultural norms, roles, and responsibilities that constrain women, specifically those related to food. Additionally, existing strategies adopted by women to resist their oppression should be acknowledged and supported. Therefore, in complementing existing efforts, we work *with* and *for* the disempowered.

This dissertation is an ethnographic inquiry into women's experiences of food insecurity in Rajendranagar, a slum in Bangalore, India. As a critical ethnographer, I undertook the study with a goal of addressing the problem of malnourishment that plagues India. The dissertation contributes by arguing that responsibilities associated with food, simultaneously empowers and disempowers women in cultural contexts. The

findings of the dissertation will facilitate the process of female empowerment by understanding the communication processes and meanings that create the conditions which make women vulnerable to food insecurity.

Rajendranagar slum[2] was an appropriate cultural space to study the problem of food insecurity for several reasons. First, the number of slums in the developing world is rapidly increasing. At one point, the typical poor person lived in the countryside; however, this trend is quickly changing. With increased migration to urban areas, the poor will live mainly in the slums of the city (Lewis, 2009). Research in Rajendranagar provided insight into how slum residents struggle and cope with food insecurity. Second, Rajendranagar as a cultural space did not exist in a vacuum. It existed amidst larger development discourses. Governments and NGOs intervened to provide assistance in slums like Rajendranagar. Studying food insecurity in Rajendranagar provided insight into the effectiveness of institutional interventions in empowering the poor. Third, Rajendranagar was a relatively stable community and, hence, best suited to understand community relationships and its effects on individual experiences of food insecurity. Finally, Rajendranagar was located five miles from where I grew up as a teenager. I never visited Rajendranagar before I left Bangalore in 2004 to pursue my education in the United States. However, Rajendranagar caught my attention in December, 2009. During my visit to Bangalore in 2009, I was in awe of how much the city had developed and globalized. But when I saw Rajendranagar, I couldn't understand why one of

[2] The Rajendranagar slum no longer exists. Tin sheds were demolished in January 2013 as part of a slum rehabilitation and development initiative. For details, see Chapter V.

Bangalore's largest slums, was left behind. Since then, I have been curious to understand how the poorest in Bangalore made sense of their poverty with abundance surrounding them.

Women's relationship and experiences with food insecurity, community, and development is the focus of this dissertation. This dissertation connects these seemingly unrelated topics and discusses how they affect the daily lives of women in an Indian slum. In the remainder of this chapter, I review the literature in three main areas. The first area of literature review pertains to slums. I provide the reader with literature that surveys the context of slums. Through the literature I argue that slums are important sites of study for health communication scholars. I conclude the first topic of literature review with a discussion of health outcomes among slum residents.

The second topic in the literature review pertains to food and hunger. Here, I review the literature that connects food to the study of communication processes. I then review the literature that discusses women's relationship with food. Following this, I examine the concept of food insecurity and discuss the health consequences of food insecurity with a focus on women.

The third topic area pertains to the discussion of community, specifically, two positive aspects of community: social capital and social support. I define these concepts and their relationship to communication. I then review the literature on the benefits of social capital and social support as they relate to women, health, and food security. I end the chapter with a brief discussion of the research questions central to this dissertation and provide an overview of the five chapters that follow.

Figure 1. Shalini watching her son eat an ice-cream on a hot afternoon.

Slums

The word ‘slum’ is no longer an obscure term. Slums are known as *favelas* in Brazil, *kijiji* in Kenya, *johpadpatti* in India, *gecekondu* in Turkey, *aashiwa'i* in Egypt, *barriadas* in Peru, *kampungs* in Malaysia, and *mudukku* in Sri Lanka (Riley, Ko et al., 2007). In the recent past, slums are increasingly portrayed in movies, books,

documentaries, and international news. Some of these portrayals include *Slum Dog Millionaire*, *City of Joy*, *The Fourth World*, and *Behind the beautiful forevers: Life, death, and hope in a Mumbai undercity*. Different aspects of slum life such as slum politics, individual goals, public health, and social hierarchy have been highlighted in the above mentioned texts. Through these texts, people have come to understand that poverty is a central characteristic of slums. For example, most viewers of *Slum Dog Millionaire* will not forget the young protagonist, Jamal, jumping into a deep pit of poop beneath him when his jealous friend locks him in a makeshift latrine. This scene brought to light the conditions of latrines in slums and appalled most western and native audiences. Additionally, in the book *Behind the beautiful forevers,* the author details the lives of slum dwellers by describing the occupations they are forced to pursue as they struggle to escape the conditions of slums.

While the awareness of slums is gaining prominence in the media, it is still under-discussed in the academic world. Nonetheless, slums are important cultural spaces for health communication scholars to consider. In the following section, I discuss research that explores the following topics: definition of slums, context of Indian slums, health outcomes of slum residents, and reasons for the rise in slums.

Definition of Slums. The United Nations identifies a slum as a human settlement with five main characteristics: (1) Inadequate access to safe water (2) Inadequate access to sanitation. It is argued that unhealthy living conditions and root causes for communicable and non-communicable diseases are due to the lack of safe water and sanitation. (3) Poor structural quality of housing in slums. Slums are often built on or

near hazardous locations such as floodplains, river banks, waste disposal sites, sides of mountains, and industrial plants. Additionally, slum dwellings are typically built with non-durable materials. (4) Overcrowding. Overcrowding can be a result of high occupancy rates, low space per person, and multiple families sharing one dwelling. (5) Insecure residential status. The governments in most developing cities consider slums to be illegal settlements. These settlements are typically inhabited by rural migrants, illegal and legal immigrants, unemployed, displaced persons, and refugees making them vulnerable to raids (United Nations Human Settlements Programme, 2003; Neuwirth, 2005; Lewis, 2009). The above conceptualization primarily focuses on the problems experienced by slum dwellers. However, there are other ways to conceptualize slums.

Site of Social Exclusion. Slums can also be considered as a site of social exclusion. The idea of a slum as a site of social exclusion is often used in Europe, referring to not only poverty but other forms of exclusion such as discrimination (Lewis, 2009). Several studies have concluded that slum residents face a disadvantage when seeking employment because of problems associated with their dwellings (Lewis, 2009). Stigmatization of slums has led to significant levels of unemployment and underpay. This discrimination forces slum residents to empower themselves via self-employment. According to India's National Commission for Enterprises in the Unorganized Sector, "The situation of self-employed is possibly worse in many respects than even that of the casual workers. The average daily income of a male vendor was Rs.70 ($1.40) in most cities while women vendors earned an even more paltry Rs.40 ($0.80) per day, and this is despite long hours of work" (2010). When we conceptualize slums as a site of social

exclusion, we move beyond the discussion of problematic conditions in slums (as done in the above United Nations definition). We also question the power dynamics and political processes that create and sustain slums in the first place. As discussed in the rationale section of this chapter, one of my reasons for choosing Rajendranagar was because of its exclusion from the process of development. While Bangalore city is rapidly changing both spatially and culturally, slums are not a part of the change. The lack of investments and efforts to improve the conditions in slums spatially separates it from the rest of the city.

Site of Agency. While slums can be theorized by their problems, there are other factors to consider. As a community, a slum is constituted and sustained through its assets (Kretzmann et al., 1993). When discussions of slums are accompanied by its infrastructural or health problems, we inadvertently victimize and criminalize slum residents. In reality, slum residents are survivors of injustice and ineffective government policies. "Slums are not [just a site of] problems. Rather, they are the spatial manifestations of urban poverty, social exclusion, and inappropriate government policies. Slum settlements represent an active, grassroots attempt by the desperate poor to take care of themselves" (Sclar and Northridge, 2003). For example, poor rural residents migrate to urban areas in hopes of making a living. Slums attract these rural migrants because of the availability of low-cost housing. During this process, slums are usually homes to the new migrants till they economically empower themselves. In other words, slums represent a site of agency and self-empowerment.

Indian Slums. Slums are increasing in number and are a prominent feature of the Indian landscape. While branches of the Indian government have developed definitions to identify slums, there is no one definition that is adopted by the federal government. Local and state governments have different agencies and strategies for identifying and notifying slums. The Indian government focuses on two main aspects to identify slums: infrastructure and legality[3] (Lewis, 2009). Infrastructural issues are closely related to the legality of a slum. For example, a slum that is recognized as "legal" or "notified" by the Indian government is obligated to provide amenities to its residents Individuals living in legal or notified slums benefit from government services such as "trash collection, drinking water, storm drains, community latrines, street lights, roads, and an address for obtaining a government sponsored bank account and ration card[4]" (Lewis, 2009, p. 41). Such services are essential to the health and well-being of the urban poor. Hence, legality of a slum affects its infrastructure, which in turn impacts health.

In India 17% of the legal slums and 51% of the non-notified slums are without latrines. Hence, eight percent of the urban Indian households (12 million) do not have access to latrines and defecate in the open. Another eight percent (5.5 million) of the urban households use community latrines and 20% (19.5 million) use shared latrines. Additionally, 30% of legal slums and 15% of non-notified slums benefit from underground sewage. Hence, the improper disposal of human waste in slums poses

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[3] Slums are usually not identified as illegal. The term legal is used to signify government recognition of the slum. The opposite of a legal slum is non-notified slum.

[4] A card that allows an individual below the poverty line to procure subsidized food such as rice and wheat. More details discussed in Chapter IV

significant problems for public health and environmental safety in urban India (MSSRF, 2010)

Health Outcomes. Poor health outcomes as a result of substandard living conditions are well documented in the literature. Scholars have highlighted that the literature on developing countries in the early 1990s, often concluded that urban residents were healthier than their rural counterparts (Ergler et al., 2011). Recently, scholars have challenged the "urban advantage" and current research suggests that people living in cities face an "urban penalty" (Harpham, 2009; Lewis, 2009; Ergler et al., 2011). "Urban penalty" is an outcome of rapid urbanization which exposes urban residents to various social and environmental risks (Harpham, 2009). Hence, living in slums is a major cause of poor health.

Limited supply of clean water for domestic hygiene is known to cause diseases such as dysentery, cholera, eye infections, worm infections, and diarrhea among slum dwellers (Sheuya, 2008). The lack of sanitation required for waste management is the primary cause for high rates of diarrhea, mortality, and morbidity (Sheuya, 2008). The poorly maintained houses within slums are nesting grounds for pests (rats, mice, flies, and cockroaches) to breed and spread infectious diseases, and cause allergens (Sheuya, 2008). Such household environments coupled with overcrowding and the lack of ventilation, have been shown to increase respiratory infections (Sheuya, 2008). In addition to all of the above factors, the incomplete combustion of fuel (e.g. wood) while cooking, boiling water, and heating causes ill health and deaths in slums. An estimated

1.6 million people, of whom 1 million are children, die from such causes (Sheuya, 2008).

Women slum dwellers are particularly vulnerable to negative health outcomes. There are several reasons for this. First, the lack of adequate water resources requires slum dwellers, mainly women, to procure water from distant locations. Women in slums often collect water from public pumps after queuing for long periods of time. They then carry heavy water containers over long distances several times a week (Bapat and Agarwal, 2003). In relevance to food preparation, women often cook in their tin sheds with limited ventilation. Hence, they are likely to be exposed to toxic pollutants like carbon monoxide which causes pulmonary diseases (Sidh and Basu, 2011). Overall, women compared to men in the developing world spend more time on housework and child rearing. This means women have less leisure time compared to men to rest and heal.

Research has identified that women in slums are also at increased risk for spousal violence. Spousal violence is closely related to women's disempowered status in slums. For example, slum women who experienced spousal violence are less educated and have married multiple times. Additionally, a husband suffering from drugs or alcohol addiction (usually common in slums) was another important factor that increased a woman's chances of spousal violence (Go et al., 2003).

Slum women in India are also disadvantaged in terms of HIV/AIDS. The socioeconomic and cultural aspects of slums create a problematic environment for women. Research has shown that the cultural environment of Indian slums makes

HIV/AIDS and sex taboo subjects for discussions. Hence, women who live in slums have limited communicative spaces and opportunities to protect themselves from HIV (Ghosh et al., 2009).

Access to healthcare can improve women's health. However, the unreliability of government clinics in India limits women's use of these services. Women are often forced to rely on private medical services. Research has found that women are likely to seek the care of private doctors for curative rather than preventive consultations. Preventive consultations could be communicative spaces for slum dwellers to learn about HIV/AIDS, prenatal care, lifestyle changes, and immunizations etc. (Garner and Thaver, 1993). Reaching out to healthcare professionals only during emergencies raises significant concern for slum children's health. For example, the immunization status of children younger than five years was poorer in slum areas than in the rural and urban areas (Swaminathan and Mukherji, 2012). Even though children in slums are often falling sick, mothers are unlikely to access healthcare services immediately. Illness severity and recognition of severe symptoms are the main factors determining health care-seeking behavior (Taffa and Chepngeno, 2005). Hence, if health conditions in slums are not addressed, the world could witness epidemics of diseases. This can impede growing economies like Brazil, China, India, and Mexico (Riley et al., 2007). Avoidable expenditures on health will reverse the economic gains made in the last several decades (Sclar et al., 2005).

The Rise and Destruction of Slums. The governments in developing countries are not overlooking problems in slums. For example, India is trying to rehabilitate

existing slums and prevent the sprouting of new ones. However, the rise in the number of slums is significantly faster than the rehabilitation efforts. Hence, to address the rehabilitation process it is important to understand the reasons for the rapid increase in slums.

> Rapid urbanization, one of the greatest socio-economic changes during the last five decades or so, has caused the burgeoning of new kinds of slums, the growth of squatter and informal housing all around rapidly expanding cities of the developing world (United Nations Human Settlements Programme, 2003).

In 2000, 32% of the world's urban population was estimated to live in slums, and this figure continues to increase as 70 million people move to urban areas annually (United Nations Human Settlements Programme, 2003). Hence, "cities will account for virtually all future world population growth, which is expected to peak at about ten billion in 2050" (Davis, 2006, p. 2). By 2030, the developing world will be 56% urban (United Nations Human Settlements Programme, 2003).

In the case of India, "[it] has a population of 1027 million with approximately 28 percent or 285 million people living in urban areas. The liberalization policies adopted by the Indian government will increase the urban population by 40 percent by 2021. As a result, urban India's economic productivity will contribute to 65% of the gross domestic product (GDP)" (Kalyan, 2012, p. 57). Hence, urbanization has been associated with India's economic progress. While skyscrapers are highly visible in the landscape, this

growth is accompanied by a rise in the number of slums (MSSRF, 2010). This is especially the case in metropolitan cities like Bangalore.

Bangalore city is the capital of the state Karnataka in Southern India and is one of the fastest growing cities in the sub-continent. Since the liberalization of the Indian economy in the early 1990s, multinational and information technology industries have set up shop within the city. With the growth of these industries, there have been significant changes in the metropolitan landscape and culture. While the urban elite benefit from the "California-style shopping malls, golf courses, *nouvelle* cuisine restaurants, five-star hotels, and English-language cinemas" (Davis, 2006), the urban poor experience the brunt of the dark side of the internationalization of Bangalore. In other words, they have been socially excluded and victimized in the globalization process. Many of the economic and social changes are accompanied by increases in real estate prices affecting the ability of the urban poor to live and find work within the city. Individuals who remain within the city make a home in one of the 800 to 1000 slums. Within Bangalore, "Slums have grown twice as fast as the general population, and researchers have characterized Bangalore as the dumping ground for those urban residents whose labor is wanted in the urban economy but whose visual presence should be reduced as much as possible" (Davis, 2006).

In defining slums by their problems, they have been constructed as a threat to health and safety of the Indian society. Hence, slums have been a priority in India's development agenda (Davis, 2006; Bhan, 2009; Dupont, 2011). One of the ways Indian slums are being eradicated is through the demolition of homes and the eviction of its

residents. Legal and non-notified slums are at risk for demolition. These residents are often not resettled and forced to the edge of the city in other slum-like settlements. These efforts are being supported by politicians, public courts, and even the urban middle class who aspire to create a world class city (Bhan, 2009).

Many Indian states have official Slum Clearance Boards that are tasked with the demolishing and redevelopment of slums. In globalized cities like Mumbai, the government has put forth significant efforts to redevelop slums and modernize the city. In many instances, third world governments have begun engaging in Public-Private Partnerships (PPP). Through PPP contracts, governments direct private entities to construct sustainable apartment buildings in part of the slum land for the current residents. The remaining land is then used by developer to generate profits (Lewis, 2009, p.46).[5] Such programs have been relentlessly pursued with the belief that infrastructural investments will address health concerns in slums.

Reflections. As stated earlier, slums are relevant sites to study for communication scholars. The literature primarily focuses on problems associated with slums; these problems pose a serious threat to slum residents. However, there is little research that explores residents' conceptualization of slums. Communication scholars are aptly situated to understand how slum residents communicatively construct, understand, and cope in their living environments. Such explorations can challenge the dominant notion of slum dwellers as victims. Instead communication scholars can offer alternate viewpoints and provide new insights. For example, how health is defined and

[5] For detailed discussion on slum upgrading PPPs, please see Chapter II & VI.

constituted in resource-limited settings is an important area of inquiry. This exploration aids health communication scholars with strategies to empower the marginalized.

I discussed the context of slums to provide communication scholars with an understanding of the daily challenges faced by slum dwellers, specifically women. In this dissertation, I focus on women slum dwellers to investigate how they understand daily nutrition, a significant aspect of health. Through this dissertation, I hope to contribute viable solutions and strategies to address the state of malnourishment among Indian women. While hunger is one of the primary reasons for malnourishment, there are other factors to consider. Women's relationships to food reveal the cultural factors that can be empowering and oppressive to women. In the following section, I discuss the role of food in the study of health communication. I also review the literature on women's relationships with food.

Food

Communication. Food-related topics are widely studied in anthropology and sociology, but until recently it has been overlooked in communication studies (Cramer et al., 2011). Communication scholars have theorized very little about food-related topics within cultures. Henderson (1970) was the first communication scholar to assert that practices associated with food production and consumption should be viewed as communicative activities. She urged communication scholars to take up food-related activities as a serious form of study. Since then, only a handful of scholars have engaged in such research. This is because communication scholars are skeptical of how food can be understood as a communication topic.

Some communication scholars have emphasized that food and communication are fundamentally connected. Cramer et al (2011) argue:

> Food has become increasingly important within our processes of communication as a means of expression, manifestation of identities, form of discourse and ritual, hallmark of social relationships, and if food is ubiquitous, then it is for these reasons that we need to more closely consider how food and its practices operate as a means of communication (p.xiv).

Hence, food, cooking, and eating represent essential aspects of human existence with a life-sustaining role. Food assures survival and affects physical, emotional, and mental well-being. Food can also be viewed as an important communicative tool "in the process of defining one's individuality and one's place in society. ... Indeed, it may be second only to language as a social communication system" (Anderson 2005, p. 124). For this reason, Greene & Cramer (2011, p. ix) argue that,

> "Food is one of the most readily available symbols that we have at our disposal, which can be viewed from both perspectives of communication and culture. We often use food to communicate with others and as a means of demonstrating personal identity, group affiliation and disassociation, and other social categories, such as socioeconomic class. In this sense, food is a product and mirror of the organization of society…a prism that absorbs and reflects a host of cultural phenomena."

Hence, if communication is the process through which cultures are created, maintained, and transformed, then food is one of the many artifacts that can help us understand culture. "Food as a form of communication…is [a] nonverbal means by which we share meaning with others. We regularly define "who we are" according to both the foods that we eat and those that we refrain from consuming" (Cramer et al., 2011). Rothenbuhler (1998) also argues that food is a form of communication as it intrinsically constitutes the rituals and culture that permeates through the society. In other words, food frequently constitutes and maintains cultural traditions. It also affirms and reproduces the family (Van Esterik, 1999; Counihan, 2009; Sukovic et al., 2011). While food plays a communicative role in families and cultures, the process is often facilitated by women.

Women. Among cultures around the world, women play a central role in farms, markets, and kitchens. Women are largely responsible for the food-related activities such as: production, distribution, acquisition, processing, preparation, and serving. These activities require skillful coordination and often demand significant time and energy.

Women's food-related responsibilities have earned them the role of caretaker and nurturer in most cultures. Many scholars have noted that notions of gender have been constructed through food-related practices (Counihan, 2009). For example, women's bodies provide nutrients to the fetus before birth. They continue to feed their infants through their breast milk after birth. Within households, women often cook, feed, and serve others and it is one way they express their care to family and community (Van Esterik, 1999).

Women's central role in food-related practices suggests that they are critical to the creation, maintenance, and alteration of cultures. Women transmit cultural codes, meanings, and values through everyday food routines. Counihan (2009) found that Mexican women in a small American town emphasized the importance of food preparation in their lives. Through food activities women fostered family values, built connections, and created opportunities for family communication. In doing so, women were able to foster their identity and culture. Devdutt Pattanaik (2011), an Indian culturalist and author argues:

> The best way to destroy a culture is to destroy the kitchen. For it is in the kitchen that a language is spoken that addresses the eye, the ear, the nose, the tongue and even the skin, all five senses, something that all of us are exposed to since childhood but few of us realize. By cooking Chinese food in the Chinese way, the Chinese mother makes her child Chinese.

Sukovic et al. (2011) learned from immigrant women in the *colonias* (South Texas settlement areas) that their food-related practices were closely tied to their cultural and gender identities. Food was a creative outlet to maintain their traditions and cultural ties with Mexico. Through food preparation, women gained familial power and exercised their agency. Additionally, in a photo-elicitation study of Hispanic mothers, women emphasized enacting their agency through food activities. Mothers asserted that food activities were performed while "leveraging resources to provide the best for their children." These efforts kept their children "happy, healthy, and well-fed" (Johnson et al., 2010).

The examples above suggest that women empower themselves and others through food. However, the empowering aspects of food-related activities are compromised when women face food insecurity. In the following section, I define food insecurity and discuss its impact on households.

Food Insecurity

Conceptualizing Food Insecurity. Hunger has been accounted for and conceptualized under the label, food insecurity. In other words, hunger is an outcome of being extremely food insecure. Food security in the United States is defined as,

> "*acces*s by all people at all times to enough food for an active, healthy life and includes at a minimum: a) the ready *availability* of nutritionally adequate and safe foods, and b) the assured quality to acquire acceptable foods in socially acceptable ways (e.g., without resorting to emergency food supplies, scavenging, stealing, or other coping strategies)" (Anderson, 1990, p.1560).

To academic scholars, food insecurity is a multidimensional concept comprised of the three A's: *availability, access, and absorption.* Slums have particular relevance in the context of food security. For the urban poor, food security mainly pertains to *access* and *absorption* of food (MSSRF). In urban areas, the physical availability of food is not a critical issue except when there is a severe national shortage. As long as individuals have the required purchasing power, they will be able to *access* food. However, *absorption* is a critical issue for slum dwellers because it is compromised by the lack of safe drinking water and appropriate latrine facilities.

Interdisciplinary research has identified several factors that affect food security. The following reasons are frequently cited: agricultural policies and production, import and export of food, environmental policy and factors, population growth, purchasing power of individuals, and the ability to physically process the food. A prominent misconception about food insecurity is that it is an outcome of the limited global food supply. In other words, people are hungry or food insecure because food is absent. This, however, is not true. The two most important factors that determine an individual's access to food are household income and prevailing prices of essentials. Poverty affects these two factors.

"Poverty is an outcome of the inability of some households to share in the lifestyle of the majority due to a lack of resources" (Morton et al., 2008). For example, poverty makes families vulnerable to the rising food prices. Since 2007, world food prices for products like rice and wheat have increased significantly. With economic instability, food prices spiked in 2008, 2010, and 2011. However, the demand for food continues even with the price increases. Hence, people will have to make decisions about how they spend their income on food and non-food demands. Studies from developing countries showed that the increases in food prices decreased household food security (Compton et al., 2010).

To understand the impact of household food insecurity, scholars have examined coping strategies (Ramadurai et al., 2012). Coping is a process of responding with strategies to address the decline in access to food (Davies, 1996). Research has shown that coping is a "managed process" involving two dimensions (Radimer, Olson et al.

1992). The first dimension is reversibility. As households cope with food insecurity, they first adopt strategies that are reversible. When situations fail to improve, individuals employ irreversible strategies, such as selling assets (Watts, 1988). The second dimension pertains to food practices. When faced with food insecurity, households initially alter what they eat. As the problem persists, individuals change how much they eat and then who eats (Coates et al., 2006). With persistent food insecurity, individuals will have poor quality diets, decreased food expenditures, and smaller fruit and vegetable consumptions (Morton et al., 2008). Food insecurity also reduces productivity and economic development. "Hunger, poverty, and poor health are interlinked; the occurrence of each contributes to the presence and persistence of the others" (McIntyre et al., 2011). Hence, a*vailability*, *access* to food, and the ability to physically *absorb* food are necessary for good health.

Health Communication & Food Insecurity. Even though food is the foundation to good health, discussions pertaining to food insecurity are limited within health communication scholarship (Zoller and Dutta, 2008; Ramadurai et al., 2012). However, this trend has changed over the last several years. Communication research conducted globally in impoverished communities has underscored the finding that marginalized individuals communicatively construct their health "[as] the ability to secure enough resources to feed [themselves] and the family. In the absence of food, [individuals] point out that it is impossible to think about other health resources, supplies, and behavior changes" (Desouza et al., 2008, p. 412). Culture-centered health communication projects have documented how hunger is the most fundamental health

problem in many Third World countries (Basu and Dutta, 2007; Dutta, 2012). Dutta found that in impoverished households of rural Bengal, the presence of health reflected the presence of food in the life of the household. Not having money meant that families were unable to buy basic food items in many households (Dutta, 2012).

Scholars have identified that the lack of food affects more than the physical body. In a study of food insecurity among women, researchers found that food for the body to satisfy hunger was only a part of the experience. Women showed that relationship between hunger and health was complicated by another dimension, "hunger of the mind." "Hunger of the mind" exacerbated the "hunger of the body". While women acknowledged that both types of hunger are interrelated, "hunger of the mind" received more emphasis. Women asserted that it led to stress, depression, physical illness, and mental illness (Chilton and Booth, 2007). Hence, "there is no doubt that hunger and food security are the quintessential issues that necessitates the immediate attention of health communication scholarship" (Desouza et al., 2008, p.424). In uncovering the meanings and experiences of health and food insecurity, we carve communicative spaces to discuss the experiences of marginalization and challenge the status quo.

India. In September 2000, the United Nations General Assembly declared a goal to halve the proportion of hungry people by 2015. Some progress has been made in reducing hunger. However, the countries in South Asia and sub-Saharan Africa have seen the least progress. India has been unsuccessful at preventing chronic hunger affecting a large portion of the population. About 230 million Indians go to bed hungry every night and 40 percent of the world's malnourished children live in India (Banik,

2011). Hence, India continues to top world hunger charts and has been unsuccessful in addressing food insecurity despite efforts.

Recently, India has been making some progress and has partially achieved some of the development goals. Between 2003 and 2009, a significantly higher number of children in India enrolled and attended school. The rates of diseases such as leprosy, polio, and tuberculosis, and HIV/AIDS have been kept under control. Even though these issues seem unrelated, they have a significant bearing on food security. For example, in the lives of the urban poor, HIV/AIDS and food insecurity are intertwined. Research has found that the presence of HIV/AIDS or food insecurity, simultaneously heightens the vulnerability to and worsens the severity of the other. When individuals are hungry, they are likely to engage in risky behaviors which expose them to infections. Additionally, households have to make difficult decisions about how they spend their money and these decisions compromise the health of the infected. There is also loss of wages when a family member's disease course worsens (Tsai et al., 2011).

To provide assistance to those below the poverty line (BPL), India has also expanded its food distribution program. It is one of the world's largest and most expensive social programs. Through this program, slum dwellers are able to procure food through the Public Distribution System (PDS). About 65 million adults, 23 million children under the age of six, and 4.8 million expectant mothers benefit from this program (Banik, 2011). While providing subsidized foods to women and children can keep hunger at bay, there are several reasons why the program is not sustainable. First, significant corruption within the program affects the poor. As a critical scholar, it is

important for me to note that feeding hungry women does little to address underlying problem of their disempowerment. In fact, it continues to abet the status quo by constructing women and children as victims of hunger. Further, India's lack of official dietary recommendations or food guide pyramids is problematic for those who use the program. Dietary guidelines could educate and influence women's understanding of the optimal diet to prevent under-nutrition and over-nutrition (Banik, 2011). In the context of India, obesity was believed to be a problem among better-off urban households. However, the number of overweight individuals is increasing in slums. Consumption of fried foods and foods rich in sugar and carbohydrates are sold and purchased in Indian slums. Research indicates that in the slums of Chennai, Hyderabad, Kolkata, Meerut, and Mumbai, 25% of the women are overweight or obese (Gaur et al., 2012).

Women. To address the problem of food insecurity and hunger, one must address women's disempowerment in their cultural contexts. Until we examine hunger from a gender perspective, food security for all cannot be achieved. Women's food experiences should inform both food policy and interventions. As discussed in an earlier section of this chapter, women have a special relationship to food and culture. For centuries, women have played the traditional role of caregivers and preparers of food for the family. In many parts of the world, woman's sense of self is based on her ability and her right to feed her family. When the problem of food insecurity emerges within a household, it has implications for women's well-being in ways other than impaired nutrition (Hadley et al., 2012). Hence, women's experiences must be seriously

considered when evaluating "the effect, consequences, and areas for intervention in terms of food insecurity" (Ivers and Cullen, 2011).

Policies to improve women's nutritional status also produces good health and productivity in the next generation of adults (Smith, 2003). Women are usually mentioned in the food insecurity literature as a risk group. However, they are also gatekeepers of family health and nutrition (McIntosh and Zey, 1989; Van Esterik, 1999). It is women's knowledge of food that prevents starvation and improves health within the family. Studies in South Asia reveal that women than men invest larger amounts of money in nutrition and health. In Kerala (a southern Indian state), a mother's cultivation of a home garden and her control of the produce has positive effects on child nutrition (Kumar, 1978).

The presence of adult females and their ability to make decisions in households, reduces food insecurity (Felker-Kantor and Wood, 2012). A recent study of Bangladeshi women suggested that they mainly used their income from credit-based structures for food, clothes, children's education, and health (Kelkar et al., 2004). In a study in rural Pakistan, 94% of women borrowed money to fulfill the consumption needs of their household (Nazli and Hamid, 1999). This has led many policy makers and donors to conclude that women should be targeted for empowerment programs because they are the key to meeting the United Nation's goal of reducing global hunger (Ramachandran, 2004).

While women might be the key to addressing food insecurity, they continue to outweigh men in the number of food insecure individuals. The experience of food

insecurity begins when women are young. In poor households, girls compared to boys suffer from a higher incidence of severe malnutrition. “In fact, gender has been found to be the most statistically significant determinant of malnutrition among young children, and the most common cause of death among girls below the age of five years” (Ramachandran, 2007).

A study of eleven villages in Punjab, India, found that although “boys and girls had roughly similar calorie intakes, girls were given more cereals, while boys were given more milk and fats with their cereal (Bose, 2003). The study also observes that discrimination against the girl child was primarily motivated not by economic hardship, but rather by cultural factors” (Ramachandran, 2007). In a study of the quality of food consumed in households in 47 villages in Bangladesh, Rahman (2002) found that pre-school children compared to other family members received expensive energy foods such as meat, fish and dairy products. Still, the study observed gender differences with boys favored over girls.

Among Indian adults, women are neglected while adult men and elderly males consume more nutritious food. “Studies from the state of Punjab in India have shown a sharp difference in calorie intake among adult men and women, with women consuming approximately 1000 fewer calories than men” (Ramachandran, 2007).

Food insecurity poses significant physical development problems for women. Food insecure women suffer from anemia and they are unable to reach their full growth potential. India particularly stands out when discussing the problem of anemia. Half of all anemic women in the world live in India and 88% of all pregnant women develop

iron deficiency anemia (Ramachandran, 2007). Anemic women often have complicated pregnancies. High levels of anemia result in the low-birth weight of infants and also causes maternal and infant deaths (Coonrod, 1998). Additionally, anemia impairs human development and function at all stages of the life span (Gillespie and Haddad, 2003). In areas consisting of a large number of malnourished women, babies that are born are often stunted and thin. Hence, malnourishment is passed down from one generation to the next (Gillespie and Haddad, 2003; Ramachandran, 2007).

While food insecurity can be fatal, it has other less obvious, but profound effects. It negatively impacts health and well-being. It induces feelings of shame and causes mental and social distress (Hadley and Patil, 2006; Weaver and Hadley, 2009; Nanama and Frongillo, 2012). Food insecurity also negatively affects an individual's participation in communal activities (Hamelin et al., 2002). Hence, food insecurity affects psychosocial development and participation in communal life.

Reflection. The study of food-related activities and food insecurity is central to health communication research. In the above section, I discussed the literature on the relationship between food, communication and women. Additionally, I also reviewed the literature on food insecurity. Food as a form of communication is an essential to the construction of cultures, communities, and family rituals. Therefore, the absence of food can potentially affect personal relationships and community networks. For example, in many cultures, food preparation is an expression of mothers' love. When household food insecurity prevails, it significantly compromises women's ability to establish their identity, communicate, and exert control. While communication scholars are exploring

topics associated with food, there is scope for further research. Current research asserts that women's relationship to food can be oppressive and empowering. Hence, there are two types of relationships women have with food. However, this conceptualization leads to the following questions: Are there other ways women conceptualize their relationship to food? What relationships do women want to have with food? The answers to these questions are bound to vary depending on the context. Our focus on food as a form of communication will provide unique insight to answer these questions. It is important for us to continue our efforts in creating communicative spaces to expose the struggles and coping strategies of food insecure individuals. Through these spaces, we create opportunities for social change.

I began the literature review with a discussion of slum communities and their corollary problems. In the following final section of the literature review, I specifically discuss two important, positive aspects of healthy communities: social capital and social support. I begin by defining community and discuss the role of communication. I also define social capital and social support. I then differentiate and explain the relationship between them. I end the section with a review of the literature on health and nutrition outcomes in communities rich in social capital and social support.

Community: Social Capital and Social Support

Community. The word community has different meanings. Each of us belongs to a number of communities based on factors such as our health and social needs, demographics, geographical location, etc. While there are many different types of communities, in health communication, community is sometimes conceptualized as

"geographically bounded, such that members of a particular community share a physical, historical, and social environment and have the potential for face-to-face contact" (Geist-Martin et al., 2003). "While community is usually defined as a place, scholars have defined community as a process, institution, interaction, feeling, cognition, structure, or others" (Rothenbuhler, 1991). While the definitions vary, there is one thing common to all communities. All communities are forged through social interaction. Rothenbuhler (1991) argued that "communication and community grow in each other's shadows; the possibilities of one are structured by the possibilities of the other" (p.76). Hence, the culture of a community is created through communicative patterns, rules, rituals, and practices. "Communication, therefore, is not just a variable contained within a community; community itself is best regarded as a phenomenon that emerges from communication. Communication is thus the essential, defining feature – the medium – of community" (Albrecht and Goldsmith, 2003). In other words, communication helps in the construction and maintenance of meaningful relationships which constitute a community (Rothenbuhler, 1991).

The extent of our investment in a community depends on the emotional connections we foster within it:

> Emotional connection is a choice community members make that reaffirms their humaneness, in addition to providing material and/or psychological safety and security. Emotional connection creates and, in turn, is created by shared individual and collective beliefs, values, and attitudes about community life and a common set of customs, activities,

> and communicative patterns in which members engage (Adelman and Frey Lawrence, 1997)

These emotional connections provide members several benefits. Individuals are connected to a broader social network to access scarce resources (Hofferth and Iceland, 1998). Hence, networks within communities are essential for members to build social capital. These networks allow members to receive and provide "social support, develop self-esteem, identity, and perceptions of control" (Cattell, 2001).

Social Capital. Social capital is often defined as ''features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit'' (Putnam, 1995). Coleman (1988) argues that social capital is one of the least tangible forms of capital. It exists through the emotional connections among persons. Coleman (1988) who defined social capital mainly by its function, added,

> Social capital is not a single entity but a variety of different entities, with two elements in common: they all consist of some aspect of social structures, and they facilitate certain actions of actors within the structure. Like other forms of capital, social capital is productive, making possible the achievement of certain ends that in its absence would not be possible (p.98).

The concept of social capital has been discussed predominantly by sociologists, economists, and political scientists (Van Der Sluis and De Jong, 2009). Recently, communication scholars have highlighted how discussions on social capital have overlooked the communicative underpinnings that constitute it (Rojas et al., 2011).

Social capital is integral to community cohesiveness and achievement of common goals. Hence, it is necessary to remember that such outcomes are impossible without verbal and nonverbal communication that conveys social support.

Putnam (2000) emphasizes that there are two types of social capital: bonding and bridging. Active participation and interaction with others within groups are essential to the formation of social capital (Coleman, 1988; Portes, 1998; Putnam, 2001). "Bonding social capital is derived from relationships between similar persons (for example, those alike with respect to socio-demographic and socioeconomic characteristics), while bridging social capital is derived from dissimilar persons at the same level of hierarchy" (Kim et al., 2006). However, both bridging and bonding social capital is built through trust among community members.

Social capital is a characteristic applicable to individuals, small groups, communities, or even larger entities (Portes, 1998; Macinko and Starfield, 2001). At the community level, social capital is conceptualized as "trust, norms, and networks that can improve the efficiency of society by facilitating coordinated actions" (Putnam et al., 1993). At a group level, members are able to secure benefits such as social support because of the enduring nature of the relationships.

Social Support. Social support is a sub-category of social capital. Early research in communication defined social support as "verbal and nonverbal communication between recipients and providers that helps manage uncertainty about the situation, the self, the other or the relationship and functions to enhance a perception of personal

control in one's life experience" (Albrecht and Adelman, 1987). Based on social support research in a variety of contexts, Albrecht argued that there is:

> [g]reater value in viewing social support as an umbrella term for providing a sense of reassurance, validation, and acceptance, the sharing of needed resources and assistance, and connecting or integrating structurally within a web of ties in a supportive network" (Albrecht and Goldsmith, 2003).

Communication has been identified as a key component of social support and it helps people manage stressors and health concerns (Albrecht and Goldsmith, 2003). "Social support is a communication behavior, as fundamental to interaction as the communication behaviors of informing, persuading, or teaching. Social support is a process embedded in structures of ordinary relationships in social life" (Albrecht and Goldsmith, 2003). It is also the foundation for extraordinary deeds in situations of extreme distress (Albrecht and Goldsmith, 2003).

Communication within social capital networks allows individuals to obtain social support. This support can impact health in a number of ways (Goldsmith and Albrecht, 2011). First, support can regulate an individual's health risk behaviors through feedback and social control. Second, the provision of critical information can empower individuals to make informed decisions about their health. Third, individuals can provide and receive instrumental or tangible support (Goldsmith, 2004).

While supportive communication is frequently thought to occur in dyads and group settings, they never occur in vacuum. Rather, they occur within the context of

larger social [capital] networks (Albrecht and Goldsmith, 2003). In the following section, I discuss the impact of social capital and social support on health outcomes with a focus on malnutrition and food security.

Outcomes of Social Capital and Social Support. In the past decade, discussions about the benefits of social capital have been contentious. Scholars have argued that the countless definitions and myriad uses of social capital have rendered it a concept without value. For example, social support, trust, and reciprocity are a few of the many positive characteristics of social relationships. However, they also represent aspects that qualify as social capital (Portes, 1998; Macinko and Starfield, 2001). The lack of conceptual clarity about what constitutes social capital and social support makes research complicated (Altschuler et al., 2004). Despite these debates, social capital is viewed as a concept with considerable potential among health scholars.

A growing body of empirical studies have hailed the positive relationship between social capital, health and well-being (Kawachi et al., 1997; Kawachi and Berkman, 2000; Veenstra, 2000; Veenstra, 2002; Drukker et al., 2003; Kennelly et al., 2003; Veenstra, 2005; Folland, 2007). Additionally, there is compelling evidence that links social support with positive health outcomes (House et al., 1988; Thoits, 1995). Receiving social support through social capital networks may enhance an individual's self-efficacy to access needed resources and services.

So what are the benefits of social capital and support to women in slums as they face the problem of food insecurity? In the context of the slum, social support is gained through women's social capital networks and is integral for their survival within the

slum community. Rapid urbanization has not allowed for the provision of infrastructure and formal utilities (Davis, 2006) and this problem forces slum dwellers to rely on their informal networks for basic needs. Communication research on social support has shown that it is a central determinant of health and well-being in vulnerable populations. However, such support networks are deteriorating in slum communities due to residents' impermanent status, unemployment, and substance abuse (Albrecht and Goldsmith, 2003). Nonetheless, community networks are critical to women's well-being.

Social support networks as they relate to food insecurity include formal support provided by government agencies, NGOs and food resources available through informal community networks. There are four types of social support: (1) material resources such as money and food; (2) assistance with transportation, household chores, and childcare; (3) informational support; (4) emotional support. Each of these types of social support in resource-limited settings help households meet their daily food needs (Garasky et al., 2006).

Altruism and reciprocity among family and community networks link individuals to the larger social support structure (Hofferth and Iceland, 1998). Scholars have argued that sharing food with others aids in the creation of community. For example, Counihan (2009) observed that sharing food establishes a connection in all cultures that allows people to share meals, borrow money, and obtain direct food assistance. Since then, scholars have been assessing the impact of social capital and social support on food security (Martin et al., 2004; Locher et al., 2005; Dean and Sharkey, 2011; Dean et al., 2011; Ramadurai et al., 2012).

The relationship among social capital, social support and food security are relevant in rural and urban communities in the developing and developed world (De Silva and Harpham, 2007; Dean and Sharkey, 2011). From existing research, we can conclude that social capital and social support have an alleviating impact on food insecurity (Garasky et al., 2006). It can improve malnutrition and reduce the risk of hunger (Martin et al., 2004; Locher et al., 2005). Support positively influences the intake of fruits and vegetables and improves the nutritional status among children (De Silva and Harpham, 2007; Johnson et al., 2010). Hence, the extent to which food insecurity is stressful in resource-limited settings also depends on social support (Kollannoor-Samuel et al., 2011; Tsai et al., 2012). While social capital enables coping strategies, scholars have noted that such support networks deteriorate when the cost of food rises (Hadley et al., 2012).

Women and elderly are likely to benefit from their social capital networks. For example, low-income pregnant women in the developed countries are dependent on tangible forms of support available to them such as reliable transportation to access health care systems (Albrecht and Goldsmith, 2003). Additionally, Puerto Rican women in the United States with higher social capital, are more likely to breastfeed their children (Anderson et al., 2004), In the developing world, high levels of emotional support are positively linked to improved maternal and child health outcomes. In their research which explores the relationship between maternal social capital and children's nutrition, De Silva and Harpham (2007) found that social capital "may enable mothers to KNOW more due to knowledge transfer (e.g. where to obtain additional cheap sources

of food), THINK differently due to attitude influences (e.g. attitudes towards hygiene practices) and to DO things differently (e.g. breastfeed for longer)". In a study of women in rural Uganda, lower levels of social support were strong predictors of food insecurity (Tsai et al., 2011).

Single men who lack social support are at risk for poor nutritional intake (McIntosh and Shifflett, 1984; McIntosh et al., 1989). There are positive benefits associated with marriage. Married individuals, especially older men, are less likely to skip meals (Torres et al., 1992). Additionally, older women who live alone or women who have no need to cook for anyone, are less likely to cook for themselves (Quandt et al., 2000).

For all of the above cited benefits, practitioners and scholars have proposed the strengthening of social capital to "empower" women and build stronger community ties in resource-limited settings. Such advice has motivated NGOs to mobilize social capital networks among women. Unfortunately, such efforts have romanticized the meanings of social capital networks by purporting the idea that social capital alone can solve problems of poverty. This problem ignores "structural causes of inequalities and shifts attention away from the state's responsibility for service provision" (De Silva and Harpham, 2007).

Research Questions

After reviewing and reflecting on the literature pertaining to slum women's relationships to health, food security, social capital, and social support, I pursued the following research questions in Rajendranagar:

RQ 1: What are the experiences of food insecurity among Rajendranagar women?

RQ 2: What factors enable and/or constrain household food security?

RQ 3: What communicative strategies can be employed to start the process of women's empowerment to address food insecurity in India?

Overview of Chapters to Follow

Chapter II is a discussion of the theoretical framework, *The Culturally Sensitive Model of Health Communication* (Sharf and Kahler, 1996). The model has five layers: *Ideological, Institutional, Sociopolitical, Ethnocultural, and Interpersonal*. Following the discussion of the layers, I elaborate on how the model is used in this dissertation to study food insecurity among women in an Indian slum.

Chapter III is a detailed discussion of the method used in this dissertation, Critical Ethnography. I discuss the data collection process, types of data collected, challenges experienced during fieldwork, details of cultural brokers, and the process of analysis.

Chapter IV is the first analytical chapter, illustrating women's experiences of food insecurity in Rajendranagar. I share the narratives of women in which they discuss the complexities and meanings of food in their daily lives. Narratives also reveal the role of organizations (NGOs & local government) or their lack thereof in improving residents' access to food. Additionally, I take readers through the daily rituals of women that complicate the experience of preparing foods for their family.

Chapter V, the second analysis chapter, focuses on characteristics of Rajendranagar culture. Specifically, I address four cultural constraints that negatively

affect the empowerment of young girls and women. I then discuss the positive aspects of the Rajendranagar culture that lead women to build social capital networks through which they provide and receive social support. Narratives emphasize the importance of community networks which allow women to access material, informational, and emotional support.

Chapter VI, the third analysis chapter, discusses a government initiative that aimed to improve the environmental conditions in slums that exacerbate food security. Through a housing initiative, the government aimed to improve water, sanitation, and electricity. I discuss two conflicting narratives: narrative of modernity & development and narrative of resistance & subsistence. These narratives provide insights into difficulties and outcomes in conducting development projects in the third world.

Chapter VII, the conclusion, recapitulates the topics discussed in the analyses chapters. I return to the research questions posed in this chapter and discuss how they have been addressed throughout the dissertation. I connect the following seemingly unrelated themes that affect the daily lives of women: gender, food, social capital and support, slum development, and neoliberalism. I also connect the findings to the *Culturally Sensitive Model* and discuss opportunities to expand the model's application. I then discuss how this dissertation contributes to health communication theory and scholarship. I conclude with a discussion of the limitations and directions for future research.

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In the chapter that follows I detail the theoretical framework and connect it to the topics discussed in this dissertation. To understand the cultural, political, institutional, and individual factors that complicate and alleviate food insecurity among slum women, I adopted the *Culturally Sensitive Model of Health Communication* (Sharf and Kahler, 1996). This model is used to understand the various factors that affect the daily lives of Rajendranagar women.

CHAPTER II

THEORETICAL FRAMEWORK

This morning when I woke up, I wanted to see Pavithra again. I have been thinking a lot about Pavithra. I want to know all the factors that led to her having such a malnourished baby. I also want to know all the resources she has, to nurse her baby back to health. But how am I supposed to ask a new mother questions that might insinuate that her child is not doing well. One thing is clear to me. Most of Pavithra's neighbors want to leave her alone with her baby. I think everyone knows that things are not going well for her.

I wonder how Pavithra's situation might have been different if she belonged to the middle class or upper-middle class. Pavithra would probably not be in this situation! Would the doctors have let her leave the hospital with her baby? Would her in-laws still be allowing Pavithra to do housework? How would all of this be different for an educated woman with steady employment? Did Pavithra's family not have enough to eat or was she not given enough to eat? What is Pavithra's husband doing about this? If her baby dies, what repercussions will Pavithra face in the community and in her home? What do women in Rajendranagar even know about a healthy pregnancy? How do NGOs identify and provide assistance to women like Pavithra? I had so many questions. I needed answers. (Field notes, March 22, 2012)

As I sought answers to my questions regarding Pavithra's situation, I understood that researching food insecurity was a complex endeavor. There are cultural, political, social, personal, and economic factors that impact household food insecurity. For this reason, I employed the *Culturally Sensitive Model of Health Communication* (Sharf and Kahler, 1996) to systematically explore food insecurity in a context like Rajendranagar. In the first part of this chapter, I detail the Culturally Sensitive Model. In the second part, I discuss how the model was applied to study food insecurity in Rajendranagar.

The Culturally Sensitive Model of Health Communication (CSM)

Health communication scholar Barbara Sharf and physician John Kahler (1996) conceptualized the *Culturally Sensitive Model* within a clinical setting. CSM has been primarily used to research interpersonal communication, specifically interactions between patients and healthcare providers. This model highlights that interpersonal communication about health is influenced by clinical environment, institutional practices and cultural factors, as well as implicit sociohistorical beliefs and ingrained sociopolitical dynamics. These factors "impinge powerfully and subtly on physicians and patients" as they communicate about health (Sharf and Kahler, 1996; Perloff et al., 2006). CSM accounts for the complexity and addresses misunderstandings in specific clinical encounters. The layers of the CSM help identify how individuals in their interactions, are focused on different underlying meanings, while ostensibly communicating about the same topics (Sharf & Kahler, 1996).

The five layers of the CSM are *ideological*, *sociopolitical*, *institutional*, *ethnocultural*, and *interpersonal*. While meanings in all five layers are concurrent, they are not equally salient in particular situations. Sharf and Kahler (1996) stated:

> Identifying the complex layering of ideas that undergirds how each participant attempts to make sense of the interaction helps us better understand what happens when the larger social world intrudes upon the intimate talk of the patient and doctor resulting in dynamics that may not be immediately apparent (p.102).

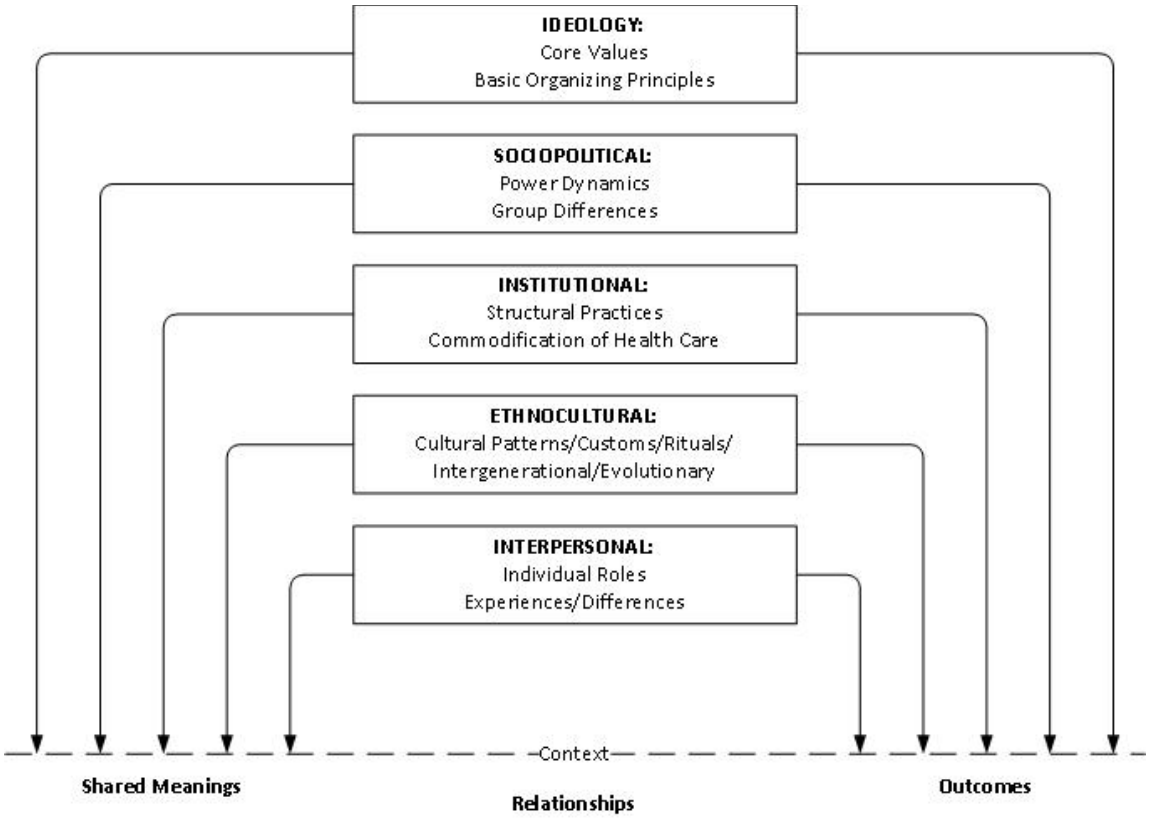

Figure 2. Culturally Sensitive Model (Sharf & Kahler, 1996)

Ideological Layer. The first layer of the model pertains to ideological meanings. It addresses the "taken-for-granted beliefs" or the "ethical underpinnings" dominant in society (Geist-Martin et al., 2003). India's culture of collectivism compared to the United States' emphasis on individualism and independence is an example of ideological differences between the two nations. These societal values influence cultural norms, family dynamics, individual decision-making, interpersonal communication, and institutional policies and practices. Hence, the ideological layer is an important layer because it affects the dynamics of the other four layers in the model.

Sociopolitical Layer. The sociopolitical layer pertains to the social groupings (e.g., race, class, and gender) which affect perceptions of how people identify and interact with others. Sharf and Kahler note:

> Social and political forces form the backdrop and operant patterns for all human interactions. It is the level of meaning that the politics or power structure of a country is formulated [upon] on the basis of social groupings, differentiated by a variety of demographic factors, and to which are ascribed commonly acknowledged comparative values. Our knowledge and experience with sociopolitical meanings, color relationships with, and responses to, others, including those in the medical context." (p. 104)

Social groupings are essential to the construction of our identities. Some of the social groups have received additional privileges, while others have been marginalized leading

to social, economic, and political inequalities. Hence, uncovering meanings in this layer provide insight into health and social disparities.

Institutional Layer. Policies and practices of health organizations (e.g., hospitals, professional groups and licensing organizations, governmental agencies, voluntary organizations, etc. provide structure to individual experiences. This layer examines the organization and commodification of healthcare that affects structural practices and experiences of health (Sharf and Kahler, 1996, p.104). This layer addresses "meanings about health [that] are held and communicated by health care organizations, federal and state governments, and individuals in professions such as medicine, nursing, and social services" (Geist-Martin et al., 2003). Hence, this layer pertains to the professional meanings of health.

Ethnocultural Layer. This layer pertains to "cultural traditions, styles, customs, rituals, and values that form patterns of everyday living, expression, [and] social interaction, which are often inculcated or learned through family" (Geist-Martin et al., 2003). Cultural communities may be rooted in "common language, religion, national origin, geographic location, and/or historical experience" (Sharf & Kahler, 1996). While there are many aspects to culture, families are often the main conduits through which individuals adopt and alter their cultural heritage. Hence, familial communication about cultural values and meanings affect the conceptualization of health and illnesses. In examining the meanings in this layer, it is possible to uncover the effects of culture on health. Additionally, by comparing meanings in the institutional and ethnocultural layer,

it is possible to observe the similarities and differences in the conceptualization of health among professional health providers and cultural members.

Interpersonal Layer. "The interpersonal layer of meaning focuses on the dynamics of style, intimacy, emotion, and roles played out in human interactions" (Geist-Martin et al., 2003). This layer provides insight into the social construction and performance of individual identities, roles, and experiences in society. In medical encounters, this layer focuses on what individual healthcare seekers and providers bring to the interactions. "In any human transaction, the uniqueness of the individuals participating at a particular point in time creates a dynamic that is not interchangeable or reproducible" (Sharf & Kahler, 1996, p. 107). Through this dynamic, individuals establish a connection, negotiate, and accomplish goals. However, it is important to note that while "the interpersonal level is continuously and overtly present during the course of a medical encounter, it may be subtly superseded by meanings derived from the other levels" (Sharf and Kahler, 1996, p. 107).

Application of the Culturally Sensitive Model of Health Communication

In this dissertation, the *Culturally Sensitive Model* was used heuristically to understand food insecurity among Rajendranagar women. Communication remains central to the model. The layers in the model served as a guide to investigate women's food insecurity. Hence, through the layers, I uncovered various meanings and perspectives of food insecurity.

In the figure below, I specify the focus of each layer in the model. The ideological layer of meaning centers on the tenets of neoliberalism. The sociopolitical

layer pertains to caste, religion, and gender disparities in the Indian society. The institutional layer pertains to the perspectives of government agencies, NGOs, and the private sector. The ethnocultural layer pertains to the cultural values, tenets, systems of support, and gender norms within Rajendranagar. Finally, the interpersonal layer pertains to experiences of food insecurity and the enactment of agency and resistance among Rajendranagar women. Together, these five layers were used to explore the problem of food insecurity in Rajendranagar. Power dynamics among various constituents influenced the dominance of certain meanings and affected the solutions and interventions pertaining to food insecurity.

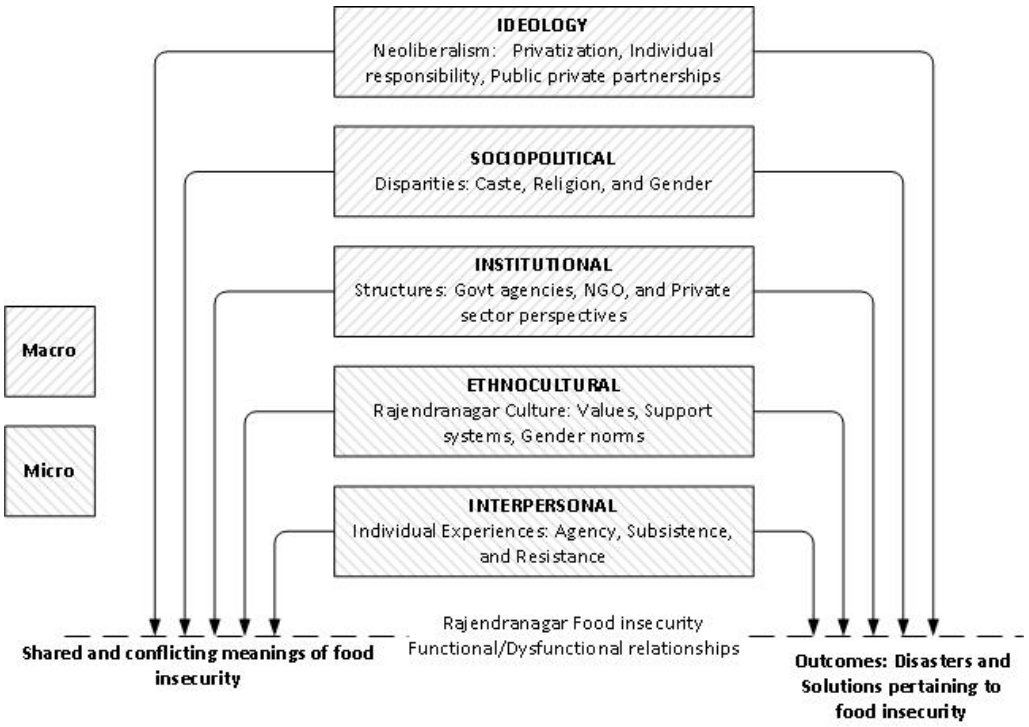

Figure 3. Application of the Culturally Sensitive Model

The ideological, sociopolitical, and institutional layers of the model uncovered macro-communication issues related to food insecurity. Macro-communication was conceptualized as health structures, policies, and programs that impacted Rajendranagar residents. The ethnocultural and the individual layers uncovered micro-communication issues pertaining to food insecurity. Micro-communication was conceptualized as characteristics of Rajendranagar culture, interpersonal communication between community members, social networks, and individual experiences. In the remainder of this chapter, I detail the application of the layers to the study of food insecurity.

Ideological Layer. Throughout human history, individuals have embodied, contended, and coped with various ideologies (Nafstad et al., 2007). In the recent past, some of these ideologies include: globalization (Cowling & Tomlinson, 2005; Sklair, 2002), neo-liberalism (Harvey, 2005), consumerism (Bauman, 2011) and individualism (Bourdieu, 1998). In this dissertation, I focus on neoliberalism as an ideology that influenced meanings and experiences of food insecurity in the other four layers of the CSM.

Neoliberalism. Neoliberalism is a "complex assemblage of ideological commitments, [policies], discursive representations, institutional practices, [and interventions]" (Sangameswaran, 2009). Health communication scholars are increasingly exploring the impact of neoliberalism on health (Zoller and Dutta, 2008; Sastry and Dutta, 2012). Dutta (2011) adds that:

> Neoliberalism is an economic principle that constitutes the opening of global markets to corporations that operate across the boundaries of

> nation states, the minimization of state interventions in the operation of the market, and the increasing privatization of public sectors that are brought under the framework of the free market logic" (Harvey, 2005; Dutta, 2011).

Neoliberalism began as an intellectual economic movement that was aggressively marketed by U.S. President Reagan and U.K. Prime Minister Thatcher in the 1980s as an economic doctrine. By the mid-1980's, the western welfare state was being challenged by the ideology of neoliberalism to result in a neoliberal state that favors the free market and private enterprise (Vivekanandan & Kurian, 2005, p.3; Harvey, 2005). In the 1990s, neoliberal ideology was translated and promoted as a set of economic and political policies for the developing world by "Washington consensus" (consisting of the World Bank, International Monetary Fund, and US Treasury Department) (Peck and Tickell, 2002). In India, neoliberalism has been adopted by governments as an "operating framework or 'ideological software' for competitive globalization, inspiring and imposing far-reaching programs of state restructuring and rescaling across a wide range of national and state contexts" (Peck and Tickell, 2002). For neoliberal policies to function efficiently, it requires "aggressive forms of state downsizing, austerity in financing, public service reform" (Peck and Tickell, 2002).

Values of Neoliberalism. Neoliberalism has become a dominant ideology in American society because proponents "took political ideals of human dignity and individual freedom as fundamental to the central values of civilization. In doing so they [argued that] these values were threatened by all forms of state intervention that

substituted collective judgments for those individuals free to choose" (Harvey, 2005). In the United States, "the word 'freedom' resonated so widely within the common-sense understanding of Americans that it bec[ame] 'a button that elites [could] press to open the door to the masses' to justify almost anything" (Harvey, 2005). Hence, citizens became convinced that "well-being can best be advanced by liberating individual entrepreneur freedoms and skills, strong private property rights, free markets, and free trade" (Harvey, 2005, p.2). However, through research on the impact of neoliberal policies and interventions, scholars have identified that, "[t]he freedoms [neoliberalism] embodies reflect the interests of private property owners, businesses, multinational corporations, and financial capital" (Harvey, 2005). For this reason, neoliberal ideologies, policies, and practices have been identified as the cause of inequalities in societies (Dutta, 2008; Harvey, 2005). "Inherent in the fundamental tenets of neoliberalism is the reduction in state support for the marginalized sectors of society and the minimization of socially directed programs that are directed at meeting the needs of poor and the underserved" (Dutta, 2011).

Privatization. Zoller (2008) has argued that a neoliberal ideology discursively privileges the private market while simultaneously undermining the language of public investment and protection necessary for public health promotion. "As the state withdraws from welfare provision and diminishes its role in arenas such as health care, public education, and social services, it leaves larger and larger segments of the population exposed to impoverishment. The social safety net is reduced to a bare minimum in favor of a system that emphasizes personal responsibility. Personal failure

is generally attributed to personal failings, and the victim is all too often blamed" (Harvey, 2005).

The rapid increase in the number of slum communities throughout the world coincides with neoliberal policy shifts in developing countries. "The rise of neo-liberalism [during the last thirty years] is associated with the growth of international trade, the privatization of goods and services, the reduction of public welfare expenditure, and the reform of regulation. Each of these has substantial impacts on the poor – in most cases, very negative impacts" (United Nations Human Settlements Programme, 2003). However, many of the interventions targeting societal inequalities are also driven by neoliberal ideologies that negatively affect the state of health (Navarro & Shi, p. 196). Neoliberalism has impacted how global health interventions are planned, executed, and implemented based on the assumption that "health is largely an individual and private responsibility; health can be improved through, for example, reducing [government] corruption and waste, supporting cost-effective interventions and increasing the operation of market forces in health services delivery and financing" (Lee & Zwi, 1996, p.363). As a result, neoliberal health interventions privilege economic considerations over social issues affecting public and private life in cultures around the world (Schmidt & Hers, 2006, p. 69; Slaughter, 2005, p. 15,16,19).

One of the reasons cited for the opposition of the welfare state is that the government is more likely to fail than the free market (Edwards, 2002, p.66). For this reason, "the state and its interventions are seen as obstacles to both economic and social development" (Navarro in Clark, 2002, p. 771). These prescriptions have led to several

changes in how developmental interventions are implemented. The most salient change has been the shift of state responsibilities from central governments to local (urban) governments, which is in tune with the tenets of neoliberalism. It is argued that "local governments are thought to be better positioned to engage civil society and to respond to the market" (Nijman, 2008). In the context of the slums in India, "an immediate impact of de-regulation and marketization on rehabilitation schemes is that there is presently no central government policy that is explicitly aimed at urban slums – they are formulated mainly at the State level and at the municipal scale." (Nijman, 2008). Another salient change is the shift of emphasis from state planning to a reliance on the private sector because of alleged failures of past state-led development programs.

Public-Private Partnerships. "Scholars have argued that in the past decades of neoliberal governance in India, the state has reduced its role as an agent of common welfare. Instead, the state has increasingly become an instrument of profit generation for large private corporations" (Varman et al., 2012). Neoliberal ideologies are enacted through public-private partnerships (PPPs) that are created with the goals of meeting the needs of the poor in an efficient and effective manner. Neoliberalism has pushed for increasing reliance on public-private partnerships. "Businesses and corporations not only collaborate intimately with state actors but even acquire a strong role in writing legislation determining public policies, and setting regulatory frameworks (which are mainly advantageous to themselves)" (Harvey, 2005).

PPPs have become a prominent feature of our global health landscape in the past decade. They have been conceptualized by development agencies, such as the United

States Agency for International Development (USAID) as a key mechanism for delivering services to the underserved sectors for the Third World (Reich, 2002). "Third world governments have increasingly followed suit in adopting the credo of the market supremacy and government inadequacy, leading to a rise in PPPs. To sustain the magnitude of infrastructure investment required, governments depend on resource pooling from all sources, including the private sector" (Sengupta, 2006). The appeal of PPPs as a new policy alternative in the context of developing countries is growing (Jamali, 2004). Most PPPs involve at least one private for-profit organization and at least one not-for-profit or public organization. Together these entities agree to share both efforts and benefits and create a shared objective which often benefits disadvantaged populations.

PPPs have been promoted as a positive innovation, but they have their own set of limitations. Little is known about the conditions when partnerships succeed (Reich, 2002; Richter, 2004). Additionally, there is not much research in the areas of social and cultural environments of PPPs. There is no evidence if PPPs actually serve the interests of the urban poor (Miraftab, 2004). "Like the Trojan horse, these partnerships might arrive with the promise of a gift but only to further dispossess the poor from their locally mobilized resources" (Miraftab, 2004).

The ideological layer of meaning helped me to understand the philosophical underpinnings of neoliberalism and explore the impact of neoliberalism on Rajendranagar residents. I focused on how neoliberal ideologies affected meanings of food insecurity. This investigation provided insight into how solutions pertaining to food

insecurity were constructed (or from other perspectives resulted in disasters). By focusing on the communication among community members, I uncovered how neoliberal values were adopted and challenged in the everyday lives of women.

Sociopolitical Layer. The sociopolitical layer of meaning addresses macro-communication issues. As noted by Sharf and Kahler (1996), the social construction of demographic categories is not a natural process. Categories like gender, race, class, and caste are an outcome of society's social stratification process. These categories are typically used to label people and influence individual experiences. Hence, this layer was employed to understand and acknowledge the social disparities among marginalized individuals in Rajendranagar.

For example, India is a heterogeneous society. Identities are constructed based on caste, religion, region, gender, and language. Some of these categorizations have led to disparities among various groups. In the following section, I briefly discuss the discrimination associated with caste, religion, and gender in the Indian society. I focus on these three categories because most Hindu residents of Rajendranagar belonged to the lower castes. Additionally, the NGO I worked with focused on Muslim slum dwellers for their empowerment programs and interventions. For this reason, I provide readers with a brief background on the experiences of Muslims within the Indian cultural landscape. Finally, I reiterate the cultural disadvantage faced by Indian women and discuss how religion and caste exacerbate women's disadvantage.

Caste. India's caste system is one of the oldest social groupings that existed before colonialism. Initially, it was associated with the Hindu religion because it

originated from the Vedas (an ancient Aryan religious scripture composed around 1300 B.C.). The Vedas divided the Indian society into four categories: *Brahmins* (intellectuals), *Kshatriyas* (warriors), *Vaisyas* (traders), and *Shudras* (manual laborers) (Deshpande 2002). There is considerable debate over the hierarchy of these categories. However, *Brahmins* are often considered to be the highest in the hierarchy. The caste system is oppressive because it is hereditary and fixed for life. Caste eventually led to a lack of choice in picking one's profession; individuals were forced into professions based on the caste they were born into.

Since the 1960s and 1970s, the Indian government implemented affirmative action policies that uplifted specific castes; specifically, individuals who identify as scheduled[6] castes (SCs), scheduled tribes (STs), or other backward castes. SCs include "untouchables" or *dalits*[7] (Subramanian et al., 2008). Occupationally, most SCs are landless agricultural laborers engaged in menial work. In the urban areas majority of workers in the informal sector[8] are from the SCs (Kapur, Mehta, and Shah 2003). Socially, SC communities have been marginalized and denied access to essential and empowering resources such as: education, temples, drinking water wells, and restaurants. However, the members of SCs are hierarchically interdependent with the upper caste populations. For example, SCs are employed by upper castes for cheap labor in various industries. This connection makes them distinct from the STs.

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[6] The term scheduled caste is a term introduced by the Government of India Act 1935 that defined oppressed groups.

[7] Dalits are a subcategory within the *Shudra* caste. Dalits are socially and economically marginalized due to their extremely low status in the Hindu caste hierarchy.

[8] Part of the economy that is not monitored or taxed by government agencies.

Scheduled tribes are identified through their geographical location. STs consists of over 400 Indian tribes who tend to be geographically isolated (often in the hills, forest areas, or islands) with limited economic and social interaction with the rest of the Indian population. Scheduled tribes are ethnically distinct and physically isolated[9]. *Other backward caste* is a governmental grouping for intermediate castes. These individuals were considered low in the traditional caste hierarchy but somewhat above SCs and STs (Subramanian et al., 2008).

Religion. People in India belong to many religions, such as Hinduism, Buddhism, Jainism, Sikhism, Islam, Judaism, and Christianity. Each religion is divided into castes, sects, and various cultural groups. While SCs mainly apply to Hindus, many Muslims and Christians in India are demanding the scheduled caste status to avail themselves to government programs that could improve their socioeconomic status. There are significant differences in the socio-economic profiles of the major religious communities in India. For example, consider the case of Muslims in India.

In India, Muslims are marginalized. They are under-represented and excluded from economic, social, and political structures. Researchers have suggested that the condition of Muslims is only slightly better than that of SCs and STs. For instance, villages with a high concentration of Muslims are not connected with roads or local bus stops (Robinson, 2007). Additionally, Muslims have poor access to bank credit and their average size of credit is meager compared to other religious groups (Robinson, 2007).

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[9] No scheduled tribes lived in Rajendranagar. However, individuals belonging to *other backward castes* lived in Rajendranagar.

These problems have led to the social and financial exclusion of Muslims that has resulted in the far-reaching consequences for the health of communities.

Religion and caste were not the focus of this dissertation. However, during fieldwork, I remained sensitive to the marginalization of Indian minorities to understand how it affected their experiences of community, health, and food security. Discrimination based on religion and caste significantly affected women.

Gender. Despite liberalization of Indian policies since the 1990s, the standard of living for women continues to be an issue. In the Indian society, the roles and rights for women are typically less emancipated than those of men. This resulted in significant gender disparity in every class and caste (Gupta and Yesudian, 2006).

Culturally, the government has attempted to limit the practices such as child marriage, dowry[10], and prohibition of widow remarriages. Despite these attempts, women in India continue to be marginalized. For example, India continues to struggle with problems such as: falling sex ratio where men significantly outnumber women, gender-caste problems, gender-based violence, educational disparities between men and women, downward trends in women's employment, women's health and reproductive rights, and the poverty of female- headed households.

Female feticide[11] is a serious problem in India. The problem represents the preference for a son and the increasing hostility towards girls. Within households,

[10] Material goods such as gold, money, or estates that a bride's family offers the groom and his family.
[11] Aborting a fetus because it is a female.

gender discrimination against girls leads to limited provision of food, clothing, medical care, and education (George et al., 1992; Gupta and Yesudian, 2006).

Additionally, research suggests that the gender–caste overlap constrains women. A woman's life is significantly affected by the caste she is born into. Caste influences the choice of her spouse, "her occupation, her economic well-being, and even her freedom of movement" (Handy et al., 2002). A woman's caste strongly affects her opportunities for formal education. For instance, women born into *Brahmin* caste are expected to be educated. Brahmin women are permitted to participate in professional, social, and cultural life. Higher caste also gives Brahmin women the opportunity to marry into elite families who have wealth and status. However, lower caste women do not have access to education and other resources. This results in increased dependency on their male counterparts and less emancipation from male subordination. Hence, one could argue that *Dalit* women are extremely marginalized. They belong to the bottom of the ladder with low levels of autonomy and education (Deshpande, 2002).

In India, wages paid to women are significantly lower than that of men (Mehta & Shah, 2003). The disparity in income could be attributed to the differences in the occupations chosen by men and women. For example, occupations which use machinery, such as drivers or factory workers are performed by men and often pay better. However, jobs which demand direct manual labor, such as domestic housework are performed by women. Women work longer hours in such jobs and earn meager income.

A woman's life is influenced by the religious traditions that encourage the subordination of women. Hinduism places a great emphasis on a woman's subordination to the men in her family. Despite legislation outlawing certain religious and traditional practices, widow burning[12], and dowry continue to be common in India. Women are considered an economic liability because of the dowry system. In India, the bride's family can end up in debt and poverty after giving a dowry to the groom's family. If a promised dowry does not materialize, a bride may suffer cruelty and abuse by her husband and his family. Religions such as Hinduism socialize women to follow traditional norms that lead them to accept, tolerate, and even rationalize their lower status (Gupta and Yesudian, 2006). Hence, the lack of progress in the plight of Indian women results in a culture of poverty that is often transmitted to the next generation (Kapur, Mehta, and Shah, 2003).

Caste, religion, and gender are three socio-political groupings relevant to this dissertation. I conversed with a significant number of lower caste Hindu women and Muslim women in Rajendranagar. These categories are not a central focus of this dissertation, except for gender. However, I used the socio-political layer of meaning to remain sensitive to the demographic-related problems in the Indian society. I also investigated how the plight of marginalized Rajendranagar women improved and/or worsened as development and empowerment interventions were implemented.

Institutional Layer. In the institutional layer of meaning, my goal was to understand how pertinent Rajendranagar organizations defined and addressed food

[12] Women are sometimes coerced or voluntarily burn themselves during their husband's funeral.

insecurity and other health problems. Perspectives shared by official authorities of pertinent organizations were essential to uncovering meanings in the institutional layer. NGOs, government agencies (health clinics and slum & food assistance programs), and a private sector business were the focus in this dissertation.

In Rajendranagar, I focused on one NGO and closely monitored their activities to understand how various programs addressed household food insecurity and the empowerment of women. NGOs are a common feature of the Indian landscape. There are over three and half million registered NGOs in India; this means there is about one NGO for every 400 people (Little, 2012). This growing industry is sometimes identified as the civil society sector, independent sector, the nonprofit sector, and the third sector.[13] NGOs are associated with the growing number of social movements to address environmental problems, women's empowerment, and indigenous rights. NGOs have been hailed as agents to engage in the process of alternative development. In other words, "NGOs are purported to be different from state-sponsored, top-down, economistic, and often repressive models of development and social change" (Ganesh 2003). However, this idolization of NGOs can be problematic.

Researchers have found that the growth in the NGO industry is accompanied by the liberalization of markets around the world, as previously discussed. Development NGOs have been accused of being instruments of the neoliberal project. Hence, the discourses of neoliberalism are especially relevant to the discussion of NGOs.

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[13] First sector is the government and the second is the private sector.

I used the institutional layer to understand how neoliberal and global development discourses affected the NGO's understanding of gender and food-security in Rajendranagar. I also examined the discourses and interventions of the NGO that empowered and constrained Rajendranagar women.

The NGO's communication was used to discern how community problems and solutions are constructed. As discussed in the sociopolitical layer, beneficiaries are identified through their caste, gender, and religion etc. When problems related to specific social groups are identified, those groups are simultaneously constructed as beneficiaries and targets of interventions. While many of these interventions can be empowering, they sometimes fail to challenge existing power differentials. For example, "when women [compared to men] are highlighted in projects designed to reduce fertility rates, contraception becomes reinforced as [primarily] a female responsibility. When women are targeted in children's health interventions, women's central role in infant care is confirmed" (Wilkins and Mody, 2001). Hence, development organization like NGOs can inadvertently reinforce traditional discourses and meanings that disempower the role of women in cultures.

Additionally, government programs that targeted Rajendranagar residents were closely examined. Official documents were used to understand how the government conceptualized and addressed the problem of slums, disempowerment of women, and food insecurity. Additionally, I sought to understand how policies initiated by the central, state, and local government, affected Rajendranagar residents.

With the reduction and privatization of government welfare programs, I also examined how PPP programs affected the lives of Rajendranagar residents. I was determined to understand how the relationships between the government, NGOs, and private sector constrained and/or enabled women's lives. Finally, through this layer, I examined the relationships and power dynamics among these various organizations.

Ethnocultural Layer. Micro-communication issues such as family dynamics, relationships among community members, and the culture of Rajendranagar were the focus of the ethnocultural layer. Culture is constituted through the participation of community members. Through communication, cultural meanings, values, and practices are created, shared, and transformed. To understand the opportunities and limitations for the empowerment of women in a resource limited setting like Rajendranagar, it was important to understand the culture of the community. While I had limited knowledge about the culture of Rajendranagar before fieldwork, I was determined to understand the cultural factors that empowered and constrained women.

Additionally, I investigated how the ideological tenets of neoliberalism affected the culture of Rajendranagar. Neoliberal discourses emphasized the reduction of government programs and official support structures. As a result, I expected women to explore other avenues to cope with poverty and food insecurity. For this reason, I explored how residents relied on each other to receive and provide support in their social networks.

Individual Layer. The individual layer was employed to explore micro-communication related to food insecurity. I privileged the narratives of marginalized

Rajendranagar women to study how meanings in the ideological, institutional, and ethnocultural layer affected women's experiences of food security and lack thereof. I also investigated how the ideology of neoliberalism affected the everyday lives of marginalized Rajendranagar women. Through this layer, I examined how Rajendranagar women communicatively constructed and creatively coped with their roles and routines in everyday life. I investigated the cultural values women embodied and resisted in Rajendranagar. Hence, exploration of meanings and experiences in this layer were necessary to conceptualize the communicative solutions to improve women's food security in Rajendranagar.

Discussion

The five layers of the CSM were used to understand the macro- and micro-communication issues related to food insecurity. The focus of the ideological layer was neoliberalism and its impact on slum residents and food security. The sociopolitical layer helped understand and acknowledge the role of demographics and their impact on Rajendranagar women. Prior to fieldwork, the ideological and sociopolitical layers sensitized me to the struggles and discrimination experienced by Rajendranagar women. While I was aware that Rajendranagar women were at a disadvantage as a result of their demographics, I continued to examine in-depth how the ideology of neoliberalism affected women.

Officials from various government agencies, private organizations, and NGOs helped understand the meanings in the institutional layer. This layer was used to uncover how government agencies, NGOs, and the private corporations relevant to

Rajendranagar conceptualized and addressed food insecurity. The ideological, sociopolitical, and institutional layers of meanings provided insight into the macro-communication issues related to food insecurity in Rajendranagar.

Community members, specifically, Rajendranagar women were essential to understanding communication issues in the ethnocultural and interpersonal layers of meanings. I employed these layers, to understand the culture of Rajendranagar. Additionally, I sought to explore the impact of the ideological, socio-political, and institutional layers of meaning on women's roles, routines, and food insecurity experiences. There were significant discrepancies in the meanings of food insecurity among the various constituents in Rajendranagar. While all the perspectives and meanings co-existed, power dynamics among the constituents influenced the dominance of certain meanings.

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Chapter III is a discussion of the process used to collect and analyze data. I discuss the method of critical ethnography. I provide details about the types of data collected, the field site, Rajendranagar, and challenges encountered during fieldwork.

CHAPTER III

METHODOLOGY

Figure 4. Ariel view of one section of Rajendranagar

At seven this morning I was so jet lagged but the excitement of being home kept me awake. Instead of getting some rest, I decided to take a long walk to Rajendranagar.

It gave me an opportunity to witness how much Koramangala[14] has changed in the last five years. Koramangala is right in the middle of globalization and development. There are so many multinational corporations and IT companies such as Bosch, Siemens, Texas Instruments, and Wipro. A few hundred feet into my five mile walk, I traded my initial intention of getting some local masala chai for Costa coffee, an elegant and upscale British coffee house. The leather couches outside and larger than life advertisement for a cold and luscious café mocha was too tempting to walk away from. One hundred and thirty seven rupees ($3) later, the coffee was refreshing and delicious and I continued my walk.

Less than two hundred feet away, I noticed an upscale international market called Godrej Nature's Basket that advertised its grand opening in a month. I gathered from the pictures on the window that it would be a miniature version of the American chain, Whole Foods. It promised to sell organic, imported cheeses, meats, and other international products for food aficionados living in Bangalore or immigrants looking for their home foods. Across the street was the international clothing store Benetton. If that wasn't enough, one could also try Nike or Reebok on the opposite side of the street. A very European looking café called French Bakery was serving quite a few foreigners at 9am. I was tempted but continued to walk on the sunny pavement.

By the time I reached the intersection of BDA and 80 Feet road, I had the feeling of being in an American city. If it weren't for the overcrowded buses and noisy autos,

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[14] Koramangala is a middle and upper-middle class neighborhood in the Southeastern part of Bangalore. The Rajendranagar slum community is located in Koramangala.

one could almost forget they were in a developing country. Right next to me was a lovely upscale mall with mannequins and advertisements boasting products of international brands. Right opposite the mall, I was staring at a fancy looking Taco Bell and KFC. If those options were unhealthy, I could always go to Au Bon Pain for their advertised salads and fresh baked breads. I saw some Westerners cycling and others waiting to take the local bus. As I continued to walk, I saw Domino's, Papa John's, and Pizza Hut less than 500 feet apart from one another. And if that isn't appealing, one could always try several of the Italian, Chinese, or Spanish restaurants on the same street. And for dessert, one could always enjoy a variety of ice creams at the large Kwality Walls and Baskin Robbins store. Koramangala has morphed from being a suburban neighborhood of a third world city to a cosmopolitan neighborhood of a global city.

Finally, I reached my destination. I was staring at Rajendranagar, one of Bangalore's largest slums. While the walk to the slum was stimulating, my immediate reaction to the slum was despair. There were rows and rows of tin sheds. It was a dull and a grim sight. With whatever shine the tin once had, it was covered with dust and mud. Sarees drying on wires connecting from one tin shed to another added some pops of color. The air surrounding the slum felt heavy and putrid. There was a garbage dump at the entrance of the slum and the cows were grazing hoping to find something edible. The slum was buzzing with activity as children ran around in their uniforms. There were long lines of men and women waiting to use the public latrines. I could tell people were

getting ready for work. A small tin shed that was selling dosa and idli[15] *was serving quite a crowd. It must be a popular restaurant/eating joint within the slum. While Koramangala has changed so much, the slum hasn't. It screams poverty in the midst of so much abundance and development. It lacked the modernity and culture that the rest of Koramangala embodies. The slum looked so out of place and time. Or was it the Pizza Hut that was out of place?* (Field notes, February 1st 2012 -Day 1).

Critical Ethnography of Health Communication

Ethnography is the art and science of investigating and describing a culture that is constituted through daily routines, values, beliefs, norms, and practices of its members. Ethnographers usually "live intimately and for a prolonged period of time within a single native community whose language the researcher has mastered" (Lindlof and Taylor, 2002, p. 17). While ethnographers focus on various aspects of a culture, communication ethnographers are skilled at providing unique insights in contexts.

> The emphasis on communication departs from the focus of sociologists and anthropologists on social structures, kinship configurations, and other aspects of cultural systems. Communication scholars also examine structures, but they study how structures are constituted by communication among members of a culture" (Ellingson, 2009, p. 330).

Hence, ethnography is an appropriate methodology to understand the meaning of everyday life by paying attention to the communication within the culture.

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[15]Breakfast items made with fermented rice and lentils. They are commonly prepared in south Indian households and easily available as street food.

Ethnographers use a wide variety of methods to help them achieve success during their fieldwork; however, participant observation is usually employed. To answer my research questions, my ethnography involved the following methods: participant observations, field notes, interviews, photographs, and the study of government documents and newspaper articles pertaining to Rajendranagar (discussed in the section titled "Data").

Ethnography is informed by an interpretive paradigm, and critical ethnography is informed by critical theory and aims to disrupt the status quo. Critical ethnography begins with an ethical responsibility to address processes of injustice. "The critical ethnographer takes us beneath surface appearances, disrupts status quo, and unsettles neutrality and taken-for-granted assumptions by bringing to light underlying and obscure operations of power and control" (Madison, 2005, p. 5). Health communication scholars are increasingly employing "[c]ritical approaches [that] emphasize understanding the role of health communication in constructing and reinforcing dominant power relationships, and in simultaneously marginalizing certain sectors of society" (Zoller and Dutta, 2008).

A critical ethnographic approach is especially relevant in a context like Rajendranagar. I first visited Rajendranagar in January, 2009. During my two-week visit, I quickly learned that despite their significant efforts, residents struggled with poverty and had limited access to basic amenities, conditions which adversely affected their health. In 2012 when I re-entered Rajendranagar for my dissertation fieldwork, I was determined to play the role of an activist-researcher and aid in the process of social change.

As a researcher, I was committed to understanding how their daily rituals affected women's ability to purchase, prepare, and consume foods with their families and friends. Through this process, I wanted to expose the discourses of "institutions, regimes of knowledge, and social practices that limited choices, constrained meaning, and denigrated identities and communities" (Madison, 2005, p. 5). I was also determined to highlight the agency among marginalized groups as they resisted dominant practices that lead to their marginalization.

In addition to being an academic researcher, I also worked as a volunteer and advocate. I straddled the "fuzzy" boundaries as I moved within the context of the slum. Adelman and Frey (1997) argue that researchers' primary responsibility is to the people we study. They assert that the researcher role is simply inappropriate and ineffectual in challenging the status quo (Adelman & Frey, 1997). As a volunteer, I worked with college students in Rajendranagar to improve their communication and interviewing skills. I also assisted local NGOs as they served Rajendranagar residents. At the end of my fieldwork, I discussed my findings with Rajendranagar residents, medical professionals, and NGOs and provided strategies for improving communication among them. As an advocate, I exposed how government policies and projects forced residents to live in deplorable conditions. I discussed these injustices with journalists and participated in protests.

Positionality

> It has been argued that the relationship between the researcher and [their] subjects, by definition, resembles that of the oppressor and the oppressed,

> because it is the oppressor who defines the problem, the nature of the research, and to some extent, the quality of interaction between him and his subjects (Fine, 1998, p. 135).

Questioning my positionality forced me to self-reflect and acknowledge my power, privilege, and biases. During my fieldwork, I did my best to *work the hyphen* that separated me from women who lived in Rajendranagar. *Working the hyphen* involved a commitment to probing how I performed my role as a researcher in Rajendranagar (Fine, 1998, p. 135). Fine argues that when *working the hyphen*, "researchers need to position [themselves] as no longer transparent, but as classed, gendered, raced, and sexual subjects who construct [their] own locations, narrate these locations, and negotiate [their] stances with relations of dominations" (Fine, 1998, p. 142).

In my case, it was important for me to reflect on my demographic characteristics. There were a number of deep dividing factors that separated me from women in Rajendranagar. Some of these factors were class, caste, and religion. While discussions of my caste and religion did not arise during fieldwork, my physical features, clothes, and my language revealed my caste and religion. To the best of my knowledge, my class, caste, and religion rarely served as impediments during fieldwork. But my gender helped in enabling an emotional connection with other women (Parameswaran, 2001).

My class privilege gave me access to excellent education and healthcare. It prevented me from having to worry about basic amenities such as safe shelter, water, food, and safety. Additionally, being a Western-educated woman, I was highly respected

and gained access to government officials at various levels. My class privilege is closely tied to my caste privilege.

I was born into the *Brahmin* caste, the highest and most revered caste by many Hindu individuals. All my participants were from lower castes. Caste is closely associated with the Hindu religion. Hinduism is the most dominant religion and dictates cultural values within the country. Hence, being an Indian Hindu means an easier life, irrespective of class, gender, or geographical location. Throughout my fieldwork, I worked with Muslims, Hindus, and Christian women. Hindu women in the slum felt more comfortable with me due to our common Hindu identity. Still, religion and caste did not impede my research. Christians and Muslims participants rarely hesitated to talk with me about religion.

Figure 5. A picture of me and some children who lived in Rajendranagar

The Rajendranagar Community

The data for this dissertation was collected at Rajendranagar,[16] a community that spanned 15 acres of land (see Figure 8).[17] It was hard to provide an accurate count of families. During my fieldwork, some tin sheds were empty and families were moving in and out of the community. NGOs that worked in Rajendranagar estimated a total of 1500

[16] A pseudonym to protect the identity of residents
[17] The community no longer exists. Tin sheds were demolished in January, 2012 to construct durable low-income housing. See chapter IV for details.

families with about five members per household. Some NGOs estimated about 6500 to 7000 individuals at any given time. The slum had two major roads that were perpendicular to each other. This divided the slum into four clusters of tin sheds. Much of my data was collected from individuals in the bottom right quadrant (see Figure 8). NGOs estimate that 50% of the slum dwellers were Hindus, 30% Muslims, and 20% Christians (personal communication, December 2010). It must be noted that the slum was not divided along any religious, language, or economic lines. The major languages spoken were Kannada, Tamil, and Urdu. During my fieldwork, I met with several teenagers who spoke English fluently. I conversed with residents in Tamil and English.

Most homes within Rajendranagar were built using tin sheets. In some cases, poor families used plastic sheets to construct the roof and walls of their home. There were six latrine facilities in Rajendranagar. Each latrine facility had five toilets for about 300-400 men and women. There were about eight borewells[18] that provided families with water, which was only suitable for cleaning their dishes and washing their clothes.[19] Drinking water sources were mainly provided by individuals who lived in cemented homes near Rajendranagar. While these families were not part of the Rajendranagar community, they were slightly better off than Rajendranagar residents and often had water connections in their homes. Rajendranagar residents often bought water from individuals in cemented homes. In a few locations, the government provided drinking water connections for residents.

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[18] A well that is built digging a narrow hole to access ground water. This water is not suitable for drinking and often contains heavy metals, micro-organisms, and high salt levels.
[19] These services were provided and maintained by Bangalore local government.

Figure 6. A view of a slum row

There was a mosque, two churches, and a Hindu temple within the community. Food stores that sold vegetables and prepared foods were mainly prevalent in the periphery of the community. In the early hours of the morning and in the late evenings, Rajendranagar buzzed with activity. Parents and children returned from work and school

respectively. Food vendors opened their stores. Children ran around and played in their slum rows.

As indicated in my field notes, Rajendranagar was located in a prime area of Bangalore, India. Slums in opportune locations are essential to the lives of the urban poor. For example, women in Rajendranagar worked as maids in the homes of middle and upper-middle class families. Some were employed in the neighboring malls and stores as custodians. A few were employed in restaurants as dishwashers and cleaners. Some residents sold finger foods like *chaats*, *bhajis*, and *momos*[20] outside malls and offices in Koramangala. Rajendranagar residents with a little bit of education were hired as nurses' assistants or cleaners in the hospitals nearby. One resident of Rajendranagar even cleaned the exercise equipment at the gym in which I was enrolled. Men in Rajendranagar worked slightly different occupations. Men often worked as drivers, painters, construction workers, and earned significantly more than women.

Since Rajendranagar was a large community it was important for me to narrow the site/context of the study within Rajendranagar. In March, 2012 I had decided to focus mainly on the bottom right quadrant of Rajendranagar (see Figure 8). Most of the residents in this cluster spoke Tamil. By the end of the first month I had built a strong connection with women in this cluster. Hence, my decision to focus on the bottom right cluster of Rajendranagar, "enabled [me] to make systematic contact with communicative phenomena with a minimum of wasted effort" (Lindlof & Taylor, 2002, p. 120). While my choice to stick to a cluster was due to convenience, a purposive sampling technique

[20] These are ethnic street foods

was utilized. A purposive sampling technique was employed to answer all the research questions. In purposive sampling an individual is selected because of some relevant or specific characteristic that interests the researcher.

Figure 7. Rajendranagar tin sheds near a drain

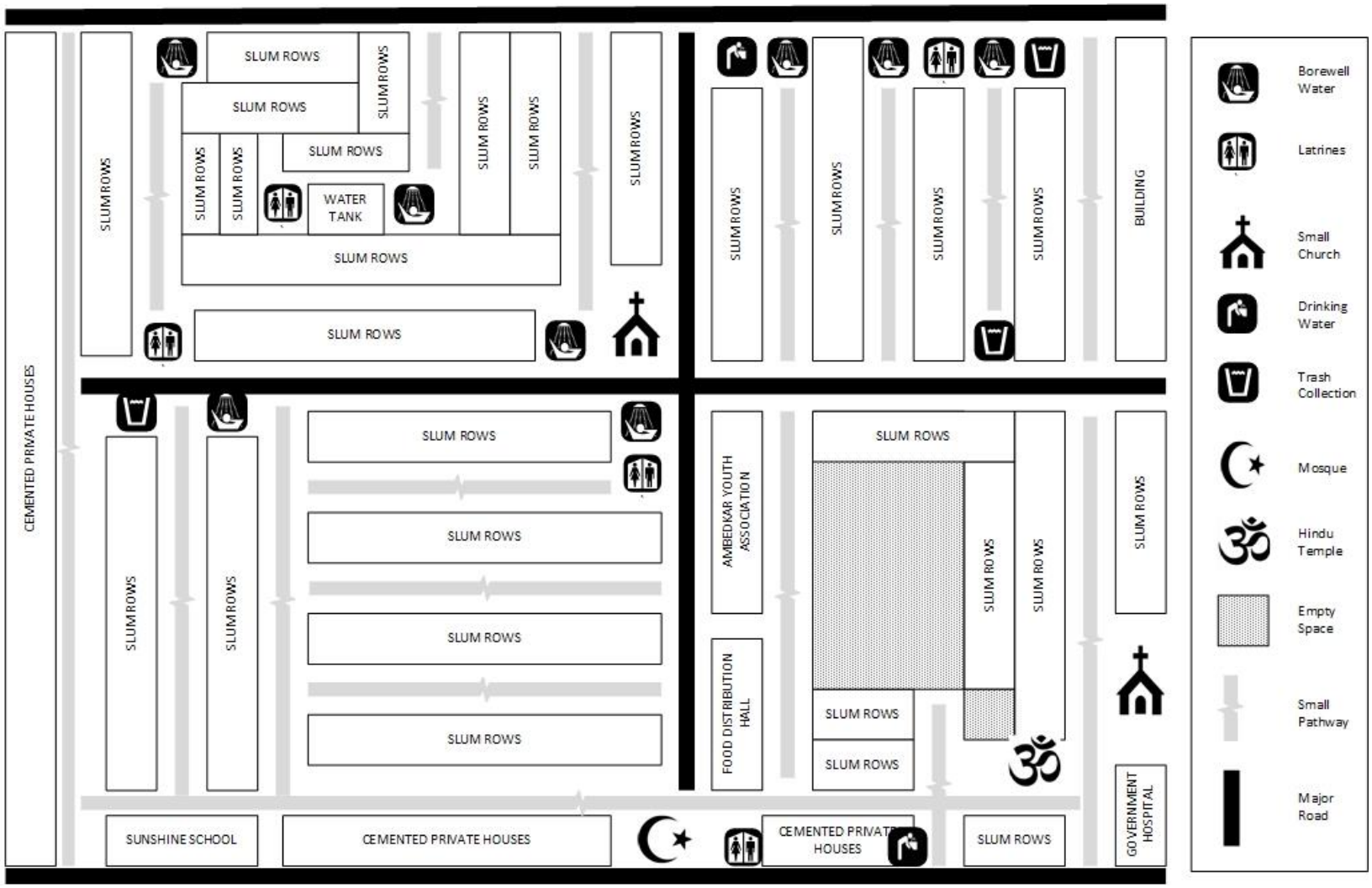

Figure 8. Map of Rajendranagar

Cultural Brokers

Cultural brokers were instrumental in assisting me throughout my fieldwork. A cultural broker can be understood as a middle-person mediating between individuals with different cultural backgrounds. Cultural brokers often belong to the groups involved in the interaction. In some cases, cultural brokers have interacted with groups over an extended period of time gaining their trust and respect. In the context of research, cultural brokers have been useful as translators and to understand the norms, values, practices, and rituals among groups. Hence, a cultural broker can be defined as, "one who can communicate effectively [in two or more different cultural settings] and can translate knowledge and skills from one [setting] to the other" (Wyatt, 1978).

I lived in Koramangala for six years (1999-2004). However, I never visited Rajendranagar or any other slum during that time. Slums had and continue to have a reputation for being unsafe and unhygienic. Hence, I entered the field as a native of India, but a liminal ethnographer with little knowledge about the context of slums in Bangalore. There was no doubt I needed a cultural broker during my time in Rajendranagar. Three individuals played the role of a cultural broker to varying capacities: Vivek, Sulaiman, and Arif.

Vivek Roy is the director of the NGO, *Suveet*. He informed me that in the early 1990s, he quit his six-figure salary job in the Middle East. He returned to India to make a difference to society. Today he uses his networks to raise funds for *Suveet*. One of the main goals of *Suveet* is the empowerment of women in the Indian society. In Rajendranagar, Vivek worked with young girls through education and micro-financing

loans. Vivek and his wife managed a home for young girls from impoverished families. These girls often came from slums like Rajendranagar. *Suveet* also sponsored a free *Ayurvedic* clinic for Rajendranagar residents. As the head of an NGO with a lot of uncertainty in funding, Vivek had a small staff of two employees to help him with daily duties. While he paid his staff a small salary, Vivek did not financially benefit from the donor funds.

In order to increase his impact, he often collaborated with other NGOs who had similar goals. Even though Vivek was a Hindu his beneficiaries were often Muslims and women. In his schools and medical clinics, he hired women and minorities to perform the duties. His sincere efforts to improve Rajendranagar won him the trust and respect of its residents.

Before I entered the field, Vivek played a critical role in helping me understand the culture and problems of Rajendranagar. Our weekly meetings during my stay were invaluable. Sometimes, he validated my findings and at other times he challenged my misconceptions. During the first few weeks in Rajendranagar, I accompanied him to hospitals to visit with residents. I also assisted him with food distribution. I won the confidence of many residents through my affiliation with Vivek.

Vivek connected me to essential government officials. Before meeting with them, Vivek advised me on how to approach and discuss contested topics such as failure of government's relief efforts during emergencies and ineffectiveness of government programs. When I became frustrated with government officials, he often told me, "Things are not straightforward like the United States. You have been spoilt living there.

It is different here. Be patient." When some women resisted talking to me, Vivek advised,

> Listen. They have a lot going on in their lives. They don't understand what you are doing. To them all this research means nothing. If you want them to talk to you, they need to know you care about them. That does not happen with words. They hear words every day. You need to start volunteering to benefit them. They will see that and it will help you.

I immediately started teaching public speaking and interviewing classes on Sunday mornings for English-speaking college students who lived in Rajendranagar. The classes were promoted by Vivek and his NGO workers. With every week that went by, the classes became increasingly popular and enrollment increased. Many women identified and labeled me as the "English teacher." Vivek also warned me about the prevalence of violence and often told other NGOs and trusted residents to keep a look out for me.

Sulaiman was my second cultural broker, as well as my field assistant. Although Sulaiman had an undergraduate degree in business, he wanted to work for the betterment of society. Sulaiman had worked with Vivek for several years, which made him a familiar face within Rajendranagar. We mapped the layout of the community. Sulaiman was helpful in identifying latrines and water sources that would have been easy to miss. Additionally, he showed me quick routes to the main road in the advent of any problem. When I was threatened by miscreants, Sulaiman mitigated the problem and clarified my role as a researcher. I trained Sulaiman in basics of participant-observation research and ethics and requested that he take field notes of our observations and conversations with

participants, as well as note his personal reflections and ideas. Since I am only fluent in Tamil and English, Sulaiman assisted me with translation when residents spoke in Urdu, Hindi, and Kannada.

During fieldwork I underdressed to fit in with the community. I always wore one of the six *salwars* I had kept aside for fieldwork. One day Sulaiman confronted me,

> Why you always wear the same thing? I was speaking to Farhana that day and she also asked the same thing. She said they always see you in the same clothes. Then Farhana said you wear the same thing because you don't want your nice clothes to get dirty in the slum.

When I shared my reasons for my dressing styles, he added, "It is better for you to be natural. No need to pretend and all." Sulaiman once lived in a community like Rajendranagar and often reiterated,

> It is possible to leave the slums and live properly. I was just like them. We also lived in tin sheds. But we all went to school and we all got jobs and now I want [to] tell these people that they can also become better.

His strong desire to help those poorer than him induced him to join Vivek's NGO as a field worker. Whenever I discussed the struggles of women, he would emphasize the role of individual responsibility. Additionally, he identified informants and connected me to individuals to verify information. When I was not at Rajendranagar, he kept me informed of visits by government officials and protests. Still, our relationship was not without disputes.

I was disturbed after meeting some Rajendranagar men in polygamous relationships. However, Sulaiman often defended polygamy as an acceptable cultural practice. Sulaiman and I contentiously discussed women's rights and religion. While I disagreed with his arguments, I understood the perspectives of some Rajendranagar residents. Sulaiman benefitted from our relationship. He was monetarily compensated for his services as a field assistant. He also attended my public speaking classes which improved his communication skills by the end of my fieldwork.

During the initial stages of my fieldwork, it was clear that Sulaiman's written English was not up to par as was his spoken English. I decided to hire Arif Pasha as my transcriptionist. Arif is a young Muslim who worked in Vivek's school as an English and Mathematics teacher. Arif was very familiar with Rajendranagar and at one point lived in a neighboring slum. With education and continued employment, he moved to a secure housing establishment. Arif's father was a construction worker in the Middle East in the 1980s and earned significant income to build savings. However, when he returned to India, Arif's father made several bad investment choices. This caused Arif's family to move out of their home and relocate to a slum near Rajendranagar. One day Arif met his young wife when filling water in Rajendranagar. She lived in a small, cemented house near the mosque. They now have two children.

While Arif was growing up, his father was able to afford private schooling for his children. Arif is able to write, read, and speak English fluently. Arif occasionally accompanied me to the field. My regular conversations with Arif about interviews were extremely insightful. My interviews with Rajendranagar residents would occur in Tamil.

As a native Tamilian, Arif would tell me, "Instead of *sappadu,* say *soaru*. Only Brahmins say *sappadu*[21]." When I asked women, "What is the role of food in your life?" He informed me, "I don't think they understand the question when you ask them like that. They don't think like that way." He then proceeded to provide a number of suggestions to help me gather the desired information.

Confessions of a Critical Ethnographer

I wish I could say that I believed and embodied the tenets and ethics of critical ethnography from the beginning of my fieldwork. While I theoretically understood the principles of critical ethnography, a few experiences forced me to seriously self-reflect on my approach. There were three experiences in the first month (February, 2012) of my fieldwork that initiated a process of genuine self-reflection. All three experiences were crucial to enhancing my commitment to the practices of critical ethnography. These experiences altered my attitudes and goals as an ethnographer. The first experience shared below pertains to the difficulties in convincing Rajendranagar residents of the potential benefits of my research. The second experience pertained to my lack of commitment to engage and investigate the agency of Rajendranagar residents. The final experience discusses my lack of sincere efforts to make an emotional connection with residents. All these experiences course-corrected my approach during data collection.

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I went to the slum today but returned early. I was flustered after a confrontation with Padma. I had seen her a couple times when I walked around last week. Every time I

[21] Sappadu and Soaru are two different Tamil words for food.

walked past her row she had given me a suspicious look. She always smiles when I walk past her and I know she has some kind of authority in her row. Whenever I go to her row, she is washing clothes or utensils. Sometimes she is cooking outside her home. People are always surrounding her. They sit outside their homes and chat with her. She seems very friendly and entertaining, like many other women. But Padma is different with me. Last week, Maani asked me, "Have you spoken to Padma? You should speak to her." I immediately sensed it was not because Padma would be a resource. Padma was sort of a mentor or an authority figure in that row who kept tabs on everyone. She seems to be well respected.

I finally made it a point to talk to her today when I walked in her row. She smiled and asked me if I wanted anything to drink or eat. I politely turned her down. I told her, "I just finished my breakfast at home. I'm feeling full." Well maybe that was a stupid and insensitive thing I said when I am in the field to understand hunger issues. Even before I could regret my response, she looks at me and smirks. She continued to wash her clothes, and then looks up a minute later and said, "Well you are bungalow-girl. Why would you want to eat anything from us? Why don't you just say you don't want to eat our food?" I was quite shocked with the tone, her choice of words, and how she spoke to me in front of everyone. Everyone around us was quiet. I too was quiet for a few seconds, and then I looked at her and said, "Well, sometimes I fall sick when I don't drink purified water, but today I am really full so I don't want to eat or drink." I don't know why I said the things I said. I should have just let it be. But it was hard to deal with someone calling me a liar in front of everyone. I also was hurt that she actually caught

my lie. I did not want to be seen as a liar in the community. The truth is, I do have to be careful about what I eat and drink in the community. My confrontation with Padma got worse.

Padma then decided to change the topic and asked me, "So what is it you do here?" I explained to her that I am interested in all issues pertaining to food and that I enjoy talking with women about their lives here. I stopped with that. People around us were silent. They felt the tension between me and Padma. She stopped scrubbing her clothes and then said,

> *What are you going to do for us after finding out all these things from us? I am tired of speaking to people like you. You will come here and tell us this and that, and we should believe you or what. So many people come and tell us that they will help us. They are just like you. You will also come and go, and you won't do anything for us.*

I told her I would do my best to make this work count. I told her eventually people would be able to learn from the information I have gathered. I said confidently, "That's one of the ways I will make a difference!" Padma gave me a condescending laugh and said, "You won't be able to do anything." I kept quiet. There was nothing I could do or say that would make a difference to Padma. Maybe Padma is right! I had nothing else to say and the silence was awkward. I then looked at my watch and told them I had an appointment and that I needed to meet someone else. I left the field and returned home. I am feeling a bit low. I wonder if any of this going to matter. (Field notes, February 7, 2012)

My first experience with Padma forced me to consistently ask myself, "Will my research ever benefit Rajendranagar residents? Was it enough if my research mainly challenged dominant misconceptions about slum dwellers?" At the end of my fieldwork, I shared some of my findings with medical professionals, journalists, NGOs, and government officials who worked towards a better Rajendranagar. However, I was never sure if my feedback made a difference.

I always told myself that the narratives from my dissertation would challenge dominant understandings of women in the third world. When I shared my belief with women in the community, it made little difference to their lives. With the help of my cultural brokers, I had found a better way of communicating with women about the potential importance of my research. However, I never really knew if my findings would make a difference. I concluded that if my dissertation needed to have a positive impact, my participants and I would need to believe in my goals. As I found ways to contribute to the community, women understood that I was committed to their well-being. For example, I often accompanied women to the Ayurvedic health clinic when they needed help. Eventually, women were more willing to participate in my efforts. They invited me into their homes, introduced me to their family and friends, and notified me of activities that related to the research. As I write this chapter, I am uncertain about the direct benefits of my research to Rajendranagar residents.

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Sorry I was not able to deliver the files earlier. I am starting to enjoy my work on this project and it is a very good cause. To be frank with you, I

had spoken to Vivek Sir about the job after I listened to the interviews. I wanted to know about your intentions and whether you are going to show-case India as a poor country and not a suitable place for Americans. All your interviews sounded like you wanted to do that. But Vivek Sir clarified and assured me that it is actually a very good project. Insha-Allah, hopefully, you might bring a big change that we all are hoping for Rajendranagar. (Arif, Personal correspondence, February, 20, 2012)

When Arif shared his sentiments, I was embarrassed and angry. I then felt exposed and disappointed. Eventually, I was able to take criticism seriously but not personally. It had occurred to me that it was easy to have long conversations with women when they discussed problems in their lives. Most of those conversations were related to poverty and were rich in details.

Conversations about what women liked in their community and lives were shorter because they avoided the details and often told me, "What's there to be happy about?" (Sumana). Hence, one of my goals was to make a sincere effort to engage with residents about the positive aspects of their lives. Eventually, I altered the way I introduced my research to residents.

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Mom accompanied me to the slum today. Yesterday, I was feeling a bit down. I am making little progress connecting with people. They answer questions and they talk to me when spoken to only. When I walk past their homes, they acknowledge my

presence. However, there is something missing. I am not going to be able to collect data if it continues like this. I took mom to the field and introduced her as my colleague. I think they bought it. I told Sulaiman to take the day off and catch up on his field notes. I was worried when mom stepped foot into Rajendranagar. I told her to wear a simple saree and not call attention to herself. She did not listen. She actually wore a beautiful turquoise blue saree. It looked like it was raw silk but it wasn't. I always made sure I wore a simple salwar. I have seen other women wear salwars like mine. But mom didn't want to do that. I didn't want to argue so I let her come wearing that saree and her over-powering rose perfume. I wanted her to see if there was something I can do better to connect with women. She has volunteered in slums before. In her free time she teaches children at a government school. She has a good understanding of the type of people I am meeting with.

Before leaving, I showed her the interview guide and told her what I would be talking about. We were to focus on what they liked and disliked about their community. This is a very general topic. She agreed to sit quietly and listen and watch. I could tell she was not too enthusiastic about coming and didn't think she could help.

Nalini saw us entering the slum. I waved and she waved back. We walked towards her home. She immediately asked my mom who she was. My mom replied, "I work for her. She is going to teach me something." I then asked Nalini if I could talk with her while she was washing her dishes. She agreed. Mom and I both sat on the dusty piles of brick.

I could tell Mom was itching to talk. Before she could say anything I started to shoot questions to Nailini. I asked her, "What do you like about living in this

community?" She looked up, laughed, and replied, "I don't know what to say." I don't say anything for a few seconds to give her some time to think. I then fill the silence, "There must be something you like here, right?" Nalini continued to wash her dishes. She kept scrubbing her dishes. The bottom of the pressure cooker that she was scrubbing was looking black and worn out from extensive cooking. Everyone was silent. Mom then opened her mouth and told Nalini,

> *You know even my pressure cooker has those black stains. Someone told me when you pressure cook if you put the thick skin of a lemon or lime, it will not go black. You can even use it for cooking and then put the used lemon. It can even reverse the stain. You try it.*

Nalini stops scrubbing, looks at my mom and says, "Oh! Is that so? My god. I waste so much time scrubbing this. I will do it from next time." Mom was not supposed to talk, still she immediately changed the topic and proceeded to talk about the neem tree. Nalini was growing a neem tree next to her house. "Is that a neem tree? It's so good. What do you use it for? Neem is so good. Can I have some leaves from the lower branches?"

I was starting to get annoyed, but I couldn't get mom to look at me. She was engrossed in the conversation. They were talking about making neem face packs to improve their complexions and grinding the leaves for cleaning their bodies. It was almost like a competitive event. Nalini would share how she used neem and my mom would add to the list. The conversation on neem ended with my mom saying how neem can be used as a natural de-worming medicine. Nalini excitedly said,

Oh really! You know, we have so many worms in our water. When my child was new born, we used to buy Bisleri water from the market. Now I just strain this water and drink. I think I will start giving them neem leaves for the worms.

I thought Mom would start realizing that she had completely deviated from the plan. Nalini's young son came out of the tin shed. He was wearing his school uniform. I could tell he was getting ready to school. My mom called him towards her. Nalini smiled and told her, "Go. Go to Aunty!" She then looks at Mom and says, "Can you please tell him to study better. We spend so much money sending him to school. He does not study well. Always roaming and playing." Mom looks at her son, Ravi, and with a stern voice she tells him, "Why are you doing that? Why are you troubling your mother? Is what your mother saying true? Are you going to continue being a bad student?" She then looked at Nalini and said, "Listen if he continues this behavior, don't send him to school. Let him not go to school. Let him stay at home while all his friends go to school. They will learn and they will progress." Nalini then adds, "You are right. I'll stop his school after this month and won't pay the fees next month." Ravi looked petrified. He went back into the tin shed and got his bag. Within a few minutes, he put his shoes on and left for school. Just as he was running away, Nalini said, "If I hear one complaint today. I will stop your school."

I was so angry. I broke all major IRB protocol. I wanted to leave Nalini's house so I could tell Mom to leave the slum. I did not want her to say another word. She wasn't even reading my nonverbal [messages]. Just as I was about to get up and take Mom

away, other women in the same row flocked to us. They inquired about my mom. Some commented on her saree. Mom greets them and says hi to all the children around them. Residents were curious about a rather loud woman in their row. They all sit down. Mom stretches her leg. I could tell we weren't going anywhere for a while. I had given up. I put my interview guide in and let mom take control. Soon, my mom was advising Kumari about the need for her to clothe her one year-old daughter. Mom was on a roll. She told them, "Listen, this place is dirty. She is a young girl. It's not good to expose her private parts like that. So many dirty things over here. At least wrap her up in a cloth." Immediately, Kumari ran to her house, she pull down a small pair of shorts from the clothesline and clothed her baby. Soon after, the conversation continued and women started to tell my mom why this place was dirty. They talked endlessly about the water problems, how children trash the place, what hygiene meant to them, how irresponsible neighbors make the place. The list goes on and on.

What started as an interview with one woman turned into a focus group with four women. I was silent and the discussion continued for about an hour. They talked about hygiene, asked Mom for advice, discussed the plotlines for some soap operas. When women started to head out for work and errands, Mom finally looks at me and says, "That was nice. I enjoyed meeting your friends here." (Field notes, February 13, 2012)

Initially I felt bringing my mother to Rajendranagar was a mistake that should never be repeated. However, it was a major learning experience that changed my approach to fieldwork. Until that day, I could not have said that I ever had fun during fieldwork. I either had a productive or an unproductive day. At the end of my field day, I

frequently answered the following questions: (a) What am I learning? (b) Who do I need to talk to next? (c) What was missing from the data?

Never once did I ask the question, "Were my informants and I having fun?" I rarely engaged with women in jovial conversations. I could say with certainty that our conversations were far from casual. What was so important that I could not be more engaging when I met with women? My mom wasn't interested in solving problems or disrupting the status quo. She wasn't even interested in hiding her socioeconomic status. But on that day she was a lot closer to making a difference in their lives than I ever was.

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Eventually, I reinvented my approach to fieldwork and won the trust of residents. Three incidents illustrated that women grew to trust and respect me. The first incident happened in March, 2012. I had not been to Rajendranagar for about three days. When I got to the community, Nagomi spotted me at a distance. She and a few other women were cooking. They started to wave and greeted me. As I greeted them back, Nagomi asked excitedly, "Where have you been? We started to think you forgot about us!" I explained I was out of the city for a conference. Meera who was seated next to Nagomi interrupted me and added,

> You know, these days we miss you when you don't come to us. When you first used to come here, we used to tell each other, 'Oh god, she is coming here again! She is so boring. What will she want to talk about today? Now we miss you when you don't come.

Shortly after, a second incident indicated that residents were warming up to me. I had just met with some government officials and was headed back to the Rajendranagar. I informed women that I had taken their concerns to government officials. Lalitha spoke out from the group and said,

> Don't go there anymore. We never know what they can do to you. You are a young woman and you have to get married and do so much. You don't want to anger any government people. They are capable of terrible things. We will manage our problems.

The third incident occurred during an informal conversation. Mary and Reema were neighbors and started to talk with me about the difficulties in their sex lives. They complained about the lack of privacy. They stated that their in-laws and children were often at home. In a country like India, open discussions about sex are not common. These instances suggested that women were beginning to trust me.

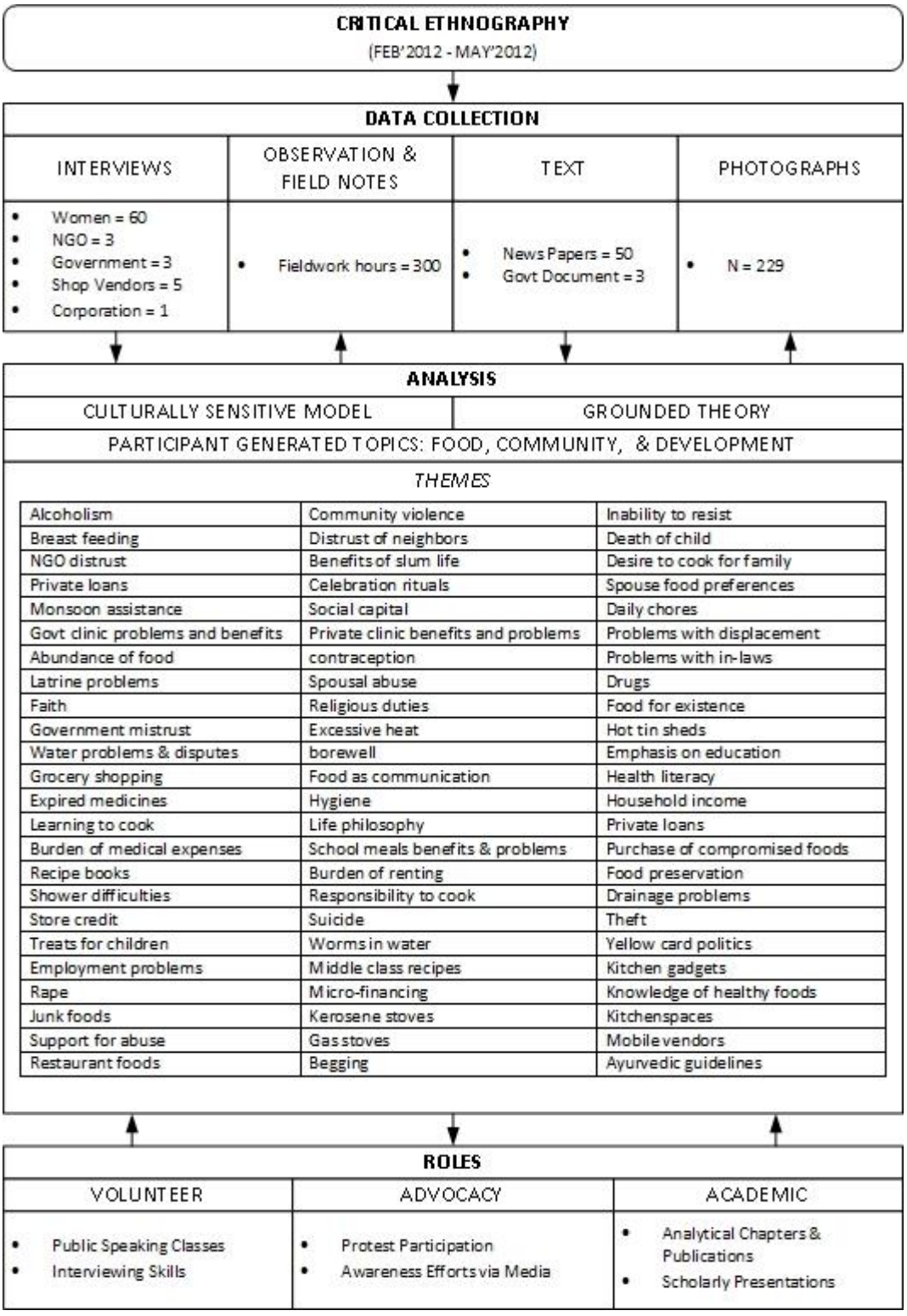

Figure 9. Summary of methods and analysis

Data

The research process used in this dissertation followed a non-linear path. The design was adapted to address the challenges posed during fieldwork. Interview questions led to additional follow-up questions, and some were changed altogether. Initial data analysis informed later data collection processes. Figure 9 is a diagrammatic summary of the data collection and analysis process. During my critical ethnographic fieldwork, four different types of data were collected: participant observation field notes, interviews, photographs, institutional documents, and newspaper articles.

Participant Observations & Field Notes. A good ethnography is dependent on effective participant observations and detailed field notes. Researchers use participant observations to become involved members of an existing group. This helps the researcher "gain insight into the obligations, constraints, motivations, and emotions that members experience as they complete their everyday activities" (Lindlof & Taylor, 2002, p. 4). Therefore, "Being there and writing about what one sees, hears, feels, smells, and tastes there constitute the essence of conducting [participant observations]" (Ellingson, 2009, p. 329).

I conducted a total of 300 hours of participant observations (see observation guide). For productive participant observations, I initially affiliated myself with *Suveet* workers and shadowed them as they worked in Rajendranagar. I helped with the distribution of food, accompanied women to the health clinic, and visited residents in hospitals etc. Vivek also conducted weekly micro-financing meetings that allowed me to observe women's interactions. Such participation familiarized me with the slum terrain.

When residents saw my association with familiar faces, it addressed lingering trust issues.[22] Additionally, working with *Suveet* gave me several opportunities to volunteer and contribute to the welfare of the community.

In March, 2012, the focus of my participant observations shifted from NGO-related activities to food-related events that were occurring in the slum rows (see observation guide). I observed the food rituals, practices, processes, and behaviors of Rajendranagar residents. I closely examined the content of the conversations during food purchase, preparation, and eating. I observed and interacted with women as they shopped, cooked, breastfed, served their family, cleaned dishes, and delivered food. I also observed interactions between women and shop vendors in the community. I spent significant time with residents during celebrations and communal cooking activities. Participant observations were described in very detailed field notes.

I carried a notebook and camera with me at all times. Important aspects of field notes, mainly quotes, were recorded in front of participants. Upon leaving the field, I typed the quotations. Additionally, I expanded on the short-hand field notes (scratch notes) written in Rajendranagar. I documented my personal experiences, reflected observations, methodological problems, and theoretical ideas. A total of 120 pages of single-spaced field notes were typed. Due to class and caste issues that were obvious, as

[22] While I closely collaborated with the NGO for gaining access, I maintained an identity independent from *Suveet*. I introduced myself as an independent academic researcher. This clarification was important as NGOs are just one aspect of slum dwellers life and the possible assumption that the researcher is an employee or closely associated with the NGO might result in partial or skewed information sharing by slum dwellers.

I've already explained, I was unable to be an observer-as-participant[23] or complete participant[24] during fieldwork. Hence, my role fluctuated from being a complete observer[25] to a participant-as-observer[26].

Informal Interviews. Informal interviews were often conducted during participant observations. The exact number of informal interviews was not documented. Most informal interviews occurred during the early periods of fieldwork. While women were the focus of my dissertation, I also spoke to men, teenagers, and elderly residents in Rajendranagar. Conversations were not limited to food. Residents and I discussed a wide variety of topics such as: healthcare, family politics, growing-up in Rajendranagar, work-life balance, community benefits and resources, life history, children's education, private health clinics vs. government clinics, monsoons etc. Informal interviews were spontaneous and were conducted to gain a broad understanding of topics that concerned residents in Rajendranagar. Informal interviews were also opportunities to build connections and identify women for the semi-structured in-depth interviews. Informal conversations were not recorded but were detailed in field notes. Most informal conversations occurred in Tamil. Some spoke to Sulaiman in Hindi, Urdu, and Kannada. Most adolescents and teenagers spoke with me in English.

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[23] The researcher behaves like a "real" member of the group and other members are cognizant about being observed (Lindlof & Taylor, 2002)
[24] The researcher joins a group and behaves like a real member but other members are not aware that they are being observed (Lindlof & Taylor, 2002)
[25] The researcher does not interact with group and members do not know that they are being observed (Lindlof & Taylor, 2002)
[26] The researcher acts in a limited capacity as a group member and interviews members (Lindlof & Taylor, 2002)

Semi-Structured, In-Depth Interviews. Communication scholars have argued that "speaking is a powerful act that can transform individuals and society….as speaking is epistemic, it becomes a way of knowing" (Varallo, Ray, & Ellis, 1998, p. 258). I attempted to make the interview process a transformative experience especially for my women informants. Rajendranagar women often lacked opportunities to express their concerns and enact their agency. Hence, I strived to make the interview process an opportunity for women to learn about themselves, give themselves credit, and break the silence around their struggles (Varallo, Ray, & Ellis, 1998).

Most of my informants for the semi-structured, in-depth interviews were women who lived in the bottom right quadrant of Rajendranagar (see Figure 8). All semi-structured interviews were conducted by me in Tamil.[27] Women were identified during participant observations and informal interviews. Women were asked if they were interested in participating in several relatively long (one hour-long) interviews with the researcher. In this dissertation, 60 slum women (18 and older) belonging to Rajendranagar were interviewed. These women were mainly responsible for the food-related activities in their homes. The interview guide (see Appendix 1) was relatively complex and required multiple in-depth interviews with the same participant. Therefore 40 women were interviewed about two to three times. Each interview lasted about forty-five minutes to an hour. Multiple interviews helped me to thoroughly explore issues within the interview guide. It also gave me the time to systematically analyze and

[27] Formal in-depth interviews were only conducted in Tamil. However, informal interviews were conducted with women in different languages by Sulaiman.

understand one aspect of a woman's life. I was then able to address the gaps in the following interview. In some cases, multiple follow-up interviews were difficult and women declined to participate. In such instances I approached other women and prioritized certain aspects of the interview guide for them. Twenty of these fragmented interviews were performed.

What issues I decided to focus on depended on the context of the interview. For example, if I interviewed a woman whom I met at an NGO meeting, I was more likely to start the interview by focusing on her relationship with the NGOs and her social networks. Similarly, I was more likely to focus on food and health issues with a woman I was interviewing at a communal cooking session.

Details about my researcher identity, the goal of the study, informed consent, and confidentiality were addressed before the start of all interviews. I assured residents that the information they provided would not jeopardize their relationships with institutions and their social networks. Participants were also informed that they would not financially benefit from the study. Once their oral consent was obtained, I proceeded with the interview.[28]

Additionally, scheduled interviews with three NGO workers, three government officials, two medical professionals, five shop vendors, and an owner of one private construction firm were also conducted. See appendix 1 for the interview guides.

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[28] Written consent was not obtained as many residents in Rajendranagar were not able to read or write in any language. Initially, I read and explained the entire informed consent to residents in Rajendranagar. However, my cultural brokers notified me that the process made residents nervous and more hesitant to participate. Hence, with the help of my cultural brokers I quickly but clearly explained to participants that all information would be confidential and that they were not required to participate. Participants were also informed that they would not financially benefit from their participation in the study.

Interviews with NGO workers, government officials, medical professionals, and the owner of a private firm were conducted in English. Interviews with shop vendors were conducted in Tamil and Kannada. The option to choose between an oral or written consent was provided to these additional informants. Cultural brokers informed me that a lengthy document requiring informants' signatures made informants nervous. Hence, it made sense when all informants preferred to provide oral consent. While one government official allowed the interview to be audio-recorded, the other officials did not allow for the recording. Similarly, one government medical professional and the owner of the private firm declined to participate if interview was recorded.

Photos. Two hundred and twenty-nine (229) photos served as a source of data in this dissertation. All photos were taken by me. They are helpful in providing readers with a visual representation of people's experiences, struggles, events, and artifacts. Permission was gathered from all individuals in the pictures to share publicly in presentations. When the picture involved children and minors, permission was gathered from their parents who were often in the surrounding area.

Texts. Three government documents and over 50 newspaper articles on issues pertaining to Rajendranagar were analyzed to understand popular discourses and plans pertaining to the development of Rajendranagar. These newspaper articles gave contextual details about the history of Rajendranagar, government interventions, residents' opinions, and current problems. I read many of these articles before I started fieldwork and continued to gather articles during and after my fieldwork in Rajendranagar. All newspaper articles came from four newspaper sources: *The Hindu,*

The Times of India, The Deccan Herald, and Citizen Matters. These newspapers target an English speaking audience. There is much similarity between *The Hindu, The Times of India,* and *The Deccan Herald.* The three newspapers often cover popular international and national events. *The Deccan Herald* and *Citizen Matters* focus on Bangalore-related topics to a greater extent. However, *Citizen Matters* investigates topics beyond the surface and provides critical insight. All newspaper articles are digitally archived on their respective websites.

Additionally, three government documents were analyzed: contract between a private construction firm and Bangalore government, Bangalore's Revised City Development Plan which detailed the government's provision of basic services to the urban poor, and the entire Jawaharlal Nehru National Urban Renewal Mission (JNNURM) website which detailed plans for developing India's slums.

The contract between the government and a private firm was provided by Vivek whose lawyer obtained it through India's Right to Information Act. Bangalore's Revised City Development Plan is digitally archived on Bangalore government's website. I gathered these documents and depended on the JNNURM website to understand Bangalore government's intentions and efforts to develop slums.

Data Analysis

The Culturally Sensitive Model guided the focus of the study and organized the data in a systematic way. Within the layers of the Culturally Sensitive Model, the grounded theory analysis helped to identify specific themes. Coupling the model with grounded theory analysis was essential to exploring the breadth and depth of the

participant-generated topics. These topics pertained to food, community and development. The grounded theory analysis resulted in over 150 themes. Themes mainly discussed in this chapter are seen in Figure 9. The layers of the Culturally Sensitive Model served the purpose of a meta-category to organize and encapsulate the themes. In addition to my role as a researcher, I volunteered in the community, advocated for social justice, and prepared academic publications. These roles are presented in the last stage of the visual summary (see Figure 9).

Verification. Interviews (semi-structured and informal) with women were the crux of this dissertation. All structured interviews were digitally recorded, translated and transcribed into English by Arif. I reviewed all transcriptions to check for accuracy in meaning and content. "Exact" translations were not possible as the nuances in Indian languages were difficult to capture in English. However, significant efforts were made to keep the translation close to its original meaning. I sometimes changed certain words in the transcription for the sake of clarity for Western audiences. When there were significant disagreements between Arif and me about the translation, I consulted with Vivek and Sulaiman.

Several informal interviews with various personnel were conducted throughout my fieldwork. Quotes and information provided through informal conversations were documented in field notes during or immediately following the interaction. Detailed documentation of informal conversations preserved the accuracy and quality. Sulaiman's viewpoints and field notes served as another source for verification. Handwritten notes in the field were typed at the end of the day. Participants multi-tasked during interviews;

they often washed clothes, cooked, and cleaned while they talked with me. Hence, contextual details such as the time of the interview, location, and activities of the participant were noted to minimize ambiguity and error during future analysis. I also stayed abreast of events through newspaper articles and government documents pertaining to Rajendranagar. I often consulted Vivek, Sulaiman, and Arif for clarification and these discussions were documented in field notes.

Certain types of data were discarded because of my inability to verify specific details. In discussions about problems within the community, some women excessively praised specific government officials and their role within the community. This was probably done in fear of my possible association with the government. These interviews often lack specificity and clear examples that could be verified. Hence, they were not used during analysis. Occasionally, women discussed their problems pertaining to extreme poverty and their interviews ended with women pleading for money. Such examples of extreme poverty were documented but not used in data analysis. Sulaiman was helpful in spotting cases where exaggeration of poverty was prevalent. These types of interviews stood out in stark contrast to the pool of data and are not cited.

Participant-Generated Topics of Conversation. This dissertation deals with three topics under the umbrella of food security: Everyday life, social networks, and government interventions. I engaged in data collection as well as data analysis simultaneously. The process of analysis began early during my fieldwork. My primary focus was on food issues. I quickly learned that in-depth discussions about food security occurred as I engaged with women on related topics important to them. Some of these

topics were children's education, community relationships, and government programs. For example, in discussing the importance of education, women shared that enrolling their children in government schools reduced their expenditure on food. Government schools provided lunch for students. Hence, mothers did not have to spend time cooking and packing lunch. By the same token, summer holidays posed significant problems for mothers. They were forced to provide lunch and additional snacks that increased household expenditure. The interconnectivity of food to many unforeseen aspects of women's lives added value to my study on food security in Rajendranagar. Hence, in the early parts of data collection I often pursued the following questions: What issues are informants often discussing? Whose perspective is missing? What have women not discussed? What are the contradictions among interviewees? How do the topics of conversations fit within the theoretical framework?

I began using the Culturally Sensitive Model in the first step of my analysis. As women discussed topics, I connected them to the layers of the model. For example, the mid-day meal provided by government schools was initially connected to the institutional layer of the model. My goal was to understand the motivations of the government in implementing the mid-day meal program and how it worked to solve the problem of food insecurity. The experiences of families and children enrolled in this program were documented in the individual and ethnocultural layer of the model. The model helped provide structure to the data collection process and was used to categorize topics as they related to the model.

Themes. All transcripts and notes from participant observations were coded to address the research questions. After transcripts and field notes were analyzed using the Culturally Sensitive Model, grounded theory analysis, aided by Atlas.ti computer software, was performed. Themes within the layers of the model were uncovered through coding of the interviews. "Codes are the linkages between the data and the categories posited by the researcher. The core purpose of coding is to mark units of text as they relate meaningfully to categories" (Lindlof & Taylor, 2002, p. 216). "Coding means categorizing segments of data with a short name that simultaneously summarizes and accounts for each piece of data" (Charmaz, 2006, p. 43). "The essence of categorization is identifying a chunk or unit of data as belonging to, representing, or being an example of some more general phenomenon: concepts, constructs, themes, and other types of "bins" in which to put items that are similar" (Spiggle, 1994, p. 493).

The list of relevant codes is in Figure 9. I will use the example of government schools' mid-day meals to illustrate the relationship between the Culturally Sensitive Model and grounded theory analysis. I compartmentalized this topic under structural assistance. The following codes emerged in my grounded theory analysis of the interviews with participants (mothers, government officials, students, and NGO workers): vegetarian meals, hot prepared foods, unlimited servings, children packing food for family, faculty & staff eating meals, improved health outcomes, and increased student turnout.

Initially I coded the transcripts line-by-line. This approach helped me stay close to the data and prevented me from superimposing preconceived concepts, categories and

ideas. Whenever possible, I used the "codes of participants" also known as *in vivo* codes to preserve the views and language of residents. Following this process of line-by-line coding, I engaged in focused coding. "Focused coding means using the most significant and/or frequent earlier codes to sift through the large amounts of [coded] data" Charmaz, 2006, p. 57). I began this process when I was able to conceptually synthesize and explain larger segments of data. I focused on the codes that frequently arose in the initial coding. By the end of this process, I connected themes to the topics generated by participants and the model.

CHAPTER IV

FOOD INSECURITY: STRUCTURAL SUPPORT AND CONSTRAINTS IN EVERYDAY LIFE

5.30 am: *I am standing in front of Geetha's door step. I have never been [to Rajendranagar] at this hour. Everything is dark. [Rajendranagar] is very peaceful. The children and the men are sleeping. The weather is so pleasant. I am standing in front of Geetha's house but* Sulaiman and I do not want to knock and wake everyone up. *So I slowly push the door open. I see Geetha in her kitchen area. She is wearing a cotton kaftan with pink and black flowers and uses a black dupatta*[29] *to cover her chest. She sees the light coming into her home and turns to me and whispers, "Hello ma. I thought you decided not to come. I thought maybe you did not see me at home and went away. I have been filling water since 4am. Still I need to go and get more. I just went to get milk from Rebecca's fridge." I give Geetha a sheepish smile and reply, "I set my alarm for 4am so I could come here but I somehow slept off. Sulaiman also kept his alarm and slept off so we did not wake each other up. We are not used to getting up at this time." Geetha's gas stove is on. She turns it off and filters the tea leaves as she pours the tea into a small cup. "Shall I make one cup [of tea] for both of you?" Sulaiman immediately replies, "We already had our tea and coffee." I smile and tell her, "Yeah we had our coffee."*

[29] A scarf worn by Indian women.

Geetha takes a sip of her tea and then tells me,"You know here, we cannot keep this alarm clock and all. People will come and break it or steal it. It will wake everyone right?" I whisper,"Oh! Then how do you manage to wake up so early?"Geetha finishes the last sip of her tea and tells me, "I don't sleep well on the days that we get water. Water comes on every alternate day right? So I sleep by 12 [the previous night] and get up by 3am. I sleep late because sometimes the water will come early. So then that time itself I go and fill it up. See everyone is worried that if we miss the water, then there will be many problems in the house. So by 3am slowly all the women will start to wake up in the house and I will get up listening to that noise. I filled water since 4am today. I already filled six bingis[30], see I poured them here [points to a large blue plastic cylinder]. When I went to fill water, I saw that Rebecca was also awake so I got the milk [from her fridge] to make chai. I finished drinking it and now I will go leave this bingis and get the other ones from there. There is lot of rush starting for the water." Geetha sees me yawn. She laughs and tells me, "You are tired. Poor thing. You should have come at your usual time. We could have talked then." I replied, "Today is different. Remember, I just want to follow you, see your life, and write some notes." Geetha smiles, picks up the two bingis and asks us, "Shall we go?"

6 am to 7.30am: *Three of us walk towards the entrance of the slum. We exit the slum, cross the road, and enter the area filled with concrete houses. I recognize so many people from Rajendranagar. I am shocked to see the crowd at this hour. There are about*

[30] A round plastic container used to fill and carry water. Women in Rajendranagar owned about four to ten of them.

50 to 70 women waiting in lines in front of the concrete homes. They are all patiently waiting to fill water. The place looked colorful with all the different colored bingis.

Kamala, Seetha, Nagomi, and Kavita [neighbors of Geetha] are all here. They are surprised to see me and Sulaiman so early. Kamala, who is standing next to me and Geetha, tells me that the residents in these concrete homes have water connection. By investing in an electric motor residents were able to power a pump. Hence, some of these residents are able to have access to government supplied drinking water. In addition to having easy access to water in their homes on alternate days, residents sell water to slum residents to recover the cost they invested in the motor. Geetha yawns and tell me, "Water was sold at Rs.1 for three bingis. Everyone is hoping their bingis will be filled next. Many of these women have been awake since 3am or 4am hoping to get a good amount of water for all their work."

Geetha tells me, "In the summer there is rush every time we come to fill water. There is water shortage everywhere. So people come all the time and we all struggle to fill water. Some people are saying the water price will increase. But Viji aunty [the water vendor] knows all of us so now we don't have that much problem. We can get good amount of water here." Kamala and Seetha pick up a bingi and place it on their head. Geetha then carries a bingi for both of them and places it on their hips. Geetha then picks one of her bingis on her head. Sulaiman helps her put one bingi on her hips. Together we three head to her home. Nagomi stays behind to watch all the bingis to get them filled by the time her friends return.

Figure 10. Women carrying water.
"We carry one on the head and one on the hip. If we carry one at a time then we will have to walk back and forth many times. If we do that our body will pain." (Kamala).

It takes about four minutes to walk to Geetha's home. She has a huge water tub in the kitchen area. She empties the water from the bingis into the large tub. I can't believe she has been doing this since 4am. She has already made this trip 6 times. Each time she is able to carry only two bingis. I have not had any place to sit and have been standing with all the women waiting to fill water. I am getting tired of this and I haven't even been helping her carry anything. Just as I am feeling the need to sit and rest, Geetha turns to me and tells me, "We just need to go and come four more times. We need lot of water in the summer. Children are also at home so they drink a lot. Look at all my utensils pilling up. I also have to give children a bath today. Let us see if we will be able to get more water." Suliaman and I pick up our stuff and follow her for four more trips. Its 7.00am. We head back to fill more water. We see Nagomi and head in her direction. She looks at Geetha and says, "Water connections have been turned off. I was only able

to fill two of your bingis." Geetha again picks up the bingis and we head back to her place. Nagomi accompanies us. I can tell they are not satisfied by the amount of water they have managed to fill. I feel guilty. While it sucks for them, I am happy to not be walking back and forth anymore. I know Sulaiman feels the same.

Figure 11. Geetha's bacchil
Geetha's bacchil that triples as a kitchen sink, a urinal, and a shower unit.
The blue cylinder next to the bacchil is where Geetha stores the collected drinking water.

7.40am - 9.00am: *Geetha's children continue to sleep peacefully. Her husband was brushing his teeth in the bacchil. Geetha pours the last of her collected water in the blue cylinder. Then she looks inside to assess the amount of water it has. She puts the bingis down and looks at me, "Do you both want to wait in my house? I will go to the bathroom on that side [of the community] and come." I hesitantly reply, "If it is ok with you, I would like to come with you. Sulaiman can wait here." Sulaiman and Geetha nod*

to agree. Geetha and I start to walk towards the community bathroom. Geetha tells me, "The bathroom is like 5 minutes away. The walking part is not so hard. It is the waiting part. Since it is a working day, there will be a small crowd to use the restroom. Since people mainly use it for no.2 [defecation] it takes time. So we all wait in lines." We reach the community restroom. Geetha hands a two rupee coin to a man seated on a stool and proceeds to wait in line along with other women. She starts talking to people she recognizes. I imagine this must be awkward for her so I tell her, "I'll be around here taking pictures. When you are finished we can walk back together." Geetha nods to me, continues to talk to her friend, and I proceed to cross the street and sit on the pavement.

Figure 12. The government run public restrooms.
The restrooms open at 6am and close at 10pm.

About ten minutes later I see that Geetha gets to use the bathroom and about 15 minutes later I see her open the bathroom door. Geetha comes out. It is about 8.15am. I

cross the street and head towards her. As we walk back Geetha tells me, "These bathrooms are so dirty and they take Rs.2 for it. At least there is water today. There is no soap or anything. If there is no electricity then there is no water. To use bathroom we have so many problems." Without knowing the best way to ask this question, I say, "So how many times in a day do you use the bathroom here?" She replies, "On the days I am healthy and not having [diarrhea] I use about three times. On [diarrhea] days I use a lot. It is like that for my children. Children will have diarrhea a lot here so it becomes very expensive to use the bathroom."

We reach Geetha's home. Geetha's daughter is brushing her teeth. Her son still seems to be asleep. Geetha enters her kitchen and starts to make another round of tea. She asks again, "Shall I make some tea for you and Sulaiman?" Sulaiman and I shake our heads from left to right to turn her down. As she sips her tea, Geetha sits on the ground. This is the first time I have seen Geetha sit in the last few hours. She finishes her tea, stands up and gives her daughter a Rs. 20 note [35 cents]. Geetha looks her in the eye and says, "Go and get some Parle G cookies for the tea. Keep the change for bathroom for you and your brother. If anything is left, then buy some snacks when I go to work. But also use it for your brother." I ask with a sort of shocked tone. "Is that the breakfast for everyone? Is Parle G for everyone to eat in the morning?" Geetha starts to explain, "What to do. If we have left over from the night dinner, then I heat it for the children and give it to them. Yesterday my husband and brother-in-law came back from work and finished everything. So I will give them cookies. I will cook later tonight."

"What about your husband and brother-in-law?", I ask. "Yeah, they work. So on the way somewhere they will buy breakfast and coffee and have."

Geetha's daughter returns with two packets of Parle G. Geetha gets up and tells me she is going to get out of her kaftan and put on a saree. She closes the door to her home. Her husband and brother-in-law seem to have left for work. Geetha's daughter starts to eat the Parle G cookies. I am starting to feel hungry. Geetha comes out fifteen minutes later. She is wearing a black and orange saree. Her hair is brushed. Her face looks like she just washed it. I can see tints of the white powder on her skin. She tells her daughter to eat cookies and make some tea. She goes into Kavita's [neighbor and baby sitter] house and tells her she is heading to work. She then looks at me and Sulaiman and informs us, "I'll go to the place and work and come back by 1pm." I ask her if I could follow her till the bus stop. She agrees and the three of us head to the bus stop. On the way she tells me, "I work in the office next to the eye hospital [in Koramangala]. Every month I earn Rs.1500 [$30]. I clean the place and bathrooms and empty trash cans. I can finish work by 12pm on most days. And then I will come home." While we wait for Bus no. 201 to arrive, I tell Geetha with a concerned tone, "You have been awake since 4am and all you have had is two cups of tea. You did not even eat the Parle G biscuits." She laughs and replies, "Where is the time to eat. You have been seeing. Tea will keep me full. Even at work I will drink some tea. Sometimes they give me something to eat." She suddenly stands up. Bus no.201 is heading towards us. She hops in and heads to work. Sulaiman and I agree to meet in front of Geetha's house at 1pm.

Then Sulaiman heads home. I hail an auto and am very excited for my nap. I don't have to come back till 1pm.

1.15pm – 2.30pm : *I am back in Rajendranagar. It is 1pm and I am waiting outside Geetha's house. Kavita, Nagomi, Kamala, and Sulaiman are all here giving me company. We are all sitting outside. No one seems to be happy about the amount of drinking water they collected. Kamala says, "I will skip taking bath to save some water." As we talk, I see Geetha approach us. She looks tired. The powder on her skin has disappeared, her saree is creased, and her hair is a little messy. I can tell she has been busy working. "How was work today? What did you do?". Geetha replies, "I cleaned all the bathrooms and today I had to dust everything so it took time. I cleaned the windows and everything." She then smiles, "What did you do? Have you been waiting here?" Once again, I give her a sheepish grin and tell her the truth, "Sulaiman and I went home. I went home and took a nap. Then I got up and had some lunch and then came back here." Geetha smiles and then I ask her, "What did you eat while you were [at work]?" She paused to think and she replied. "I had tea." Geetha then sits down. She looks tired but she chats with Kavita and Nagomi. She then gets up and goes into her home and closes the door. A few minutes later, she comes out having changed the same kaftan she had on in the morning. Geetha's children are playing with the neighbor's kids. The temperature is hot. Everyone is sweating. It is even hotter inside the tin sheds. "What are you going to do now?", I ask. "There is so much to do. I don't know what to start with. But I thought I will sit for some time. I will lie down for a little*

bit and watch tv." I smile and reply, "You should. Sulaiman and I will sit here and write our notes outside your home. We will wait here."

3.00 – 4.30pm: *Geetha hardly naps. She comes out at around 2.50pm and tells us, "There are so many things to do. I cannot nap." She walks into Kavita's house and they start to talk about grocery shopping. Geetha: "Are the vegetable people here. I did not see them when I came from work." Kavita: "Yeah, I just went and got this [points to the tomatoes, onions, and cabbage on the plate]. Geetha looks at me and says, "I need to go buy vegetables for the night cooking." I look at her and say, "You have not rested at all. Why do you have to go buy the vegetables now?" Geetha replies, "They will go away soon. The people we buy from will go away because their vegetables are cheap. If we go late, then we won't get anything proper." Geetha walks into her house, grabs her purse, puts a duppata on her shoulder adjusts it to cover her chest. The three of us head to buy vegetables from a vendor. As we walk, Geetha tells me, "After this, we have to get water." I reply with impatience and shock, "Again? You just filled like 13 bingis this morning. What happened to that?" She quickly retorts, "No, no. That was drinking water. I use that only for cooking and drinking and for the children. That water will come again in 2 days. After this we will get bore well water to wash clothes, clean vessels, and for bath."*

Figure 13.The preferred vegetable vendor for many Rajendranagar residents
"Today she is selling drum stick [Moringa], cabbage, carrot, cauliflower, coconut, capcicum [green pepper], radish, squash, and beans." (Geetha)

We reach the vegetable vendor. It was hardly a two minute walk. The vendor comes everyday, late afternoon. Her vegetables come from Bangalore's city market. After the best produce is sold, the vendor, also a Rajendranagar resident, sells produce that is slightly damaged. She has all the vegetables spread on the side of the road on a blue plastic sheet. The vegetables look somewhat fresh but are not in the best shape. Geetha looks at the carrots and cabbage and starts to ask the price.

Figure 14. Damaged carrots, radish, and cabbage.

Figure 15.The broken squash that Geetha bought.

Geetha also bought some tomato, small onions, coriander, and some chilies. She tells me she is going to make rice and squash curry which will be like gravy to eat with the rice.

5.00-7.30 pm: *We drop off the vegetables in Geetha's house. Geetha tells her daughter with a stern voice, "Come with us to get the bore well water. You have not done anything around the house today. You have only been playing." Her daughter puts on some slippers and we walk towards the bore well nearby. There seems to be no rush. It is extremely hot. We manage to fill the five bingis relatively quick. Geetha carries two bingis, her daughter carries one, and Sulaiman carries two. We start to walk back to Geetha's home.*

Figure 16. Borewell water tank.

We get to Geetha's place and she instructs everyone to leave the bingis as is. She informs us,"I need to wash some clothes and vessels." She brings a pile of clothes outside her home and starts to wash them near the pit. I sit next to her and she turns to

me and says, "I usually never have company when I wash clothes. It is nice to talk and wash with someone." There is something soothing and rhythmic about the way Geetha washes her clothes. She first wets the dirty clothes in a tub of water, pulls it out, spreads it on the stone, scrubs it all over with a blue bar of soap, pours water from the tub, scrubs against the stone slab again, pours water, squeezes the clothes, pours water on it again, squeezes it again, and then places it in a bucket with the other clean clothes. She repeats the motion for every one of the clothes.

Figure 17. Geetha washing clothes.

Geetha then gets up and tells me, "Since I am already cleaning I might as well start washing the dishes also. Water is also remaining. Anyways I need to cook so I better clean the utensils." Geetha then looks to see the drain. She notes loudly, "The pit [drain] can hold more water so I'll do it now." It is tragic that because of the limited space and infrastructure Geetha had to coordinate her chores while considering the drainage system. [There is no proper drainage system. Geetha had to dig a pit and

allowed waste water to collect. When the pit was full with waste water, it was not possible to wash anything. So women like Geetha waited for the waste water to evaporate.] When the waste water evaporated Geetha then turns to her daughter and shouts, "Prepare everything for me to wash." Immediately, Geetha's daughter runs into her home. She comes out a minute later with the dirty dishes in the tub. She then adds soap to one bingi and keeps the other bingi of water by Geetha's side. Geetha then dips the dishes in the soapy water and starts to scrub them. She starts with the pressure cooker and moves on to other utensils, then the knife, the plates, and finally the spatulas. She scrubs them with the same blue soap. Once all the dirty dishes were scrubbed, she places each of them in tub of bore well water to rinse off the soap. Finally, she immerses the utensils in another tub of clean bore well water. Once all the soap had been rinsed off, she places the cleaned utensils in an empty tub. Geetha finishes washing everything. She gets up and starts to hang the clothes to dry. Geetha then calls her daughter to take the bucket of clean dishes inside. "It is getting late; I need to start cooking." Geetha calls to her daughter again, "Bring everything outside to cut." Geetha's daughter brings out the vegetables, knife, a bowl of water, and plate. Geetha starts to cut the vegetables. She cleans them in the bowl of water and uses the plate as a cutting board. Her knife looks rusty but it does the job. She skins the squash and cuts them into small pieces and places them on another plate. Once she finished cutting the vegetables and the garlic, she gets up and enters her house.

8.00pm – 9.40pm: *Geetha gets the pressure cooker from the pile of clean dishes and puts some drinking water from the tub into her pressure cooker. She rinses the*

lentils, adds some salt and closes the lid of the cooker. She turns on the gas and puts the cooker on the stove. In the meantime, Geetha takes another kadai, turns on the gas, and puts some oil in it and waits for it to heat up. She asks me, "Do you know how to cook all this?" I reply, "I can cook but I don't know if it tastes good." Geetha laughs, "I never used to know how to cook well. I used to work as a maid. In that house, they wanted me to learn cooking so I can work there. They taught me how to make noodles and other bunglow [rich people's] food. Only because of them I know how to use gas stove. Then I saved money and bought. Initially, I was using wood. With gas, cooking is fast and clean." Geetha adds some mustard seeds, curry leaves, squash, chili, turmeric, some other powders from packets and plastic bottles. She then fries the squash with tomatoes and onions. In the meantime, the pressure cooker blows three whistles. Geetha's kitchen smells heavenly. Geetha waits for the pressure to settle. She opens the pressure cooker and adds the sautéed vegetables and closes the lid to cook it completely. She smiles and ask, "Why don't you eat with us?" I politely decline, telling her that I have dinner plans. She then yells to her children who are watching tv with a loud volume. She turns to me and says, "My husband will be back soon. Sometimes he will come late. So we [children and me] will eat, and I will cover the food for him and his brother. Any remaining food we will eat tomorrow. I better start making the rice for the curry." As she washes the rice to be cooked, Geetha looks at me and says, "Will you come like this tomorrow? I have little more work tomorrow. Again I have to wash the vessels. Tomorrow I will also give the children a bath and take bath with whatever water

is left in the evening." The rice starts to look done. Geetha turns off the gas and starts to take out some plates. She puts some dirty dishes in the bacchil.

10pm: *Geetha screams to her children, "Reduce the volume on the tv before I turn it off. Come and get food." She looks to me and says, "Look how much I have made, why don't you eat with us?" I reply, "It's been a long day. My family will be waiting to eat with me. I will eat with you some other time?" Geetha's kids come to her. She hands a plate to them. After serving the kids, Geetha makes her plate. She heads to watch tv with her children. I am feeling exhausted and hungry. I thank Geetha, say goodbye, and head home. (Field notes, April 20 2012)*

Introduction

I had the privilege of shadowing Geetha and few other women as they performed their everyday routines in Rajendranagar. The field notes above describe a typical day in the lives of Rajendranagar women. I witnessed the effort required by women to purchase and prepare food for their families. As detailed in the notes, it was around 10pm before Geetha and her children were able to eat one hot meal together. Most Rajendranagar men also have long days. Rajendranagar men typically leave for work before 9am and some return for a later dinner with their families. On a regular basis, Geetha and other women relied on tea and coffee to suppress their appetite. While their male spouses were at work, women in Rajendranagar worked, cooked, cleaned, and cared for their family. These responsibilities are not unique to Rajendranagar women. However, what was different was the additional effort it took these women to perform the basic tasks that were essential for their families health. The field notes I shared, described one of the

better days experienced by Geetha. Life became exponentially harder when no drinking water was available and when electricity was shut down. Every little challenge complicated women's ability to feed their family members.

As I witnessed the struggles of women in everyday life, I was determined to understand the role of organizations that worked to alleviate women's experiences of food insecurity. I explored the relationships between Rajendranagar residents and institutions that influenced food-related communication, experiences of food insecurity, and coping strategies in everyday life. In other words, this chapter is focused on macro communication issues related to food insecurity that were highlighted in women's narratives. The Culturally Sensitive Model of Health Communication (discussed in Chapter II) was used to explore and analyze meanings of food insecurity among women. Themes related to institutional and individual layer of meaning are the main focus of this chapter.

As discussed in Chapter II, neoliberalism as an ideology has led to the increase in the number of slums and the feminization of poverty. Limited expenditure on welfare programs has placed a great burden on poor women. Hence, women are at the frontlines of dealing with poverty. Women's gender roles require that they step up and rely on their own labor to address family needs because social programs are no longer sufficient.

The institutional layer of meaning provided insight into how authorities defined food insecurity and implemented interventions. In contrast, the individual layer of meaning provided insight into the lived experiences of food insecurity. The participant observations and narratives underscored the limitations of structural assistance. Women

revealed how they enacted their agency to cope with structural constraints. I sought participant narratives about structural concerns with the larger goal of achieving social change.

Four themes related to structures and institutions were articulated in the narratives of women: Infrastructure, Healthcare, Government food programs, and NGO programs. While all four themes are distinct, the experiences related to one theme affected the experiences in another. Each theme had two sub-themes. Participants discussed two of types of infrastructural constraints: home and community. These infrastructural constraints when coupled with inadequate access to healthcare (government and private) affected women's ability to prepare and consume food. Women's narratives also provided insight into the benefits and limitations of two government programs: Public Distribution System (PDS) and Midday meals. While these programs provided some assistance to women, they were insufficient to address food insecurity. Finally, women discussed the limitations of NGO interventions. When women sought assistance from NGOs, they noted that internal politics and limited resources of these organizations resulted in minimal help. Together, these themes represent a problematic food environment in which women enacted their agency and found creative ways to cope with food insecurity. The perspectives of institutional authorities are interspersed throughout the chapter.

Infrastructure: "We Have Learned to Live Without Anything" (Kutti)

During my interviews with Rajendranagar women, there was one question they often struggled to answer: "What do you like about this community?" Women's usual

responses were the following: “Nothing!” (Meena); “What do we have in this community to like?” (Aasma); “We are waiting for the day when we have more facilities” (Yamuna). As evident from these replies, women found different ways to communicate and emphasize the limitations of their community. While Rajendranagar was a legal and a notified slum, the physical infrastructure and basic amenities were minimal. The insufficient living space coupled with the lack of drinking water, latrines, and a constant electricity supply significantly affected women’s food security status. To access these amenities, women had to expend significant time and energy. Banu explained:

> Human beings can live only if there is food in our body. Without food, we would feel lethargic and tired. But [In Rajendranagar] we need to do so many things before we can eat. That is why we don’t feel like eating. We are so tired before we leave for work and after we come back.

Firdous added, “It is a big problem here. We fall sick because we don’t have the proper facilities. But when we use the facilities also we fall sick. If you want to be sick this is the place to stay.” Health is constituted and maintained in the environments where people live. However, participants asserted that they had limited opportunities to achieve good health in Rajendranagar. In regards to their tin sheds, women argued that the lack of space and quality of housing posed difficulties in their daily activities. For example, Geetha had to coordinate the washing of clothes and utensils because it was limited by the infrastructure of the drainage system. In the following section, I describe a typical home in Rajendranagar and how women coped with its inadequacies. I then connect

women's existence in their homes to infrastructural amenities within the community. Finally, I discuss how the limitations of their homes and community affected women's food preparation and consumption.

Figure 18. Homes in Rajendranagar.
The homes are usually made of tin sheets. The sizes of homes vary between 200 to 350sq ft. Most homes have a wooden door. Some homes use plastic sheets as a door. Residents receive electricity by tapping into the electric line shown in the picture.

Home: "In This Small Space Itself We Manage Everything" (Pushpa).

Homes were organized in rows and there were many such rows in Rajendranagar. Most homes were not very big. Tin sheds in Rajendranagar were rarely bigger than 300 sq. ft. While many Rajendranagar residents had rented their homes for about Rs. 500 ($10) a month, many of my participants owned their tin sheds. Each tin shed had about four to five family members living in them. Puspha explained, "We cook, we sleep, we play

cards, we watch tv, we clean, we keep our [possessions] here. We do so many things in this space. This is our home."

Most homes were usually divided into three areas. The first area was used mainly for sleeping and socializing. Many families kept a television and a small cupboard or trunk filled with their clothes and possessions in this area. In most homes with elderly people, there was a bed for convenience. Depending on the religion of the household, homes were decorated with pictures and idols of gods and deities they worshipped. One could tell quite a bit about a family by observing their living area. For example, the quality of this social area varied depending on household income.

Figure 19."Everyone says I have a nice clean house."
My husband is earning nicely. I also save our money to live nicely. He works as a driver for an important businessman in Koramangala. They gave us their old bed, cupboard, fridge, and television. My husband, me, and my daughter we sleep together in this bed. (Vani, with her mother and new baby)

While all families preferred to have cemented floors, not all of them could afford it. Kulamma explained the relationship between the quality of a home and household income:

> We came to Rajendranagar with nothing. We just brought our clothes and utensils. There was an empty plot of land marked here. We got it. We put all the items on the muddy ground. Then [my husband and I] got jobs. Slowly we hired someone to build the tin sheds. Till then we used to sleep outside [in the open]. We used to apply plastic sheet on the ground and keep our [belongings] on it and sleep there itself. The house used to be so dusty and dirty. Then we took loans and saved. Then we called one man to apply cement on the ground. Since then we are able to cook in the house and keep everything clean. Otherwise it was very difficult.

Families who could afford to hire workers cemented the foundation for their homes. Other families learned to cope with mud and sand in their food. However, for many residents cemented floors were not a priority because of their limited income. Rebecca explained the difficulty of not having cemented floors:

> Because we are not having cemented floors we have so many rats and bugs. They come in by digging. [The rats] even chews the plastic and jute mats. We share our home and food with the rats here [laughs]. But now in the summer it is ok. When it is monsoons it is very difficult to live in the house. Everything gets spoiled.

Figure 20. The fridge and television in Vani's house.

The second area of a home was the kitchen space. It was only a small area in all households. Women stored their grains, plastic boxes of spices, utensils, gas cylinder, kerosene pumps, sticks of wood, large water tubs, and bingis. Typically, the kitchen space was constructed opposite or adjacent to the entrance of a home. When I inquired about the position of a kitchen space in a home, Geetha explained:

> I made my kitchen in front of the door. Otherwise the cooking smoke will be stuck in the house. We don't have any windows. So the smoke will stay in the house. Sometimes it will go to the neighbor's house because of the gaps [in the ceiling and walls] and they will start shouting at us. So I open the door and cook so we won't [suffocate].

Figure 21. A kitchen space with a gas connection and stove.

Additionally, Farhana noted:

> We always leave the door open for ventilation. I don't want porukis[31] to see our things inside. So for that I organized the kitchen like this. But we still have to be careful. When we are not looking, they will come and take our mixy [blender] and run off. So I hide everything.

Since the kitchen space was relatively small, women had to prioritize the storage of essential items. Unlike Vani, most families did not have a refrigerator or shelves to neatly organize and store their items. Grains were stored in plastic buckets to be protected from rain seeping in through the roofs and from the rodents running on the

[31] A term to denote male miscreants.

ground. Plastic containers found in recycling centers were also used to store spices. Families designed contraptions to store necessary items in the kitchen.

While it was not common, households with higher income often had a gas stove to cook. In few households, women invested in a blender to grind spices and make chutneys. Families with lesser income managed their cooking with a kerosene burner. However, in many cases, the kitchen space often extended to the outside of their home where women burned wood for cooking. Women often purchased the wood from stores in the neighborhood. The most basic of kitchens in Rajendranagar had a large pressure cooker, a kadai[32] for sautéing vegetables, a large steel pot for boiling rice, several spatulas and ladles, a strainer for tea, small cups for drinking tea and water, several steel plates and bowls of different sizes. Women rarely had spoons and forks because they ate with their fingers.

[32] A wok with a larger base.

Figure 22. The spice rack in Selvi's house.
A wooden plank tied to a string was used to support the spice bottles. The string was then connected to the nails in the tin sheds. Suspending these plastic bottles from the ceiling of the tin shed, allowed women to save some space.

The third area in most houses was the *bacchil.* It was not visible from the entrance of a home. As indicated in the field notes related to Geetha, families used this space to urinate, wash their utensils and clothes, and to shower. While many families could not afford to cement the base of their homes, they often cemented the *bacchil* area to separate it from the rest of the house. Cementing the *bacchil* created a clear boundary and allowed women them to use water in that area. A small pipe connected the *bacchil* to a pit on the outside. Typically, an opening or a plastic pipe was used to channel the waste water to a pit on the outside.

Hence, the social space, kitchen space, and *bacchil* were components of every home in Rajendranagar. All homes in Rajendranagar were closely situated next to each other. In fact, as a cost-saving measure, many families shared tin sheets as a separating

wall. While the Rajendranagar women creatively managed the limited space in their homes, the infrastructural limitations of the community overwhelmed their everyday activities.

In the next section, I share the daily routines of a few women in Rajendranagar. Following this, I focus on women's access to three basic necessities: electricity, water, and latrines. In each of the three sections, I discuss how the functionality of the amenity or the lack thereof affected women's food security.

Community: "See What We Have To Do To Live Here" (Kumari).

Bangalore's local government and the Karnataka's Slum Development Board struggled to provide stable housing with sufficient space for slum dwellers across the city and state. Instead, they attempted to "enable slum dwellers to live in hygienic conditions by providing basic amenities, such as drinking water, street lights, roads, [individual] drains, and storm water drains" (Karnataka Slum Development Board). As discussed in Chapter III, Rajendranagar had two roads perpendicular to one another along with street lights at various locations. Additionally, Bangalore's local government had constructed public latrines in five locations within Rajendranagar. Connections to drinking water were provided in three locations. Although insufficient, some basic amenities were provided to Rajendranagar residents. This led to significant competition among women who needed to use these facilities. Women had to sacrifice their sleep, walk long distances, and stand in long lines to use these amenities. All these constraints required women to spend significant time and energy while leaving little time for rest and leisure.

Women organized their daily activities based on their accessibility to these resources. Insufficient community amenities affected how often women cooked and ate. Preeti, a mother of two children, recounted a routine similar to Geetha's:

> Whenever there is water supply, at that time I would get up at around 2 o'clock in the night. It is when the water is supplied. On days when the water is not supplied, then I would get up at around 5 or 6 o'clock in the morning. After getting up, I would start cooking breakfast for the kids. When they will have their school, I would get them ready for the school and then I would go for work. After coming back from work, I would mop and sweep the house, wash all the utensils, and then wash the clothes. I would always be occupied and it would almost be 9 o'clock in the evening. Then we will eat dinner, watch some tv, and sleep.

During the children's academic year, women had to ensure that school uniforms were washed and dried in a timely matter. Additionally, children needed to be bathed regularly. By the same token, school holidays allowed women some leisure time.

Women's narrative accounts and my own participant observations revealed that inconsistent electricity, limited water supply, and problems associated with public latrines were sources of stress in their daily lives. However, women worked around these inconveniences to cope with community limitations.

"We Don't Pay for Electricity But We Don't Get Proper Electricity" (Pai). In Rajendranagar, electricity was a free commodity. On most days, electricity was present in the early hours of the morning. However, the supply was cut off in the early afternoon

and often restored by the evening. Sometimes, it was normal for electricity to not be present for several hours in the day. This was typically the case during the summer and monsoon seasons. In the summer, lack of electricity meant Rajendranagar residents could not turn on their table fans to cool their tin sheds. Bhuvaneshwari noted, "Look! Now [10am] we had a power cut and it will be back by 7 at night. Yeah! It goes down every day. The power goes down by 10 in the morning."

Within the household, electricity was the main source of lighting. Since, there were no windows in the house, a small bulb or a tube light was used to light the house. Many women asserted that while a blender was desired for cooking convenience, it was not feasible to own one as the electricity was unpredictable. Not having electricity also affected how some women prepared and consumed their food. Women noted that cooking needed to be completed before the electricity went out. Rebecca, who owned a refrigerator, stated:

> I keep milk and food from [the previous] night inside [the refrigerator]. If we keep the food outside, it gets spoiled. But also we have to eat if before electricity goes. We cannot keep it for long inside. Just at night we can keep. Otherwise it spoils sitting in the fridge. Then we have to throw the items. So when electricity goes, I take the food out and reheat it. I sometimes will pack it for children.

Most of all, lack of electricity affected women's access to water and latrines, Anita noted how water problems and lack of electricity are related:

> We are not able to fill water properly even after paying them money. The owners of the taps and their relatives would fill the water first in their houses and then after that we will have to fill. If they let us fill one pot, then we will have to wait until they fill their pots. They are worried about what will happen if the electricity goes away. When there are power cuts, then the water supply would stop, right? So we never know when we will get water.

"To Eat We Need Water. By the Time We Get Water, We Don't Feel Like Eating" (Maani). Bangalore's local government provided very few official connections for drinking water in Rajendranagar. These connections or taps were interspersed throughout Rajendranagar. To access these taps, women had to walk long distances. Additionally, the queues for gathering water were extremely long. Hence, most of the women I interacted with procured water from private sources such as neighbors living in cemented houses. In spite of seeking additional sources to procure water, Kulamma emphasized the stress she experienced:

> We sleep with [fear] that we have to fill water because if we miss, then we would not get water once it is morning. It would get more crowded and we will have to go to work, right? We would sometimes not eat food or sleep because we have to fill water and get up by 4 o'clock.

Farhana explained her struggle to procure water and the implications of having limited water:

> I wake up at around 5:30 am and start filling drinking water. We have to go so far to get water. We will have to wait in queues. We get leg pain when we wait for long time. We hardly get 6 pots of drinking water, not more than that even if we go early in the morning. Then when drinking water gets over, I go to get the bore-well water[33]. I would get around 7 to 8 pots of bore-well water. I get this on alternate days. Because we don't get enough water, I shower on alternate days. We cannot take shower everyday. If we use more water, I will have to go get more water. It is tiresome. There is no drainage also for the water to go. Though I get just 6 pots, do you know how painful it is? I get tired from it. So that's why we don't shower much. I don't use more clothes as well because we will have to use more water to wash them.

While women discussed water problems in detail, they were most concerned about how it affected the health of their family. Hasina explained why she exerted extra effort to procure drinking water:

> It takes me four hours to fill water. That is why I get hip ache. I fill water for 10 rupees. I fill around 30 pots. It is because [children] play a lot in water. They play and drink in bore-well water when we don't have drinking water and that's how they fall sick quite often.

Water insecurity is closely related to food insecurity. Parveen noted how the quality of water affected her preparation and consumption of food.

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[33] Hard water rich in minerals and bacteria.

> The water is not suiting our health. We fall sick quite often and we need to rush to the hospital. Maybe that's why we get headaches, fever, etc. The water is full of germs. That's the reason why we guys are getting multiple diseases. If we smell the water, we feel like vomiting. I don't like to cook with the water here. When I cook with it, I avoid eating that food. I would miss my meals. I literally vomit. This is the condition of my health.

Similarly, Vrinda explained how she managed her cooking routines with the limited supply of water.

> If no electricity, then no water at all. So I will always keep a stock of water for cooking alone. We need water to cook. Without it we can cook nothing. So I don't empty the water at any time. I will keep half of the pot for cooking purpose. But if we keep for more than two days, then we get worms in water. So then I have to throw it away. We cannot cook it.

As evidenced in the quotes and examples shared above, water problems affected the ability of Rajendranagar families to prepare and consume foods. These experiences were exacerbated when coupled with latrine problems.

Figure 23.Collecting rain water in buckets

"We Have to Pay and Fight to Use the Restrooms" (Anita). Most homes in Rajendranagar did not have latrines because of a lack of sewage system within the community. While most women used *bacchils* to urinate, they used community restrooms to defecate. Women often noted that they preferred not to urinate in their *bacchil* due to the lack of proper drainage system within the community. "The water just stands there right. We are always sitting around that area and talking. Children are also playing. So it is not good." The stagnant water in the drains posed a problem for families who were exposed to it.

Using the community restrooms cost money. Anita noted, "We pay to use the bathrooms here. We are paying around 2 rupees per use. Initially they were charging us 1 rupee, but now we have to pay 2 rupees." The restrooms in Rajendranagar were constructed by Bangalore's local government. Through contracts with private vendors, the community latrines were maintained. Women lamented, "We have to wait for an hour sometimes to use the restroom" (Anita). Tina also shared, "The restrooms get blocked [malfunction] quite often because in the morning time, it would be too crowded." Suprina stated, "There are many fights occurring among people when they need to use the bathroom urgently." Finally, Jansi added, "We do have the toilets, but if the electricity goes down in the morning, it would come back late at night. So the water in the toilet will not work. It will be smelling! Then we will have to carry water along with us to use the toilets. So much inconvenience."

Parents decided to save money by allowing children to defecate and urinate in the open. Aparna stated, "I take [my children] once to the bathroom. If they need to do it more than that. I let them do it in the corner and then I cover it with mud."

The biggest problem associated with latrines pertained to their consumption of food. Jiganu emphasized:

> We have to monitor our eating habits. If you have more food, then I will have to use toilet often. I will follow a limited diet. We just have one *chapatti*[34] daily. If we eat more, we will get diarrhea. Then we will have problems using the toilet. I will have to go 10 times to the toilet. How

[34] Unleavened flatbread also known as roti.

should I pay 2 rupee each time when I use the toilet? Where can I get the money from? We don't have enough money to spend like that. We just go once. We have less food and use toilet just once.

Kavita, who was pregnant, explained why she could not eat too much:

> I eat one heavy meal in the afternoons. Morning I have little breakfast and then afternoon I will eat nicely. At night I eat just a little. Sometimes I have no dinner. If I eat at night, I will have to use the bathroom, right? Where will [I] go to the bathroom at that time? It is also not safe. So I worry about this and I eat less food at night. I feel hungry, but what to do? It is troublesome.

Pushpa, an elderly woman, noted how she adjusted to the problematic schedule of the bathroom, "No! I don't eat at night. I am aged now. I never have food at night because it is too difficult to use toilet here." Shanti added, "If it is very urgent then I do [defecate] in a plastic bag and then dump it into the garbage."

The latrine and water problems significantly affected the health of women and children. Nagomi asserted the causes of the health problems among women and children in Rajendranagar:

> The only way to be healthy is we should maintain cleanliness. But what can we do? This would be possible if we got water properly to take bath, to take care of our house and maintain cleanliness. If there is just cleanliness then I think then there wouldn't be any diseases and the kids will not get affected by the [germs] everywhere.

Figure 24.Washing together.

Health Care: "Because of the Children's Health I See the Doctor a Lot" (Kavya)

The consequences of having limited access to electricity, water, and latrines affected women's and children's health. For this reason, women noted that they spent significantly on healthcare. Jiganu, a mother, noted the health problems her children faced living in Rajendranagar:

> Because of living here, [my daughter] suffered a lot when she was in her neonatal stage. She was having diarrhea and vomiting. She was about to die and then somehow she became better. Now she has started getting some allergy kind of a problem and her [arm pits] get swollen. My son also gets infected and has loose stools and all. Nothing is retained in his stomach. My second daughter is having some wheezing problem because of the air here. My last daughter is diagnosed with wheezing [asthma].

> Recently, I had to rush her twice to a hospital. My children have so many health problems. I have to run from home to a hospital quite often.

Hasina, another mother, added:

> The kids fall sick very often. Yeah! They would fall sick at least 4 to 5 times a month. I will have to spend for the hospitals. Because of the stagnant water in the drains everywhere, we have many problems. In the rainy season we don't have to worry much about it, it would flow in the rainwater. It would flow off on its own. But in the summer, we will have to empty it every day. If we don't, the kids would fall sick with cholera and other deadly diseases. I cannot afford to keep taking them to the doctor. Even [when] I fall sick, I would wait for two days. I would self-medicate with Crocin or any other paracetamol[35] and see if I get alright. If it is cured, I would not go to the doctor and if it is still the same, I would go.

Pani explained:

> We have to go so far for water. We go so far for bathrooms. To use bathrooms we have to pay around 1 to 2 rupees per use. What can we do? We earn money so hard and we have to spend money like this here for water, bathrooms, doctor costs. Where is the point of saving some money?

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[35] A mild analgesic.

Women's narratives revealed that they relied on both government and private health care services. However, women emphasized that they preferred healthcare services in the private sector and noted several constraints with the treatments in government clinics. In this section, I discuss the limitations of government clinics and women's experiences with private healthcare providers.

Government Clinic: "That Building is a Waste" (Lakshmi). The government clinic adjacent to the Rajendranagar could have potentially been a very useful resource to women. The women who benefitted the most from the government clinic were pregnant and mothers with infants who received multivitamins and folic acid supplements. Pregnant women received a book that allowed them to learn about prenatal care which included guidelines for healthy nutrition and steps to prepare for a healthy pregnancy. The book was filled with text and descriptive pictures to help women understand the content. The book was also used to track the dates for doctor visits. Once the child was born, the book informed and reminded women about important immunizations and educated mothers about milestones related to their child's growth. Additionally, workers from the government clinic often went into Rajendranagar and invited individuals to be tested for HIV/AIDS and other sexually transmitted diseases. Health workers also frequented the community to administer polio shots. According to Dr. Sen, the physician at the government clinic:

> [The clinic] is the first place [residents] come to when they have a problem. We treat everything here. When we cannot [treat them], we tell them to go a government hospital. Sometimes they themselves go to

government hospital directly. I have not seen severe malnutrition cases [in Rajendranagar]. We tell women to take proper food. Tell them what is good food and what not to eat. More than that we cannot do here. On the black board outside, we post information on breast feeding. We also post [on the board] and tell them to eat things like bananas and all. Some of this will help with malnourishment."

As detailed in the quote above, Dr. Sen did not believe malnourishment was a serious problem in Rajendranagar. While Dr. Sen believed she could treat for a variety of ailments common to Rajendranagar residents, women often avoided the free government clinic. Narratives of women highlighted several problems with the clinic. Lack of satisfaction with the treatments and disrespect from health providers were the main reasons cited. Akila noted:

> [Treatment] is not so effective in Government Clinic. Yeah! If we go there, there is no effect at all. Then they ask us to come later and tomorrow. We don't have time like that. So that's why we don't go there. What they do in the government clinic is they write a token for rupees 5 and then when we go inside and wait to see the doctor, she would do the physical examination and then prescribe medicines from outside. We anyways have to spend money, so it is better to spend money outside and get treated properly. In private clinic they [inquire] in detail. [The private doctor] would ask me to give some hot porridge and would ask me not to give any junk food or chocolates to the children. Even if we forget what

> he said and we go to him again to ask, he would re-explain everything nicely. But we don't get the same treatment in a Government Clinic. They would yell at us.

Amitha also emphasized:

> I don't go to government clinics. I only go to a private clinic. The treatment is not so good [in government clinic]. My daughter had some ulceration and I took her to a government clinic. What they did is they just applied some anti-infection ointment and they gave some ointment wrapped up in a paper, so that's why I don't go to a government clinic. She did not get better. Then I went to private clinic. They treat us very well in a private clinic. They prescribe medicines and we had to buy them from outside. It would cost me around 200 to 250 rupees for a private doctor each time. This month I have already been there twice.

Private Healthcare: "It Costs About Rs.200-300 Everytime" (Hasina). There were several private clinics around the Rajendranagar community that provided services to residents. Most Rajendranagar residents had a preferred provider with whom they established a relationship. Padma noted:

> Kids were falling sick all the time with diarrhea. In the government clinic it was not getting better with the medicine they were giving. Then I went to Dr. Ali and he gave me medicine for diarrhea. Now I use that prescription and go to the pharmacy to get the medicine when my son has

diarrhea. It stops immediately. If he does not get better in one or two days then I will take him to Dr. Ali. He knows me very well now.

While private health providers were extremely beneficial, they were expensive. Hence, women waited a few days before they saw the doctor for common ailments. Shanti, a mother of two noted, "If we keep taking them every time to the doctor. Where will we have the money to eat? If it is serious, I take them. Otherwise I make them sit at home, give them *ragi*, and make them sleep."

Figure 25. Hospital or food?
Mother decides to set her daughters leg right using a plastic tube and tape. "She hurt her leg in an accident. It will cost thousand or more rupees to take care of it. We don't have the money now. The hospital is also far away. So we made this to set leg right." (Aalfi, lifts her daughter's dress to show me the leg as she breast feeds her baby).

Women had to make difficult decisions associated with their healthcare. They avoided the government clinic and preferred private doctors. However, expenditure on private doctors worsened their food insecurity. For this reason, women held on to prescriptions and noted the symptoms associated with the medications. In India, prescriptions are not necessary to buy medicines and it is not uncommon for individuals to purchase medicines without a prescription. When children suffered similar symptoms, they procured those medications without consulting a doctor. Additionally, women held onto old medications and used them when necessary. Hence, self-medication was common among Rajendranagar residents.

Figure 26. Old medicines stored in the tin shed.

Government Programs: "PDS is Targeted at the Poorest of the Poor."

Food insecurity is a serious matter to the Indian government. India's Prime Minister, Dr. Manmohan Singh, called the nation's state of food insecurity and malnourishment, "a national shame." In an effort to address food insecurity, Dr. Singh and his Congress Party have put forth significant efforts to pass a food security bill since 2011 that will cost Indian tax payers $24 billion every year. If passed, the bill will provide about 11 pounds of grains to 800 million poor Indian citizens every month (BBC, 2013). It is unclear how the bill will benefit Rajendranagar residents and if it will be an improvement to the current Public Distribution System (PDS).

The *Department of Food and Public Distribution* in India's *Ministry of Consumer Affairs* is responsible to "ensure food security for the country through timely and efficient procurement and distribution of food grains." This department manages India's PDS. PDS is India's largest effort to address everyday food insecurity by providing grains like rice, wheat, and other essential items like sugar at a subsidized rate in 'fair price shops' across the country.

Figure 27. Fair price shop in Rajendranagar.

To access a fair price shop, Rajendranagar residents needed to acquire ration cards by qualifying as a member in one of the two following categories: BPL (Below the Poverty Line –yellow card) or APL (Above the Poverty Line- blue card). Staple items like rice, sugar, wheat, and kerosene are sold at a cost significantly lower than market value. On a monthly basis, each BPL cardholder in Rajendranagar was given about 35kg of food grains and APL ration card holders were provided about 15kg of food grains. The quantity of grains can vary depending on the number of people in a household. Rajendranagar residents had access to few fair price shops in the neighborhood and used these services to buy grains, especially rice.

While PDS aims to improve household food security, the government recognizes that empowering women is a major part of the solution. Hence, the new food security

bill aims to give women more legal control over the food acquisition process. The bill states, "The eldest women who is not less than eighteen years of age in every eligible household, shall be head of the household for the purpose of ration cards." (The National Food Security Bill, 2013, p. 5). Hence, having control over ration cards gives women more autonomy in making decisions about food and addressing malnutrition among women and children. The bill noted that "Eligible households shall be entitled to food grains at a subsidized price not exceeding rupees 3 per kg for rice [and] rupees 2 per kg for wheat" (p.14). The central government also acknowledges that while poor women will benefit from the PDS, it is only a short-term solution. The section of the bill on advancing food security in the long term states that the following should be provided to women: "(a) safe and adequate drinking water and sanitation, (b) heath care, and (c) nutritional, health, and education support to adolescent girls, (d) adequate pensions for senior citizens, persons with disability and single women" (p.16).

In the section above, I provided a brief description of India's PDS and its efforts to improve food security in the short and long term. In the following section, I discuss the role of the PDS in women's lives. While the PDS provided grains at a subsidized rate, the quality was a reason for concern among women. Women also noted that they needed assistance with items the PDS did not provide, such as fruits and vegetables.

Public Distribution System: "It Helps a Little Bit" (Seetha). Many Rajendranagar residents asserted that the PDS was only of little help. However, Reema was one of the few women who valued the PDS. She noted:

> I buy everything from the PDS. I think kerosene oil is around 110 rupees for 7 liters. For 15 kg of rice we will have to pay around 45 rupees. Sugar is around 15 rupees for 1 kg. I think we will have to spend around 60 rupees for rice and sugar and for kerosene oil we will have to spend around 120 rupees. It is good price. But if we have to buy the same products in a shop [at market value] we will have to pay around Rs. 40 for 1 liter of kerosene and Rs.10 or Rs 15 for rice.

One of the main benefits of shopping from the PDS was the low cost of foods. For women who really struggled with food insecurity, the PDS provided some relief. Anita noted the benefits of the PDS:

> I think we get good facilities [products] from a fair-price shop. Actually I got my ration card when my daughter, Vanitha, was born. We all used to cook with that. It is almost 11 years now. She was a small girl. After that I didn't renew it and that's why I am getting very little ration or else I would have got more ration if I had more family members names' included in it. I now need to add my other children on it so we can get more food to eat.

Families were only allowed to procure a specific quantity of grains from fair price shops. The larger the family, the more the grains women could purchase. While few women desired PDS assistance, most women experienced several issues with the program. One of the concerns pertained to corruption. Yellamma, who cooked for a family of five noted:

> I have a yellow ration card. We get 15 kg of rice, but where will it be enough? Sometimes the people in the shop will give 10 kg. It depends on how many people are there. If crowd is there, they will give us less. Also if they weigh 15 kg it would just be 12 kg actually. So they earn profits from me and when they sell the remaining grains in the market.

While the government of India was aware of corruption in fair price shops, there have been little efforts to address them. Hence, women often complained that they received insufficient amount of products to last a month. Padma explained how she copes with the quantity limitation:

> We buy and use kerosene oil [from PDS] and that would be enough for 2 weeks. We cannot buy more kerosene [because each family has a limited quota]. Then I would buy firewood from outside for the cooking.

Figure 28. Cooking by burning wood.
Three bricks are being used to support the utensil. The wood sticks are being burned to cook the rice. These wood sticks can be bought at shops nearby at very cheap prices. However, this is not a preferred method for cooking because of the smoke and difficulties with cleaning the residue. Women were often seen cooking this way at the end of the month.

Another complaint common among women were the quality of grains. Many women noted that they preferred to buy better quality grains from stores at a higher cost. Kutti asserted:

> I don't like to buy from fair-price shops. We cannot eat that rice actually. We have to clean them. There will be small stones and bugs. How much can we clean? After we cook the taste is also not good. I get the rice [from PDS] when we do not have money. I [process it and] make *idli* or *dosa* with it. Otherwise I buy better rice in the normal store itself. We prefer it.

Rice was an extremely important grain to many families in Rajendranagar. Rice was consumed during most meals and was eaten with a vegetable curry. However, most women noted that the taste of rice and the amount of time it took to clean it, forced women to buy better quality rice at market prices.

Figure 29. Cleaning the PDS rice.
Children helping their mothers clean the rice bought from the fair price shop in Rajendranagar.

Women also emphasized that the PDS did not provide assistance with the items they desired. The everyday diet of women consisted of seasonal vegetables. However, the PDS did not sell vegetables. For example, Mary explained:

> We don't cook food from fair price shops. I buy all the rice from outside. Every day in the evening I would sit for at least 5 minutes and think what has to be cooked today. Then I would walk to the shop for the vegetables and then cook something out of it. My family will have to have whatever I cook. I will keep variety by changing the vegetables. I will think that today I have cooked a particular vegetable and let me cook [a different] vegetable tomorrow. So where is the need to go [to a fair price shop].

Figure 30. Drying chapatis on the roof.
A mother dries leftover cooked chapatis on her roof and stores them in her house to consume on a later day. She finds that the quality of wheat from PDS is substandard. Hence, she processes the wheat immediately into Chapatis.

As explained by Mary, food expenditure in Rajendranagar was mainly related to vegetables. Geetha explained why fair price shops had not helped her. She provided a breakdown of the expenses for her every day cooking:

> For the vegetables, milk, and commuting it would cost me around 100 rupees for one day. If I need to buy rice, it would cost us around 150 to 200 rupees for everything. I don't buy rice in ration shops. For coriander leaves we have to spend around 5 rupees. I have no idea as to what has to be done if prices are hiking like this. If the PDS can help us with what we eat then I will go there. Otherwise, I will not go there.

One of the goals of PDS was to ensure that essential items like grains were available for urban poor to purchase and consume. However, the main problem for Rajendranagar residents was not the availability of food but the access to nutritional food, especially fruits and vegetables. While women desired fresh and healthy produce, they often purchased substandard vegetables that they could afford. However, meat was considered too expensive to be a part of everyday diet. The quality of affordable meat was often compromised when women bought it. For example, meat vendors in Rajendranagar often sold meat that was rejected by restaurants in the neighborhood. Women were aware of the health hazards related to compromised meat. Hence, women did not prepare and consume meat often. Manni noted:

> We don't have any product which we don't get here. If we give money, we get everything here. Because we don't have money, I always cook rice with curry. We have all the vegetables here. Even my kids like to have vegetables. We would cook non-veg just once in a week like on Sundays. We are not so well off that we buy non-veg everyday right? We cannot afford buying it even mid of the week. We can just afford vegetarian foods. So if the PDS can help us with these things it will good.

Additionally, Veena explained her reasons for a vegetarian diet:

> Vegetarian food is cheap. But we eat it not just for that, but even our health should be good right? That's the reason why we have more vegetarian food. I think vegetarian food is more nutritious than non-vegetarian food. In fact I have read about it. Moreover we are mainly

getting vegetarian food here. We get all fresh vegetables here right? So that's why I buy vegetables a lot.

Zoya, a mother of two explained that while meat was desired, cooking meat was not feasible for her family. She stated, "Not daily. We cook meat once a week. For the rest of the days, we eat something simple like, Dosa (Indian rice dish) and then at night we will drink milk and sleep."

Figure 31. "Freshly broken eggs".
"They sell the eggs that have cracked today. It is cheap and it is not spoilt. I will cook it today itself for eating" (Sundari)

Since the PDS did not provide the quality of grains desired by women, they often bought rice and wheat at market value from various stores. Hence, women made the best of their food environment. They avoided substandard food products from the PDS

and meat vendors. They relied mainly on vegetables and cooked them for their family's health.

In the above section, I describe the problematic food environment of Rajendranagar. Liquor stores and small bars around Rajendranagar also contributed to a problematic food environment. While few women consumed alcohol, many Rajendranagar men regularly participated in such activities. Women enacted their agency by finding innovative ways to cope. They planted gardens and purchased cheap junk foods to cope with their food insecurity. While there was insufficient place, many women were able to plant a small garden. In most instances, women planted different greens as they were easy to grow and nutritious to consume.

Figure 32. A papaya tree outside a tin shed in Rajendranagar.
"It is helpful when we can grow things. But [in Rajendranagar] people will see the fruit and then when we are not there or looking they will pluck it and run. So I have started to pluck the fruit when it is not ripe and then I cook it. If we wait for it to ripen, people will steal it." (Padma)

Figure 33. A small greens garden planted by Saira outside her home.

Additionally, women sold and consumed junk foods within the community to earn an extra income. Food related businesses; especially junk food businesses were profitable within Rajendranagar. While selling fried foods such as bondas, vadas, and fried chicken improved household food security, it contributed to the construction of an obesogenic environment.

Figure 34. Kulamma selling fried chicken extremities for Rs. 2 a pop

Figure 35. A woman owned convenience store.

Selma sells biscuits, sweets, chocolates, cigarettes, chips, and other junk foods. NGOs have noted that sometimes the packaged products sold in such stores are past their expiration date. Expired products can be collected from stores that discard them within the city.

Midday Meals: "My children Like It" (Meera). MLA N.A. Harris, an elected leader who was in-charge of Rajendranagar, noted that many of the measures undertaken by the government were a short-term solution. He argued that only education could truly empower and achieve India's food security in future. MLA Harris explained:

> [E]ducation basically is the only answer. Poverty is the biggest problem we face. People don't have, I mean being in the heart of the city in Bangalore, they still lack in getting three meals a day. There is no proper job because they don't have education. So I always encourage education [in Rajendranagar]. The midday meals make poor children come to school. They get food and they also study. So this is good. So I don't believe in giving one meal to them. I believe in showing them a way to make their meal every day. And that is only education. So I am emphasizing on education and I want to do that. I want to see Rajendranagar children getting educated. They can be well-placed. At least if one member is educated after that he will take care of the other family members.

While the PDS scheme is a central government initiative, the state government of Karnataka also has made efforts to address the problem of food insecurity. The state government of Karnataka asserts:

> Nutrition is a significant determinant of good health and the incidence of malnutrition in the community affects certain indicators such as Infant Mortality Rate and Maternal Mortality Rate adversely. For the poor, an

> improvement in per capita income combined with the availability of cheaper food is a step towards ensuring higher levels of food consumption. The status of nutrition is, however, also dependent on food consumption patterns, which, in turn, are shaped to a great degree by women's status relative to men. Custom dictates that women eat least and last in the feeding order, followed closely by children. Not surprisingly, the greatest levels of poor nutrition occur among women and children. (Karnataka Human Development Report, p.139)

Hence, the state government of Karnataka has acknowledged the status of women and children in relation to food insecurity. The government has targeted women and children for interventions that address food insecurity in the short and long term. The state government of Karnataka noted:

> The importance of female education is flagged by the fact that the children of illiterate mothers are more undernourished than the children of literate mothers and that the proportion of undernourished children declines sharply with an increase in the living standards of parents. (Karnataka Human Development Report, p. 139)

For this reason, the state government initiated programs to address food insecurity among children. "Akshara Dasoha, the midday meals programme for school children, which was introduced in the seven educationally backward districts of north Karnataka in 2002-03, and was subsequently upscaled to cover the entire state in 2003-

04, is a major initiative which will substantially enhance young children's nutrition levels" (p.144).

In the city of Bangalore, Akshara Dasoha is known as Akshaya Patra. Many Rajendranagar residents benefit from the local government's implementation of Akshaya Patra. The program provides hot midday meals for children in public or government schools. As a PPP program, the government contracts with the private sector and NGOs to cook and deliver hot meals to children on weekdays during the school year. For each meal provided to a child by the contracted NGO, the government reimburses them Rs.8. The following are the objectives of Akshaya Patra: "avoid class room hunger, increase school enrollment, increase school attendance, improve socialization among castes, address malnutrition, and empower women through employment." (Akshaya patra website). Rajendranagar children have benefitted significantly from midday meals. Aasma who sent her children to government schools noted, "Even if I cook little food, we can eat properly at night and we don't have to save food for next day for the children. They get food at school, right?" Marina also added, "Sometimes he will bring it in his [lunch] box and eat it when he comes home. So then even if I cook late and eat dinner late, it is no problem."

Figure 36. Midday meal

Midday meal provided at a small daycare run by REDS (Rag-pickers Education and Development Scheme) NGO. Children are provided a hot meal at lunch time. A tin shed has been converted into a small school for children to learn and play. The school is especially beneficial during the summer when mothers can leave their children without worrying about their safety. Children bring bowls and plates from their homes. Sometimes children take the food back to their homes for a later meal. While meals are provided for about fifty children in a slum, there is only enough space for twenty students within the tin shed. (Field notes, April 10, 2012)

NGO: "People Say There are NGOs That Help But Where is My NGO?"

In this section, I discuss NGO director Vivek's view on the topic of food security in Rajendranagar and how it influenced the projects he implemented. I then share how Rajendranagar women understood the role of NGOs within the community and their limitations in addressing food insecurity.

Suveet Philosophy: "Food Security is Not a State. It is a Process" (Vivek). Vivek believed food security in Rajendranagar could not be achieved without a long-

term vision. Similar to MLA Harris and other government officials, Vivek asserted that food security could only be achieved through economic empowerment and investment in education in Rajendrangar. He shared with me:

> Simply giving food for three meals is not food security. It is very hard for the government to address food security in Rajendranagar. [The government] is so corrupt, so corrupt that I cannot begin to tell you how to solve this problem. At the end of the day, this is not about the immediate future. Giving food is going to solve very little problems. How many people can [we] also give food to? Even our benefactors want some long-term investment. Hunger is an outcome of disempowerment. Many types of disempowerment. So we try to pay attention to those and avoid simple band-aid solutions. We also give food. I am not saying we don't give food. On the first Sunday of every month we hand out a big bag. We put some [lentils], sugar, rice, and wheat. But we give it to the most vulnerable. We give it to some old women who have lost their husbands and [are] unable to work. We have found them out through our surveys in Rajendranagar. At that age it is hard to think of long-term investment. Anyways, we are mainly giving grains and such. No vegetables, or eggs, or milk or any of the things they really need. But we give better quality than the government so women keep coming to us.
>
> To really solve the problem in the future, our benefactors have emphasized education. There really is no other way. Malnourished girls

will become malnourished women, and then they will become malnourished mothers, isn't it? To really stop it, we need to get them when they are young. We invest in young girls, encourage them to attend school, stay in school longer, get married to men who have equal education, delay having children, and have fewer children. When you educate a woman, [more likely her children will also be educated]. Food is important for everything. The only time our benefactors are interested in giving food away is for children and elderly to ensure they are well fed. If we don't watch for nutrition from a young age, it will have lasting consequences. Women's knowledge about health and nutrition is monumental. I have to learn to be patient. We invest mainly in girls. I look for girls who are studying well. I invest in their families. I pay for their school fees, college fees. You know still it breaks my heart. These girls will complete college getting good marks and top ranks. But still they would end up marrying an auto driver. It breaks my heart. There are not enough good men for these educated girls. We don't know whether their husbands will allow them to study further. Most likely not. So food security is a distant goal. You are here for six months. I will assure you won't see any change. This process is slow and can't be solved by giving food. Today, I know that the girls who got education even if they do not work or study more, they have the exposure from education. They now know what good nutrition is and they will take better care of their

children. They are also likely to encourage education for their children. So in a few generations we might see food security. Then we will have a healthier India. Until then everyone has to be patient.

As evidenced in the explanation provided by Vivek, NGOs were less concerned with providing solutions to address food insecurity in the short term and instead implemented programs that would empower women and children in the long term. However, only a handful of women enrolled and stood to benefit from such NGO programs.

Figure 37. Vivek handing grains and other essential items to women beneficiaries.

"[NGOs] Will Decide Who They Want To Help" (Amudha). In Rajendranagar, NGOs like *World Vision*, *Suveet*, and *Rag pickers Education and Development Scheme (REDS)* were often seen conducting programs in Rajendranagar. Women and children were the target for many of these NGOs. However, the goals for the projects varied and

specific demographics were targeted as beneficiaries. This fact was well understood by many women in Rajendranagar. For example, Geetha was a Hindu woman in her thirties. Even though she was a mother of two children and struggled to feed her family, Geetha noted:

> No NGO or anything helps me. I have tried but they are not interested in me. I have not received any help or food from any *sangam*. So I have not pursued anything. Anyways God has given me hands and legs to work properly.

Many Hindu participants like Geetha, did not qualify for *Suveet's* micro-financing programs or their food donation program because of their religion and age. Geetha could have visited the integrative medicine clinic run by *Suveet*. However, Geetha's demographics were not of interest to many NGOs. Additionally, for NGOs, malnourishment and food security was a secondary goal, one that could be achieved through micro-financing programs, vocational training, and investments in education.

Figure 38. Rajendranagar women enrolled in a tailoring class offered by REDS. Women are offered some financial assistance to attend the classes. The training provided in this class empowers women to start their own tailoring businesses and earn an income from home while caring for their children.

While women often desired food assistance, I did not witness any NGOs that provided meals or food items to women. *Suveet* was the only NGO that provided grains and essential items to elderly women who were unable to work and extremely food insecure. Many women who worked as domestic maids were not interested in the programs and preferred food assistance to supplement their existing efforts. Consider the explanation provided by Farhana:

> If [NGOs] can give some food every now and then it will help. My husband is earning and I am earning. We don't want to start some business. We prefer our current jobs. But if we join NGOs, then we have to do what they say. They won't simply give anything.

Based on his experience working in Rajendranagar, Vivek noted:

> There are so many corrupt NGOs who come and go. They make money from the rich and they make money from the poor. Everyone knows that. So [Rajendranagar] residents are a bit careful when they see NGOs. They also don't want to be tied with [the] wrong one and have problems in the future. NGOs can be very dirty in India.

Women also noted that there weren't enough NGOs to reach out to the 7000 Rajendranagar residents. Saira explained, "My neighbor was getting some help. So I went to inquire. They took my information because they said it was full. But they did not come back. So I don't know if they can help." Hence, women understood that if an NGO was interested in investing in them, they would have been approached. For example, *Suveet* reached out to their beneficiaries through a survey conducted by Vivek's colleague. Hence, Vivek was able to target older women and young girls. Qualifying middle-aged women were targeted for micro-financing programs. However, due to a lack of sufficient funds, only a few high achieving children and dedicated women were selected for NGO investment. Hence, NGO politics and resources determined specific target beneficiaries for their programs.

Discussion

This chapter addressed health communication practices and problems in a resource-limited setting like Rajendranagar. In this chapter, I have identified macro-communication issues that affected food security among Rajendranagar women. Specifically, I have discussed the structural factors that enabled and constrained women's ability to achieve food security. Four aspects pertaining to structure were

discussed: Infrastructure (Home and Community), Health Care Facilities (Government and Private), Government Programs (Public Distribution System and Midday Meals), and NGOs (Politics and Outreach).

Within their homes, women lacked space and proper cooking facilities. However, they creatively organized the spaces to cope with the limitations. It was the responsibility of the government of Bangalore to provide basic amenities to the urban poor in Rajendranagar. While these amenities were provided to a certain extent, they were insufficient for the residents. This environment created competition for basic resources. Additionally, it significantly affected the health and food security of Rajendranagar residents.

Women also struggled with lack of access to affordable health care services. Women had access to a free government clinic next to Rajendranagar. However, women noted that the failure to treat patients effectively and the disrespect experienced by them led them to avoid government clinics. Hence, women preferred treatments in private clinics. However, private clinics were comparatively expensive. This forced women to make difficult choices. Women had to choose between spending money on food or accessing private treatments. For this reason, women delayed or avoided essential treatments so they could feed their families.

The state of food insecurity and malnourishment in India suggests that desperate interventions are needed. There are however no simple solutions to address the multifaceted problem. I discussed the Indian government's efforts to empower Rajendranagar residents through two programs: PDS and Midday Meals. However, few

women marginally benefitted from the PDS. Corruption, quality and quantity of grains, and the lack of vegetables in fair price shops were identified as severe limitations that affected food choices. Additionally, midday meals to a certain extent, helped women who enrolled their children in government schools. This program improved child nutrition and improved household food insecurity. Together, the government representatives and Vivek lamented that there were no immediate solutions to solve the state of food insecurity of Rajendranagar residents. Hence, these institutional authorities emphasized long-term solutions when communicating with and empowering Rajendranagar residents.

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In Chapter V, I introduce micro-communication issues that affected women's experiences of food insecurity. I focus on the cultural factors that enabled and constrained individuals as they coped with food insecurity. Specifically, I provide examples of the different types of social support women benefitted from through networks constructed through social capital.

CHAPTER V

FOOD INSECURITY: SOCIAL SUPPORT AND CULTURAL CONSTRAINTS

Figure 39. "Sometimes I get ten rupees, sometimes I get five rupees" (Pallavi). Pallavi (girl on the right) sells cold orange juice (Rs. 1 per glass) on a hot summer day as her friends keep her company. Pallavi then hands the earned money to her mother. While the money helps with things like snacks for Pallavi, her mother tells me this is one of the ways to keep Pallavi occupied during the summer break (Field notes, May 17, 2012).

I finished fieldwork with Sulaiman around five [in the evening]. People were starting to return from work and children were back from school. The weather was pleasant and a lot more people were outside their homes. Sulaiman and I were getting ready to leave for the day. We finished writing our field notes and started to pack up. As Sulaiman and I were walking towards the road, we saw some smoke coming from one row of tin sheds. We figured women were starting to burn the wood outside their homes

to begin cooking for dinner. We decided to stop by so we could set up a time to talk with people this week. We saw a few women sitting outside their homes and a few children playing. There were also two young teenage girls who were wearing their school uniforms. The girls were blowing on the wood to get a fire started and turned to me as we walked down the row. I was heading to speak with the women who were sitting on the ground. Just then, one of the teenage girls looked at me and seemed excited.

The girl and I made eye contact and she came up to me and said "Hello Akka (sister)! How are you?" I took a couple of seconds to respond. I was surprised by how confidently she spoke English. I replied, "Hello! I am fine. How are you?" Her sister continued to work on the flame. Once we finished exchanging the pleasantries, she told me that she has seen me many times in the community talking with people. But I always looked busy, so she didn't come to talk to me. She was extremely curious to know about me and what I was doing in the community. I explained my role as a researcher, what I study, and my life in the United States. We conversed entirely in English and there was not a moment during the conversation where she struggled to keep up. I was so impressed. I started to become curious about her and began asking questions.

Her name is Sophie. Sophie and her younger sister Sandra attend a private school where classes are conducted mainly in English. So they have many opportunities to learn and practice the English language. When I complimented Sophie's English, she told me that she always ranks as one of the top five students in her cohort. She spoke of her upcoming final exams and said she was confident that she would do well. She smiled the entire time she spoke to me. No one would ever be able to guess the difficulties the 15

year old girl has experienced. I almost would have never known her story if I didn't ask her about her parents. I was mainly curious to know how her parents could afford private schooling for Sophie and Sandra.

That's when Sophie tells me, her dad died of kidney disease about six months ago and she lost her mom to an accident several years ago. She continued to smile and I tried not to react with shock. When I asked her about who cares for her and Sandra, she told me she stays with her aunt and uncle in Rajendranagar. "They don't have children. When my father was sick that time itself we came to stay with them. They have been taking care of us since then." Sophie also has a married older sister who helps her. Through their older sister and aunt, Sophie and Sandra have their needs met. Since the death of her father, Sophie's aunt has taken up more homes to work as a domestic maid. Sophie's older sister also works very hard. She is a tailor and earns a good income to support their education. Her older sister lives in a neighboring area. In order to help their uncle and aunt, Sophie and Sandra shop, fill water, cook, clean the house, and wash dishes on most days. They are also responsible for getting the kerosene and wood to cook the meals. Every day, their aunt gives Sophie and Sandra certain amount of money that requires them to plan and cook meals for the family. They also plan the meals they take to school. Hence, when their uncle and aunt's financial problems worsen, Sophie and Sandra experience hunger. During their summer holidays, Sophie's aunt and her older sister help them earn some income. Sophie tells me her aunt is well connected and that she will get a maid's job easily. So in the summer, Sophie and Sandra work as maids in several homes and give their income to her uncle and aunt for

daily needs. As our conversation was coming to an end, Sandra screams and asks Sophie to come into the house to help with the chores. I told Sophie I would stop by to say hello periodically. I informed her about the details of my public speaking classes and I left for the day.

As Sulaiman and I were leaving Rajendranagar, I was telling him how proud I was of Sophie. I commented, "She will grow up to do good for herself. I can see her being successful. She is a hard working girl" He replied, "Maybe, but I don't think so." I was shocked by his answer. He looked at me and said, "See, people in this place are poor. They will pay for Sophie's school only till 10th or 12th standard. But nobody is going to pay college fees and for two girls. I have seen many families like this. What do you think will happen when Sophie's older sister has children? You think her husband will allow to give the money like that? When that aunty also has her children then she will ask them to leave the house. They will find a boy for Sophie and get her married. If she won't get married, then they will say go and earn your own money. Everyone can help only for little while. I think in five years, Sophie will finish school and be married. She might be working as maid and Sophie will have to take care of [the younger] sister." I was getting angrier and angrier as Sulaiman was predicting how Sophie's future would turn out. I just don't want that for Sophie and I didn't want to debate with Sulaiman. I dropped him off and came home. On the way I couldn't help but wonder why I am so angry. Am I naïve to believe that Sophie could have a very different life from the other women in Rajendranagar? Is Sulaiman right? Is Sophie headed in the same direction as

the other Rajendranagar women? I wonder how Sophie's life will be in five years… (Field notes, March 24, 2012).

Introduction

As I write this chapter, I continue to be concerned about the future of young girls like Sophie in Rajendranagar. In ten years, will her life story be different from the other women in Rajendranagar? Or, will her life follow a path as predicted by Sulaiman? Most Rajendranagar women work the informal sector jobs such as domestic maids, fruit and vegetable vendors, rag pickers, and construction laborers. The limitations of these informal jobs which include occupational hazards, job insecurity, low wages, and long working hours contribute food insecurity among Rajendranagar women. As mentioned in Chapter IV, Vivek and government officials believed that education was the long-term solution to food security. To this end, Sophie was doing everything she could to climb her way out of poverty. Hence, I was convinced that Sophie will be employed in the formal sector as a nurse or perhaps a teacher. Sophie's narrative inspired me to explore micro-communication issues. This chapter discusses the themes in the individual and ethnocultural layers of the Culturally Sensitive Model of Health Communication.

I provide insight into how gender, culture, and food insecurity are intertwined in Rajendranagar. I divide my discussion into two sections: cultural constraints and social capital. In the first part of the chapter, I share the impediments that affected the daily lives and futures of young girls and women. Gender preferences, gender-based violence, responsibilities of young girls, and early marriage were common in Rajendranagar. Hence, these cultural constraints were debilitating to the empowerment of women. In the

second part of this chapter, I discuss the benefits women accrue from their social capital networks. Participant observations and interviews revealed that women benefitted from material, informational, and emotional social support. Together, these types of social support enabled women to cope with food insecurity in Rajendranagar.

Cultural Constraints: "This is the Life of a Woman" (Yellamma)

Participant observations and interviews with women revealed that there were several cultural factors that affected gender roles and the empowerment of women in Rajendranagar. I begin this section with a discussion on gender preferences in Rajendranagar. I then discuss how the prevalence of rape and violence affected women. Following this, I share the roles and responsibilities of young girls in Rajendranagar. Finally, I end the section with a discussion on the reasons that compelled families to marry their daughters before the legal age of eighteen. Early marriages negatively influenced the pursuit of education among young girls. These constraints affected young girls like Sophie and limited the possibilities of their empowerment.

Gender Preferences: "Every House Must Have One Daughter" (Pushpamma).

Women in Rajendranagar believed girls were more responsible and compassionate than boys. Hence, women preferred daughters to sons. Pai, a mother of two girls, noted, "Girls will always care for [their parents]. They never forget." Lalitha, another mother, further explained, "Girls are very much helpful in the house. They help everyone. They are more [responsible]. Boys are not like that." Farhana also added:

> If we have a girl, she would care if something happens to us, but the boys would not. If we ask the sons to take care of us, they would deny and say

> that they cannot help us. But if we have a girl child, she would care for us. I had some pain in my hip, [my daughter] sat beside me and started crying. When I asked her as to why was she crying, she replied that it was because of the way I was struggling. So that's why you must have a girl child. They really care for us.

While women indicated their preference for daughters, they noted that their husbands felt differently; their husbands often valued sons. For example, Pushpa stated, "My husband used to tell me when I was newly married that if I give birth to a baby girl, then all his prestige would go in vain. He wanted to have boys always." Additionally, Anita, who had three daughters before she had a son, noted:

> After I had three daughters, I wanted to undergo tubectomy. [My husband] warned me that he would sue me if I undergo the procedure. He told that he would even sue the doctor for operating me without his [approval]. My husband started fighting with me that we will need to have a son to give us fire when we die [Hindu ritual]. He scared me with all these warnings and eventually I had my fourth kid. Finally I got a son. Now I won't need to have any more children.

Such preferences for sons by the husbands were a significant problem for Rajendranagar women. As Anita noted, in some households, women were forced to have children until they gave birth to a son. In some extreme cases, women suffered from spousal abuse as a consequence of giving birth to daughters. While the preference for sons was on the decline in Rajendranagar, the change was slow. Women noted that religion and culture

were the main reasons for such preferences. For example, women shared that in the Hindu religion, only sons were allowed to perform the necessary funeral rituals. These rituals were believed to provide rest to the soul. Culturally, families also believed that after a girl was married, she had little ties to her birth family. Her main responsibilities were to care for her husband and the in-laws. Hence, a daughter would be unable to care and provide for her birth family after marriage. Neelamma explained how she embodied this cultural value:

> My husband died five years ago. I am still living with my mother-in-law. I have to take care of my mother-in-law. Since my husband died, she has been going to work and also helping me a bit. But she is staying with me because her daughter is married. So I have to take care of her.

Neelamma, a widowed daughter-in-law, was forced to take up employment as a domestic maid. As the new head-of-household, Neelamma worked hard to feed and school her children and care for her mother-in-law after the death of her husband. Hence, the role of a daughter after marriage was mainly focused on her new family.

I was curious to understand how gender preferences in the community affected the empowerment of young girls like Sophie. While Sophie's older sister and aunt invested in her and Sandra, many young girls in the community were not as privileged. Vivek, who worked in the community for more than a decade, noted:

> It is not just in Rajendranagar that we see this kind of view. It is all across India. In the urban areas actually it is a little better because of the exposure people have. But still it is a very patriarchal culture. We believe

> our men deserve more and better. In some very poor families here, boys will get better treatment. They go to school longer. Parents will invest more in boys than girls. Families do make these choices.

In my four months of ethnographic fieldwork, I was unable to discern the repercussions of the above-mentioned gender preferences. It was unclear whether Rajendranagar boys were getting more education than the girls. However, as Vivek suggested, Rajendranagar men typically earned higher incomes than their wives. Hence, men controlled the allocation of household resources. When resources were limited, Vivek emphasized that sons were prioritized over daughters. This preference served as major cultural constraint for young girls from resource-limited families in Rajendranagar.

Gender-Based Violence: "Boys Taunt the Girls Here. Rogues Rape the Girls" (Bharati). By the age of five or six, most Rajendranagar girls knew that gender-based violence was prevalent in their community. This was a harsh reality for young girls, and women in Rajendranagar. Roxanna, a mother with a three-year old daughter commented on the unsafe nature of Rajendranagar:

> There was one old man who raped a nine-year old girl. There are many incidents like this. We are very scared to let our small girls out to play. There is one boy who is 14 years old and he raped a nine-year old girl.

Most mothers in Rajendranagar often took extra precautions to protect their daughters. Manni detailed the measures she took to protect her six-year old daughter:

> I have one small girl. I ask her not to go out anywhere. I warn her to play just in this row and not go anywhere. What happens [in Rajendranagar]

> is there are rogues who consume [whiteout] and ganja [marijuana]. In the influence of it they rape small girls. These rogues are troubling us a lot. Seeing all these things, we get very much scared. What people are doing here is they take their daughters along with them to work because it is not so safe for them to be here.

Mothers often asserted that the safest space for their daughters was the row of tin sheds where they lived. Staying in the row of tin sheds where people knew each other was safe for young girls. Neighbors and other women would watch over children when they played or when mothers were at work. Any suspicious individuals were closely monitored by the row inhabitants. However, there was no guarantee that a child would be protected in other parts of Rajendranagar. I grasped the reality of gender-based violence when Rebecca explained how her daughter was subject to violence. Despite the precautions she took, her daughter was almost kidnapped.

> I ask her not to go out anywhere. I tell her that this place is not good. We cannot explain to them in detail, but I try to deliver my message. If they want to go out, they should go to their aunt's house or to grandmother's house. I ask them not to leave the house open. I ask her to lock the house and ask her to take care of [her brother]. But they still snatched my four-year old daughter, then how will I not be scared? They beat her and snatched her earrings. They have hit her a lot. She is 4 years old. The snatchers told that she was her grandmother's friend. They were about to

take her to the market! Then someone recognized her and brought her back to me.

Most mothers believed that the police did little to address the prevalence of rape and murders in Rajendranagar. Mothers needed to bribe police officials in order for their complaints to be taken seriously. For this reason, gender-based violence was rarely reported to the police. Women typically took matters into their own hands and punished miscreants by banishing them from Rajendranagar. Women believed that it was in their best interests to take extra precautions to protect their daughters. Some mothers left their children in the hands of trustworthy neighbors when they ran errands. Working mothers found several ways to keep a close eye on their daughters. While some mothers took their children to work, other mothers scheduled their work around their daughters' school. During an informal group discussion, mothers with daughters shared:

Nagomi: We [mothers] must safeguard our own selves and our children. It is the best thing to do.

Kavitha: Everything happens here to girls.

Nagomi: Yeah! They actually raped a 5-year-old girl here. An old man raped her when she was playing.

Kavitha: It is of course fearsome to have teenage girls here.

Geetha: We don't get enough sleep in the nighttime. It occurred last year and then we all together beat him black and blue and surrendered him to the police. That is why if we have to go out anywhere, we would go before [the girls] are back from the school. This place is not so safe for

girls. So that's why we are not able to go out and stay for more than half an hour anywhere.

Nagomi: Even if we go out, we just keep thinking about the [girls].

Geetha: There must be someone at home if there are girls. They should be with them. If they are there, then we can go out without any fear and then come back. If there is nobody, then it is very difficult.

Women were careful about sharing details of their daughter's whereabouts with other community members. My field notes shared below noted how Sultana protected her granddaughter from potential problems:

> Sultana was happy when she told me her granddaughter started her first menstrual cycle yesterday [the previous day]. She wants to celebrate it. As a Muslim, she said there was a function the family should do for the girl. Sulaiman said the function would symbolize the beginning of womanhood; elders would bless her and pray for her future husband and children, and that she bring prosperity to her family. So I asked Sultana when the function would be held, hoping she will invite me. She instantly replied, "No. We are not going to have the function. We are scared if people find out that she has started her periods. Then some boys will come to know about her right? What if the boys do something?" (Field notes, March 26, 2012)

As I understood the measures undertaken by women to protect their daughters, I wanted to understand how mothers addressed their sons' safety. The concerns were different for

sons. Mothers worried about their sons emulating *porukis*[36]; many women were concerned that in the future, their sons might be one of the perpetrators of gender-based violence. Geetha explained:

> I have to watch for my son. But he will never listen. All the boys will play and run around here and in other rows. I think about him and am worried. There are many *porukis* here and I always tell him not to mingle with them because that is how they will get spoiled.

While boys enjoyed the freedom to play around Rajendranagar, girls were only allowed to play in their homes and in their row of tin sheds. This restriction had implications for young girls. The high prevalence of sexual abuse impacted the daily lives of young girls by limiting their movement around Rajendranagar.

Based on my participant observations, I assert that the fear of violence exposed young girls to specific communicative spaces that conveyed and reified gender norms. These extreme concerns for safety forced young girls to spend most of their time in the close vicinity of their mothers and other women in their rows. The girls were often present when their mothers cooked and discussed food problems with their neighbors. Hence, girls were more aware of household chores and activities than boys were. While boys were also part of these spaces, it was common for mothers to call on their daughters to help with household chores. Some mothers justified their actions, noting, "We have to teach [girls] slowly. Then it will be some help for us right?" (Devi). Hence, gender-based violence was a significant cultural constraint in the lives of young girls. It affected

[36] A word to describe male miscreants, gangsters, and men who do not obey social norms

the activities young girls could partake in and often limited their spaces of interaction. Eventually, young girls performed many household chores to assist their mothers.

In this section, I argue that Rajendranagar girls learn and perform household chores from a young age due to their limited mobility in and around the community. However, this is not to suggest that safety concerns are the only reason girls cook and perform most of the household chores. The prevalence of patriarchy and culturally accepted ideas about gender significantly contribute to a culture in which women are predominantly responsible for housework. However, the culture of violence in Rajendranagar accelerates young girls' exposure to such responsibilities.

Responsibilities: "If I Am Not Able to Do Housework Then My Daughters Will" (Kulamma). The preference for daughters and their limited movement in Rajendranagar often resulted in increased household responsibilities for them. Occasionally, boys and men were seen carrying *bingis* filled with water and buying vegetables. However, girls and women performed these chores more regularly. Girls often swept the outsides and insides of the tin sheds before and after cooking. They helped cook rice and fired the wood. Girls as young as six years old were seen baby siting younger siblings.

Figure 40. Daughter helping her mother wash dishes.
Young girls take up responsibilities quickly in Rajendranagar. Every day I see them cleaning the dishes with their mother. I see the older girls carry water. I see girls sweeping the floor. I see young girls cutting vegetables. (Field notes, February 9, 2012).

Consider my following field notes that document the interactions between a mother and her teenage daughter:

> Rani [Mona's mother] would not stop insulting her son. He was sitting opposite me and smiling. He did not care. He is about 18. Rani called him all possible things. I was feeling so uncomfortable. She wanted to know if I could hire him like I hired Sulaiman. "He is getting spoiled doing nothing. He is useless. He is not earning. He does not study." She would not stop. There was no way for me to help her stay focused on the interview. Mona returned. [She works as a maid]. She greets me and her mother. Rani acknowledges [Mona's] presence and continues to scold her

son. Then she asks Mona to do the dishes that have been piling. It had been five minutes since Mona had come home from work. I felt so bad for Mona. Why couldn't she ask her "useless" son to do the dishes? (Field notes, May 2, 2012)

Figure 41. A young girl prepares to go fill water.

Girls become familiar with food ingredients and preparation from a very young age in Rajendranagar. Girls as young as six years ran errands to purchase ingredients for cooking. Eventually, mothers trained their daughters to prepare rice. Mothers then taught

their daughters to make *palya*[37]. Most girls by the age of ten were skilled at making *kuzhambu*[38].

Marina explained that she began helping her mother when she was a young girl. Marina underscored that her proximity and communication with her mother sensitized her to household food problems:

> From when I was a child, I would help my mother. Who else will help my mother? I only have to do everything. She has been bearing her own pains and struggles. My brothers have never helped [my mother]. I have three brothers and they are good for nothing. I have stopped talking to one of them. I would scold them that mom is suffering so much. I would advise them to help her. But no matter [how much] you scold, they never help Amma. [My parents] wanted sons. She has three sons, but none are useful. I would keep telling my mother that rather than having sons she should have left them in the hospital and given birth to just girl babies. She would say that's okay. She would say that someday or the other they would look after her. But I would scold her that though her sons don't look after her, she would never give [up on them]. She would always praise them. [My brothers] also know that that I was there to do everything so they did not do anything.

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[37] Sautéed or fried vegetables.
[38] A stew made with lentils. Residents often varied the vegetables and meat they cooked in the stew.

> When we were children, my mother would cry at night. My father would not give money properly. Sometimes she would sleep without eating. She would drink tea when she is hungry to stop the hunger. My father would come late from work and she will keep food for him. I would see this and feel so bad. I would help her with everything. When my mother did not eat, even I did not feel like eating. My brothers would not care. They will come eat and go freely. They would never know how much Amma is suffering.

Like Marina, many women learned from their mothers to drink tea or coffee to suppress their appetite. Children as young as five or six were seen drinking tea and coffee on a regular basis. Hence, young girls were seen emulating coping strategies that their mothers employed when there was little food at home. Anita learned from her mother on how to care for her children when it was difficult to afford food. "I make them sleep early in the night. I would make them sleep without any meals. From when I was a child itself we did that. In the morning or the next day I would try to get some money from somewhere and then cook at home." Kulamma, who has four daughters between the ages 10 and 20 asserted that all her daughters knew what to do when there was no food at home. Kulamma shared, "They will just buy some milk and consume it, and then sleep. If some rice is left then they will cook it and add water and salt, and drink it. From a young age itself they know this." Mothers also recounted that their daughters were sensitive to financial problems within the household. Jamuna, a widow

with one daughter and a young son, explained how her daughter helped her cope with hunger:

> If I have enough money in my hands, I can cook whatever my kids demand for, but where do I have enough money to fulfill their wishes. We can cook what we can afford and nothing more than that. Today we have curry to have rice with and tomorrow we might not even have that and we might just have rice porridge. My daughter understands what we can afford. If I make porridge then she knows I cannot afford making anything special and she would not demand for anything special. Whenever I feel hungry, I feel nauseated and I would feel like blacking out. It was raining heavily on that day, so what I did was I just took some plain rice and mixed it with water and I had two handfuls. Then my daughter came in and reported that there is someone selling [left over] curry from marriage parties. So I went there and bought some curry for 10 rupees and bought some side-dish for 3 rupees and we all had our meals together.

Girls like Jamuna's daughter were sensitized to food insecurity and helped their mothers cope with hunger by seeking food from affordable sources. Hence, it was not uncommon to see young girls undertake household chores to assist their mothers. Through this process, young girls were sensitized to household problems. Many women noted that as young girls, they learned the signs that communicated the limited availability of food

within the household. Additionally, they learned the strategies employed by their mothers to curb hunger.

Figure 42. Mother and daughters grinding the lentils into a paste.
Jennifer and her daughters grind the paste, dry it, and then fry it. They sell these fried goods called vadas around Rajendranagar every evening. They make about Rs.50 every day from the sales. Jennifer proudly shared her seven year old daughter could make it all by herself. As Jennifer mixes, her daughter pushes the batter closer to the pestle. Her youngest daughter pours water and adds lentils in the mortar when her mother instructs her. Sometimes when Jennifer's hands hurt, her older daughter holds part of the pestle to help grind the batter. (Field notes, April 15, 2012)

Marriage: "We Should Not Keep Our Teenage Girls With Us In This Slum" (Bharati). Most women in Rajendranagar noted that girls sixteen years and older were of a marriageable age. I was initially shocked to hear that mothers preferred to marry their daughters while they were still teenagers. However, Yashodha explained, "[We]

arrange marriages at a very young age because it is too risky to have unmarried girls at home." By the time girls are 15 years old; many mothers began considering the idea of getting their daughters married. Hence, it was not uncommon for girls in Rajendranagar to marry in their teenage years.

Mothers attributed gender-based violence in Rajendranagar as a reason for marrying their daughters before the legal age of 18 years. In other words, mothers were concerned that daughters who were sexually abused would have difficulties finding a suitable spouse. A sexually abused girl was likely to be abused by her husband and in-laws. Hence, many mothers encouraged and sometimes forced their daughter into marriage. Mothers believed that in a community like Rajendranagar, a married girl was less likely to be sexually abused. In other words, a husband would be able to better protect a woman in the slum. Yashoda, a mother who got her teenage daughters married, asserted, "My parents did the same to us and I did the same to my children. Most of the families are getting settled this way." Kavya also added:

> My daughter is married. My daughter is 18 years old. You cannot keep them here. We are scared. It is impossible to keep them unmarried here. We stay at home. When our daughters are out of the school or college or somewhere and they come back, there would be rogues waiting outside for them. That's why we are scared and arrange for marriages as soon as possible and get them married. We would have educated her further. Actually we were planning to educate her till II PUC [12th grade].

Therefore, early arranged marriages of young girls negatively affected their upward social mobility. Many teenage girls felt threatened to marry willingly. Reshma noted her desire to marry early, "I got married when I was 16 years old. Now I am 26. This place is not so safe and there are many goons so they would stare at me and bother me. So I got married at a very early age."

While some teenagers chose their spouses, many mothers married their daughter to their nephews. Nasima explained the alliance between her daughter, Aisha and her nephew:

> Nasima [mother]: My elder sister asked for my daughter to marry her son.
>
> Aisha: In Muslim community you marry the maternal relatives but not the paternal relatives, right? [looks at mother]
>
> Vandhana: Oh is that so? So your husband was your uncle or cousin?
>
> Aisha: Yes! He was my cousin.
>
> Aisha: We didn't indulge in any love-marriage. My parents decided.
>
> Nasima: They themselves didn't know. It was all decided when they were still children. My sister has 4 sons and I gave birth to a baby girl. They visited the hospital and decided that my daughter will be their daughter-in-law and we kept our words. Once the kids grew up, my sister asked who will you marry your daughter to, whether my eldest son or the youngest one. Later they told me that they will marry my daughter to their youngest son. This is the story of my daughter's marriage. I was also

> looking for a girl for my son. Then my younger sister asked to marry my son to her daughter.

Nasima and Aisha were the first family who informed me about cousins getting married. However, I soon learned that it was a relatively common practice in Rajendranagar. Supi added, "It was all decided since my childhood. My aunt asked me to marry her son. My mom agreed to the proposal. So I married my cousin."

Women noted that there were several advantages to marrying their daughters within the family. First, women noted that their daughters were less likely to be abused. Additionally, mothers added that daughters would continue to be connected to their birth family. However, the most important reason was that the bride's side of family would not have to worry about dowry. In Rajendranagar, dowry provided at the time of marriage influenced a woman's power and her access to food within the household. Hence, the lack of sufficient dowry posed significant problems for the health and well-being of women. For example, Kavita explained how the lack of dowry became a problem in her life:

> I got married when I was 18. My mother died many years ago. So my father told me to get married early. I used to go for work at 5:00 am and be back by 9:00 am every day. I worked in four houses as a maid. I was getting Rs. 2000 monthly. [My in laws] were happy. I was working fine, but my health was deteriorating and I passed out right in from them, so they asked me to stop working. I stopped working at that point and never worked anywhere else after that. My mother-in-law was very good with

> me for some time, but all of a sudden she chased [me and my husband] out of her house. They chased me because I was not working and I did not give any appliances or dowry after marriage. So I left my mother-in-law's house. My husband accompanied me and we started living separately in another home. We bought everything new. We had to rent. That is when we had to suffer a lot for food because we had no money. From then I never had anything to eat at home. I have mixed rice with water and had it like a meal. Because of this, I fall sick and even doctors would scold me as I was anemic.

Hence, insufficient dowry posed significant problems. Parents experienced problems after the provision of large dowry for their daughter. If too little dowry was provided, the new wife was likely to experience problems in her new home. Hence, one of the ways families addressed this problem was by marrying their children within the family. While marriages between cousins were common, there were few girls who married non-family members.

Additionally, some mothers noted that once their daughters were married, it was unlikely for women to pursue their education or other vocational training programs. For this reason, I met a few mothers who noted that they desired to marry their daughters at an older age. Farhana, a Muslim woman noted that she desired for her daughter to lead a life different from hers:

> I am not going to get my daughter married like I got married. I got married at the age of 14. My mom got me married and now I am having

> 3 to 4 children. So that's why I don't want her to marry at a very young age. Let her study and work first. Then later I will see.

Four issues related to gender and culture have been discussed in this section. In Rajendranagar, gender-based preferences, gender-based violence, gender-related chores, and early marriages for girls were common. Together, they served as cultural constraints that affected the lives of young girls and women. Additionally, these constraints disempowered women socially and economically and served as an impediment to achieving food security. In the following section, I discuss the positive aspects of community, specifically, social support networks.

Social Support: "I Would Have Died Long Back Without Booma's Support" (Pushpa)

As noted in Chapter I, social capital is defined as:

> A variety of different entities, with two elements in common: they all consist of some aspect of social structures, and they facilitate certain actions of actors within the structure. Like other forms of capital, social capital is productive, making possible the achievement of certain ends that in its absence would not be possible (Coleman 1988).

Similarly, social support which is a sub-category of social capital, is conceptualized as "verbal and nonverbal communication between recipients and providers that helps manage uncertainty about the situation, the self, the other or the relationship and functions to enhance a perception of personal control in one's life experience" (Albrecht and Adelman, 1987). In this section, I share examples of social support and social

capital. I begin by sharing the experiences of Pushpa, an elderly resident of Rajendranagar.

> It is almost 10 years now since I have come to Rajendranagar. We came with nothing. We were forced to stay in the open for 15 days. We didn't have all these sheds and we were living just under a shamiana[39]. I had 4 young kids. We didn't have anything to eat at home for almost 6 months. That is when I became close to Boomakka. She was the one who was providing us food for breakfast, lunch, and dinner. I am telling you the truth. We had nothing to eat and you can even ask her. My husband was not having any work and my son was not having any work either. She has always done so much for me but I have done nothing for her.
>
> Three of my children got married in Rajendranagar. Boomakka helped me with their marriages. Something bad happened with my daughter. She was studying in Shanti Niketan School. Somehow or the other she and one boy both committed a big mistake. They both had sexual relationship with each other. She was weak and sick all the time. We were struggling for money so we did not take her to doctor. She was almost 7 months pregnant. We were not able to make out that she was 7 months' pregnant because she was very lean. Then at that time Boomakka's husband started to tell me that my daughter was behaving strangely and she was bleeding from her mouth and nose. Then I rushed

[39] A makedo tent built with plastic or cloth.

to my house and I was shocked to see my daughter unconscious. I didn't have any money at that time. Then at that time I had to sell all the things in my shop, along with the shop, and then got all the money. I took 500 rupees with me and took my daughter to a hospital. Boomakka took care of my family. She also gave me some money. I finally got to know once the doctors informed me there that she was pregnant. They scolded me that I have I brought a 7-month-pregnant woman for abortion? They were telling me that in this case both mom and the fetus would not survive. I was stunned at that moment. At that time even George, who is my daughter's husband now, had also come with me to the hospital there. Then after coming back home we all spoke to everybody and then he accepted to get married to my daughter, but George's parents insulted me with questions.

George's parents asked me if I had sent my daughter [for prostitution] and that's how she got pregnant. They used all kinds of abusive languages. Everyone started to talk about this in Rajendranagar. Listening to these gossips, I consumed sleeping pills to commit suicide, but I did not die. I tried so much to die. But Boomakka told me to be strong. She gave food and used to encourage me. I used to cry to her that I have no good children and no good husband. Then later on Boomakka and I spoke to George's parents and then I got a loan of around 15,000 rupees. I got my daughter married to George. It was a court marriage and

then made them tie a knot inside our house, but I was not able to give appliances [dowry]. My husband used to fix the lights and do some lighting arrangements. He was like a jack of all trades, but he was not getting any work at all. So because of that we did not have food.

Boomakka helped me whenever I had trouble. If I get up in the morning and cry, she would send a glassful of tea through her husband. Till now, I think it is almost 10 years coming to this place, and we have never separated from each other. We haven't fought with each other even once. I haven't given her anything from my house till now nor have I helped her. I have never given any coffee or tea, but she takes good care of me like her own sister. For a period of 6 months, she fed us all, that too stomach-full. She was feeding five of us. She would bring hot, hot food. That's the reason why I love her a lot. She was there for me through all my sufferings. She also told Vivek Sir about me. Through Vivek Sir's [NGO] she runs her shop. So Boomakka told Vivek Sir and I also got a small loan to start business. If she did not tell then I won't have this business.

I also try to help people here when I can. But God has not blessed me to help like that. I built this Hindu temple here for everyone [in Rajendranagar]. I have spent Rs. 6500 on this temple. People come to pray and do puja. They will give me some money and I will use it for Prasad. It is good for people to have temple here. When it rains and the

houses become flooded, I let the ladies sleep in the temple inside. Everything is cement so there is no flood in the temple (Pushpa).

Figure 43. Pushpa selling idli and dosa through her micro finance loan

"I keep everything ready by night itself. I would have readied all the ingredients required for chutney and in the morning I will just have to cook chutney and sambhar and that's it. After cooking everything, I would take those dishes and keep it in the shop and then after that I would start selling them. If I sit in my shop at 7 o'clock in the morning, it would almost get 12 to 12:30 pm by the time I get up from there. It takes such a long time to sell. Sometimes the business would get over by 10 o'clock or sometimes it would get over by 11 o'clock. I cannot predict the timings, but the average time is 12 o'clock. In between customers I would sit there and have my breakfast. Today's profit is Rs. 100. That's all is today's profit. But if the business is really good then I will be able to earn more than 200 rupees. If I have to make some egg dosas then in one dosa I get a profit of around 2 rupees and that's how the business picks up and I get good profit. But of late, the business is quite dull." Pushpa

As detailed above, Pushpa, a fifty year old woman, relied heavily on her neighbor Boomakka for social support. Rajendranagar women like Boomakka are not an exception to the norm. Many women provided various types of support to their neighbors, friends, and families and relied on them to cope with poverty and hunger. A

woman's social capital network often consisted of friends at work, employers, and neighbors. In most cases, women relied mainly on the neighbors who lived in their row of tin sheds. The close proximity allowed neighbors to interact, bond, and gain trust. Additionally, during emergencies, neighbors were readily available to provide support.

There were three types of social support that Rajendranagar women benefitted from: Material, Informational, and Emotional. These types of support were essential to coping with poverty and food insecurity.

Material: "Whoever Asks for Food, I Always Give Something" (Jigna). Material social support is a tangible support provided and received to address food insecurity. It includes communicative actions that help individuals purchase, prepare, and consume food.

Work-Related Support. As stated in the discussion on cultural constraints, women had concerns about the safety in their community. For this reason, one of the most important types of support provided to women was child-care assistance. In a relatively unsafe neighborhood like Rajendranagar, child care provided by trusted neighbors was pivotal to working women. Anita indicated that her ability to work was dependent on reliable child care. Anita noted:

> My husband is an alcoholic. He always drinks and only sometimes he gives money for our food. So I have to work. Only if I go to work, we will be able to eat. This aunty [Meenamma] takes care of my children till I come back. She will not let them roam here and there. At work, they

> will give food. I will eat there and sometimes I also bring back food for my children.

Through work, Rajendranagar women were able to access social support and procure material benefits. For example, Reshma's employer who was sympathetic to her financial constraints sponsored her sons' education. Reshma added:

> I will work for them until my children finish school. My husband tells me to stay at home. But we won't be able to pay the fees for such good schools. So I am working as a maid for them. I have been working for five years now."

Zoya, who worked as a domestic maid, added, "[My employer] will let me borrow money and then they will deduct little by little from every month's salary. So I don't have to pay interest, it is helpful." Additionally, many women who worked as domestic maids noted that they were provided meals and drinking water at work. This helped women cope with their limited consumption of food in their household. Hence, through employment, women benefitted from various types of material social support that helped cope with poverty and hunger.

Selective Lending. Within Rajendranagar, women often helped one another by lending money. Many families in Rajendranagar had limited financial resources. For this reason, women needed to be selective about who they helped. Farhana noted:

> If anyone come to me and ask any money from me, I would try to help them. Once [my neighbor] asked Rs. 800 from me. She always returns the money back as promised. I give them just because they return promptly.

> But there are so many people in this place who never returned the money. That's why I would check once whether they keep their promise. If they are not returning the money, I would never help such people.

Similarly, Amudha a young food insecure teenage wife stated:

> Suppose someone comes to our doorstep and says they are hungry and wants some water, we will have to help them. We cannot send them away saying that we don't have any water. So I never let anyone go hungry. If my neighbors have money, I also ask for their help. I would promise to return the money back either today or tomorrow. The next day if we return the money, they would appreciate our sincerity and even next time if you ask, they would help you immediately.

Hence, the provision of material support was based on a system of trust. Women often helped individuals who returned borrowed money in a timely fashion. Hence, networks of trust and reciprocity were established and strengthened.

Food and Cooking Assistance. Material support, especially the provision of food was the most common form of social support received by women. Since the lending of money was not always possible, provision of food was a more convenient way to support women. Sarita, a young wife who did not work explained how her neighbors helped her with the provision of food:

> When my husband would fight with me, he would not give money for food. So when I am not having any food, [my neighbors] would give me some food and meals to eat. They would help with tea, coffee, and

> everything. If there are any issues in my house, they would be the first to come to my rescue. They would ask my husband as to why he was fighting with me and what did I do.

Many women like Sarita did not work and were dependent on spousal income. However, most men in Rajendranagar had unstable and low paying jobs that affected household food insecurity. As a young, unemployed wife, Kavita explained:

> Some weeks my husband will have job and some weeks he will not have any work to do. Those are the times we struggle for food. Sometimes we sleep without having any food. But of late, he has been going for work religiously and I am able to feed myself well. I have no issues now. But if at all I don't have anything to eat at home and no money then I would ask help from the sisters [neighbors] next door. From the day I have been here they have done so much for me. We became friends quickly. Now they take care of me like a sister.

Hence, inhabitants of the same row helped each other cope with food insecurity. Residents also cared for those who were vulnerable to ill health and hunger. Lakshmi, an elderly woman with an ill husband, noted:

> My neighbors are so kind. They know I am old. I cannot work much and I do not have children. They feel sad for me. Even today, I just went to see one of my neighbors and they gave me some wet rice flour for [me and my sick husband] to eat. There is one woman here, who gives me whatever medicines she makes. Even if she makes any herbal potion, she

> gives it to me. Actually my husband was not keeping well and she is the one who helped me much. She cooked some meat and gave it to my husband. If someone cooks something or if they get something from outside, they would always give me a little bit.

Through the care and concerns of neighbors, women like Lakshmi were able to eat and survive in Rajendranagar. Neighbors with certain amenities also helped with storing and processing of food. Seema, who had too little space and resources to buy a refrigerator shared, "We need milk in the morning for children and for my tea. So my husband gets the milk at night and I just keep the milk in my neighbor's fridge so it will not get spoiled. She helps me out like that." Many women in Rajendranagar relied on neighbors' refrigerators to store food. Similarly, neighbors also helped with the cooking process. Maani explained:

> I would not cook dishes which require blending. I don't like to blend with mortar and pestle because it is a lot of work. So I would cook lentils a lot. Sometimes, we need a change. Then I would ask my neighbors to lend me their blender. We share kitchen items like that to cook properly.

As Maani noted, a variety in a family's diet was sometimes constrained by the lack of kitchen amenities. Kitchen equipment like blenders was unaffordable to many families in Rajendranagar. Hence, women often shared these appliances to help with the ease of cooking.

In the above section, I discussed the sources and examples of material social support among Rajendranagar residents. In the following section, I discuss examples of informational social support.

Informational: "She Taught Me How to Massage My Baby" (Kavita). Informational social support is the provision of suggestions, ideas, and advice helpful to women as they improved their health and coped with food insecurity.

Informational support was critical to Rajendranagar women. For example, in Pushpa's narrative, she noted how information pertaining to micro-financing loans helped her start a business. While Puspha did not qualify for these loans, Boomakka's recommendation to Vivek helped Pushpa receive loans. Through these loans, Pushpa was able to work from home and feed her family.

Health Information. Health-related information was critical to the well-being of Rajendranagar women. As discussed in Chapter III, women noted that living in an unhygienic environment like Rajendranagar affected the health of family members. Hence, women made efforts to inform others about the repercussions of an unhygienic environment. These actions led them to collectively clean and maintain their environment. Farhana shared:

> Sometimes I will sweep the whole area. When I am not able to clean, my friends [neighbors will]. Like this, we help each other to keep the place clean. Sometimes, we prompt our neighbors if they are not cleaning. No matter whoever it is, I would scold them and ask them to keep the place clean. How can they have their food when the place is so filthy? I

> emphasize that if they keep the place hygienic, we would be healthy and we will not suffer from any ailments. Otherwise we all would get infected with diarrhea and vomiting.

Additionally, to keep the surrounding environment clean and disease-free, families helped one another to cope with infrastructural limitations. Hasina explained:

> My husband is a plumber. We don't have a drainage system in this community. So my husband created a sewage system for everyone in this row. He dug it up for everyone and made it so that the waste water won't get blocked. So we don't fall sick much here. My husband also taught everyone to manage their drains.

Through such efforts, women in various rows took the initiative to communicate the importance of hygiene to maintain their health. Women also educated and advised each other about common health-related problems. For example, Kavita was a young teenager when she moved to Rajendranagar. She explained how the health knowledge of neighbors benefitted her health:

> They took care of me when I was pregnant. They told me to sit and stand and move here and there for normal delivery. They take care of my health. Initially I had been [to the government clinic] and they told me that I am not getting my periods because I am anemic. They told [me] that due to anemia, I was not having my periods. Then this older sister [neighbor] told me to go check with another doctor again because she felt

> I showed pregnancy symptoms. When I went to a [private hospital] they told me that I am 4 months pregnant!

As Kavita did not live with her mother-in-law, she relied on the knowledge of her neighbors. While Kavita was unable to catch the symptoms of her pregnancy, her neighbors advised her appropriately. Additionally, Kavita's neighbors provided her with food whenever she was unable to cook and educated Kavita about proper nutrition. When Kavita experienced contractions, Geetha and Nagomi accompanied her to the local hospital. When Kavita's child was born, Nagomi and Geetha taught her how to massage[40] her baby.

Informational support also enabled residents to learn about free treatments and health tests administered by government clinics and NGOs in the community. This allowed them to communicate and learn about health problems. Additionally, it allowed them to access free or cheap treatments. Women also learned about private health doctors from each other. For example, doctors who treated Rajendranagar residents effectively at low costs were popular through word-of-mouth. When some women could not afford doctors, others often provided recipes for herbal solutions and concoctions that helped address female health problems.

Food and Cooking. Food-related information benefitted residents immensely. Residents often needed to buy vegetables and meat from vendors who sold them at a reasonable price. Hence, women needed to stay informed about when affordable vendors

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[40] Massaging of newborn babies is a common practice in Indian households. It is believed to improve health of the baby.

were in the vicinity. For this reason, they needed to stay connected with each other to share information about these vendors. For example, Rebecca's husband who was well connected with the meat vendors was beneficial to other families in the community. On the weekends, Rebecca and her neighbors were able to purchase a variety of meats at low cost. This information was rarely shared with women who did not live on the same row as Rebecca.

Additionally, residents kept each other informed about when workers from canteens visited the community to sell the leftover foods. In addition to savoring local delicacies at an extremely low cost, they were able to save a lot of time and money.

Figure 44. Leftover foods sold by maids who worked in canteens

Emotional support: "We Need People to Cry to and We Need People to Laugh With" (Lakshmi). Emotional support is conceptualized as verbal and non-verbal

communication that creates a sense of belonging through respect, encouragement, and empathy. It includes communicative actions that uplift morale and alleviate the psychological experiences associated with food insecurity and poverty.

Rajendranagar women had a good understanding about the nature of problems their neighbors experienced. Hence, they provided support to one another. Problems were usually related to employment or unemployment, family, food, and health. There were many instances when women garnered support by discussing their daily problems and long-term struggles. Those providing emotional support, gave encouragement, ideas, and prayed with friends. While these types of emotional support were common among Rajendranagar residents, I focus on the role of celebrations as a unique form of emotional support.

As Marina noted, "In all rows you will find many tears and each one will have a story of how they are struggling. In this row we cry together and we joke [laugh] together." In other words, women implicitly noted that emotional support included communicative spaces in which problems could be shared and spaces in which life could be celebrated.

In Rajendranagar, I witnessed both small- and large-scale celebrations. Small-scale celebrations were organized to denote the end of academic year, students' transition to the next grade, a new job, the beginning of summer, etc. Large-scale celebrations were grand. In most cases, birthdays of young children, weddings, and religious festivals were reasons for large-scale celebrations. While small celebrations took place within the rows of tin sheds, larger celebrations took place in rented party

halls or under *shamianas*. Regardless of the scale, celebrations served two purposes. First, they provided residents a break from their everyday routines. Second, celebrations were occasions for residents to reflect and put their life in perspective. Together, these acts improved morale and uplifted spirits.

"Small or Big [Celebrations], We Always Have Biryani" (Amudha). One thing common to all celebrations was the central role of food, specifically *biryani*. In small-scale celebrations, women often came together to cook *biryani* and in large celebrations *biryani* was served to guests. Cooking *biryani* was an expensive endeavor as it often involved ingredients that were outside the price range of most Rajendranagar residents. Hence, one could not call an event a celebration if it did not involve *biryani*. Consider my field notes pertaining to a small impromptu celebration involving five families in Rajendranagar:

I turned into Kavita's row to say hello to her and her baby. I was pleasantly surprised to see everyone sitting outside. They were watching Senthil who was standing up and frying something. It smelled heavenly! Nagomi saw me and invited me to sit next to her. "If you sit here, the cooking smoke won't hit your face and you will not feel hot." I asked them what they were up to. Nagomi replied that all the husbands were at home and the children were done with exams. So, they decided to celebrate by making biryani. "Each one has work and chores. So it is very rare for all of us to be together even if we live together" (Nagomi).

While biryani is a popular dish among Indians, I have noticed that many people in slums love biryani and often eat it during times of celebration. I was delighted to be

able to watch this. I sat down next to Nagomi. When I had asked about the significance of the celebration, Geetha looked at me and said, "I went to work and came back an hour ago. By then, they [her close neighbors] had decided to celebrate by cooking biryani. The men contributed Rs.300 towards the celebration. Then they went to the store and bought everything [coal, wood, bottled water, ghee, yogurt, onions, tomatoes, carrots, beans, mutton, rice, and spices]. Then, these ladies started cutting the vegetables for Senthil to cook."

I noted, "Usually none of you spend more than Rs.200 for your daily meals right? So this cooking and celebration is a little above your budget." Geetha replied, "Yah! But we will eat a good lunch and not eat anything else the rest of the day. We do this when we are in a good mood and it does not happen too often. So once in a while it is ok. If we have to make biryani just for our family then it will cost Rs. 500. So we put all our money together and cook. Then it is cheaper. On most days we are tired doing work and thinking about our problems. But on days like this when everyone is happy, we get together and celebrate with everyone."

Nagomi who was sitting next to me also added, "Many people here are not happy. Even now some of the neighbors are looking at us, wondering why we are doing this. They are thinking we have something good happen to us so we are doing this. But we are doing this just because we are in a mood to celebrate. No matter the problems, we try to forget it and be happy. Otherwise life will be difficult here."

Figure 45. Senthil cooking for the celebration.

Senthil lives on the same row as Geetha, Nagomi, Kamala, and Kavita. Senthil is Kamala's husband who works as a construction worker and enjoys cooking. He likes to cook and often did so for his own family celebrations. Hence, he invested in extremely large stainless steel pots and spatulas to cook. Geetha whispered in my ear, "This is the first time he is cooking for us. He is planning on starting his food business. If he cooks well today, then I will hire him in the future to cook for celebrations. (Field notes, March 20, 2012)

The children were playing and looked happy. The biryani cooking process was amazing. Once the fire was built, they placed the huge utensil on the stones and started to heat up the oil and added the onions, garlic, ginger, chilies. They prepped all the vegetables on a mat on the floor. The tomatoes were cut, the mutton was soaking in water, the onions, carrots, beans, and cilantro were cut. It was amazing to see that they had to cook without much means to control the fire. The spatula to fry the veggies looked so heavy and long. It definitely would take some muscle strength to stir. But Senthil looked like he had it under control.

I asked about who they would share the food with. Nagomi said that this was just for the five families who contributed money. She mentioned that even though it looked like a lot of food was being made, the biryani would be consumed by the end of the day. As we were watching Senthil cook, Geetha shared some of her pictures from her childhood and her wedding. Slowly, everyone started to take out pictures and reminisce about important moments in their lives. People joked that Kavita posed like an actress in her wedding pictures. Everyone laughed and commented on the sarees in the pictures.

The cooking of the biryani took about two hours. Just as it was done, Nagomi started to take charge of the raita that needed to be eaten with the biryani. The kids were sent to get some milk as Kavita had decided that she wanted to make a sweet dish to complete the meal. Kavitha loves sweets and was excited to make some payasam [Indian sweet] for everyone.

Senthil picked up the huge utensil and placed it on the side. In the meantime, Nagomi picked up the broom and started to clean the place. Geetha got the pan and helped Nagomi gather all the burned wood and the waste from cutting the vegetables. They placed the waste in a plastic bag to throw away. Geetha's daughter was instructed to get all the kids to wash their hands and prep themselves for lunch. I carried an empty bowl and a pot of water and got the kids to wash their hands in the bowl. In the mean time, the space was made very clean by both Nagomi and Geetha. Nagomi brought a pan from her home, filled it with biryani and placed it on the mat outside her house. The kids formed two rows and brought their respective plates to collect some food. The uninvited

neighbors watched as the kids ate. As the adults got together to eat, I left them to enjoy their celebration. (Field notes, March 20, 2012)

Figure 46. Nagomi feeding the kids.

As detailed in my field notes, celebrations were communicative spaces where people gossiped, laughed, and received emotional support that uplifted their spirits. In the case of the cookout described above, only five families emotionally dependent on each other participated in the celebration. During a small birthday gathering with three of her friends, Chinnamma noted:

> We can talk freely and laugh with people we trust. Here there are so many two-faced people. There are some people who will say something nice to

your face and then talk bad when you are not around. We don't want to risk that so we only cook and are jovial with those we trust.

While best of friends within a social network participated in small celebrations, many more individuals were involved in larger celebrations. A larger celebration typically cost about Rs. 5000. For this reason, only a selected group of people were invited. Guests often included religious leaders in the community, NGO personnel, and families from the host's slum row.

Celebrations allowed for a temporary suspension of reality. While the everyday reality of Rajendranagar residents was filled with struggles, small celebrations were opportunities for people to come together and celebrate life. The preparation that was involved in coordinating a celebration encouraged collective action. Through the celebration, a collegial atmosphere was created and participants were entertained and experienced a break from the routines of everyday life.

As stated earlier, women cooked vegetables, curry, and *kuzhumbu*[41] on a daily basis. Women noted that it was a hassle to cook together regularly because of the level of coordination required. It was also difficult to calculate the amount of money a family needed to contribute based on their consumption. In the case of cookouts, *biryani* was the main meal of the day and it was a signification deviation from the food women often prepared. The cooking of *biryani* on a regular basis was not feasible due to the time, effort, and cost constraints. Hence, *biryani* came to be the food item that symbolized a celebration.

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[41] A stew made with lentils. Residents often varied the vegetables and meat they cooked in the stew.

Women often noted that the daily routines wore them out, leaving limited opportunities for leisure and celebration. Additionally, men often returned late and children were busy with school-related activities. Hence, it was rare for families to have the opportunity to come together with their limited resources to contribute and partake in a celebration. Nonetheless, such occasions were significant to well-being of the residents. In addition to gaining a satisfactory meal, families also reified their support networks.

Figure 47. Zamana's birthday party.
They went all out for Zamana's birthday. They put up a shamiana and they ordered a large cake. Seema's husband cooked biryani for sixty people. He took off from work to cook the meal. The shaminana was put up by the men in the family. Friends very close to the Zamana's family were invited. The leftover biryani was distributed to friends and acquaintances in their rows and other people in their networks who were not invited. (April 30, 2012)

"You Cannot Buy the Oneness and Happiness We Have Here" (Yashodha).

While women struggled in Rajendranagar, they acknowledged the importance of celebrating life amidst their problems. Hence, celebrations were an opportunity for residents to reflect on their lives and put their struggles in perspective.

Figure 48. Nancy holding her 1 year old daughter to blow the candle.

During Nancy's daughter's first birthday, Mary (Nancy's best friend and neighbor) noted:

> This is a special birthday party and it does not happen too often. Once the baby becomes one year, it means it is healthy so we have nothing to worry. Nancy's third daughter was never supposed to be born. After her first two kids, she had two abortions and doctors told her that she would

> not be able to have another kid. We were all sad. It was when she stopped trying, she conceived the third child and she was born ten months later. The one-year celebration means something special for Nancy. You know there have also been a lot of deaths in our row in the last few years. One woman committed suicide. She burned herself because her husband lied to everyone that she was having an affair. So people [in Rajendranagar] talked badly about her and then she could not take it. My own baby died a year ago and we could not save it. Lots of death, so this is a special celebration for all of us. Now we also have Zaira's [a neighbor's] baby born recently. So we have to be happy.

While death, poverty, and illness were a familiar sight to many Rajendranagar residents, they were able to cope through emotional support of residents they trusted. Hence, celebrations were occasions for residents to escape from their daily routines and reflect on their lives.

Discussion

In this chapter, I focused on the individual and ethnocultural layers of the Culturally Sensitive Model of Health Communication. Themes in these layers provide insight into cultural constraints and social support experienced by Rajendranagar women.

I began the chapter with my field notes on Sophie's story. I then discussed problematic aspects of Rajendranagar's cultural environment in which children and women lived. In Chapter II, government and NGO officials often emphasized education

as a long-term solution to attain food security. However, in discussing the cultural constraints, I explained why young girls in Rajendranagar live in a disadvantaged cultural environment that forced them to halt their education.

Mothers noted that a culture of gender-based violence forced them to marry away their daughters when they were young. Young girls were also restricted in regards to their movement around Rajendranagar. To keep young girls occupied, mothers often engaged them in household chores. Young girls had little choice in selecting their spouses. Many women in Rajendranagar married their cousins so they wouldn't have to pay dowry. This prevented them from compromising their family's food security. Marrying within the family reduced the possibilities of physical and emotional abuse.

In the second part of the chapter, I focused on the positive aspects of community. Specifically, I focused on the different types of social support women benefited from their social capital networks. I focused on material, informational, and emotional social support. Examples of material social support pertained to the provision of food and money, lending of kitchen gadgets to help with cooking, and sharing of refrigerator space to preserve food. While neighbors were essential members, many women also relied on family for material support.

Informational support also enabled women to cope with hunger. Through networks, women gained information about when affordable food providers visited the community to sell produce and meat. As mentioned in Chapter IV, very few structures were able to help women with food acquisition. Hence, women had to find alternative sources. Through neighbors, women also learned of money lenders, NGO programs, and

health care providers who helped Rajendranagar residents. Additionally, some of the examples of information support can also be conceptualized as social capital. For example, beneficiaries of informational support were often recipients of specific knowledge and skills that empowered individuals to protect and improve their health.

With regards to emotional support, women often provided and received encouragement and advice. These communicative actions helped women cope with the psychological stress associated with food and poverty. In this section, I focused on the role of celebrations as a form of emotional support. Small and large celebrations were opportunities for women to gain emotional support and celebrate amidst their everyday problems. Together, the three types of support were critical to the survival of women in Rajendranagar.

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In Chapter VI, I discuss the narratives of development associated with Rajendranagar. I share themes from the individual, ethnocultural, and institutional layers of meaning in the Culturally Sensitive Model of Health Communication. Together, the themes represent three narratives: Resistance, Subsistence, and Modernity. By providing the perspectives of Rajendranagar residents and institutional authorities, I discuss the three narratives.

CHAPTER VI

NARRATIVES OF DEVELOPMENT: RESISTANCE, SUBSISTENCE, AND MODERNITY

During the first week of my fieldwork at Rajendranagar, I learned that residents were nervous about the implementation of a housing development initiative. In January 2012, residents were notified by government officials about a public-private partnership (hereafter PPP) intervention. Residents would acquire improved and low-cost housing increasing their access to water, electricity, and latrines without burdening the government. In fact, the government would benefit from the property taxes provided by the private firm. The private firm would financially benefit from the leasing of the newly constructed mall. This initiative was touted to be a win-win situation for all entities involved, but residents in Rajendranagar feared and resisted the project. Many residents believed that the PPP project would disrupt community ties, job stability, and their children's education. Hence, Rajendranagar residents resisted the project. Despite residents' significant efforts, they were forced into a process of development that was set in motion by officials in the government and private sector. The housing initiative aimed to be a linear process of leading residents to better health. However, there were significant inconsistencies between the vision and the reality of the PPP intervention.

Using the Culturally Sensitive Model of Health Communication (discussed in Chapter II), I critically examined the meaning of development among Rajendranagar

women, Vivek Roy's NGO (*Suveet*), a de/construction contractor who represented the private sector in this situation, and the government. I uncovered the inconsistencies in the meanings associated with the implementation of the project. These meanings provided critical insights into how health and development interventions can be better implemented. I was also interested in how the communication of these meanings complicated and enabled the understanding of the implementation of the project in Rajendranagar.

I argue that the ideological tenets of neoliberalism permeated all layers of the model. As an ideology, neoliberalism functioned in two ways in the daily lives of residents and with regards to the housing project in Rajendranagar. Neoliberalism communicated and emphasized the role of individual responsibility and community efforts in addressing poverty. Neoliberalism also emphasized the privatization of services, privileging the role of the private sector and NGOs while minimizing the role of the state. I argue that the embodiment of the ideology by Rajendranagar's residents and institutions created discrepancies in their meanings about health and development. At the end of the chapter, I discuss how the development project negatively affected an already marginalized group of individuals. Hence, Rajendranagar became a site of complex and contested meanings which led to increased disparities and inefficiencies as development projects were implemented.

In this analysis, I privilege the meanings and experiences at the individual layer of the model. I combined the themes in the two layers to provide a coherent discussion of women's perspectives. The individual layer of meaning contained discourses that

pertained to the impact of the project on individuals, families, and community networks. Slum residents' narratives provided insight into how certain meanings, values, and beliefs were socially privileged while others were devalued. The discourses and meanings of the individual layer of model constitute two narratives: Resistance and Subsistence. I then provided the institutional perspectives of the government, private firm, and one NGO. The institutional perspectives on development represent the narrative of Modernity. It is however, important to note that the NGO's discourses contained elements part of the narrative of resistance. While Vivek's NGO had a vision of development and modernity for Rajendranagar residents, he resisted the intervention and believed it would disrupt the empowerment process.

Narratives of Resistance and Subsistence

> Sarita: Why do you keep coming [to Rajendranagar]?
> Vandhana: I come here every day to talk with women. I want to learn about some of the things you do daily. I am interested in some of the things you need as you cook, shop and eat with your friends and families.
> Sarita: We cannot even think about [food] when there is no peace of mind. We have a bigger problem.
> Vandhana: What is the problem?
> Sarita: They are going to take away everything from us! They have asked us to leave our tin sheds and vacate. They are going to build a mall here and some [apartments] for us slum residents here. They say it will take 3 years to build it for us and they want us to leave now. They said go anywhere you want! They have given us some place 20 kilometers away. What will happen to our lives, jobs, our children's school, and our friends? We only know how to live here! If we don't solve this problem now, we will not be able to eat properly for years to come.
> Vandhana: Who is doing this?
> Sarita: Everyone! The government is against us! The [corporate firm] is acting like we live in the British era, they have bribed everyone. The NGOs cannot do

anything. The mosque is on the side of government. Even people in the slum's Ambedkar Youth Association are against us.[42] We cannot rely on anyone.

Sarita is a popular woman in Rajendranagar and was recommended to me as a resource by other women in the community. Depending with whom I spoke, Sarita was characterized as either an activist who mobilized families, or a nuisance. She was either loved or hated. Nonetheless, she voiced a sentiment that existed in the minds of many other women. She directed my attention to how development initiatives that aim to improve slum residents' health by increasing their access to secure housing, water, and latrines inadvertently affect their ability to access food and other resources within their established networks. This is Sarita's story:

> In 1992 I came to Rajendranagar as a newly married woman to live with my husband, his sister, and her family. We didn't get along too well. So we decided to move out of my sister-in-law's home and live in one of the empty houses in the same apartment complex. The security of the block said he would give us access to one of the apartments with a Rs. 500 ($10) [security deposit] and a monthly rent of Rs. 50 ($1). I should have realized that something was wrong. Several months later, the real owner of the apartment came banging on my door with papers in his hand and said, "You will leave this apartment!" He said, "If you want to stay you will pay me a [security deposit] of Rs. 5000 ($100) and a rent of Rs.

[42] Religious organizations were not a part of the institutional layer as many of them were not actively involved in the intervention. However, residents believed officials in the Rajendranagar mosque had been bribed by the government to promote the intervention among the residents. Similarly, a grassroots organization like the Ambedkar Youth Association was also believed to be corrupt. Hence, residents did not trust these institutions. Since, the role of these organizations were minimal, they were not considered within the institutional layer of meaning.

500 ($10).” All of us went and started beating up the security [guard of the block], but I decided to stay in the apartment. We paid the rent with our incomes. I lived in the 12th block.

After 5 years, the 13th block [building] had a problem and it collapsed and some people died. We kept telling the government that the buildings were not strong! Some of us used to sleep outside, just in case you know? So if the buildings fell we could run and save our lives. The houses were built badly by the government. Also there was no proper sewage. All of the waste was getting collected on the ground floor and you could smell it and see it when you walked across the complex. We have gone through a lot and we even experienced an earthquake while staying here. After some discussions with us, the government demolished all the buildings. They wanted to avoid any more deaths. They made this place into a slum.

I have lived here for 20 years now! My child’s future is in the surrounding area. They can’t ask us to just leave so they can build a mall and apartments with ten floors for us. Many [slum residents] here are very excited by these apartments and the mall. But they don’t understand! Do you know the government and the [corporate firm] is telling us we will live like the rich with [elevators] and all? Before they demolished the apartment, it was hard to live in the buildings with four floors. You know how hard it will be for us to live in apartments with ten floors? What will

happen when there is no electricity? The [elevator] will not work right? No one will be able to go to their houses! The water pump will not work, right? What will the old people do then? What if there is an emergency? We don't want these apartments! Because we don't have money and status, they treat us like street dogs. And who said they could build a mall? We never gave any such permission! Government land is people's land, not [corporate] land! To fight against this scheme some women and I have started a sangam[43] to stop them from chasing us out of our homes. We are poor, not stupid!

In 2010, I was really angry so I went and fought with [government officials] when they relocated hundreds of families from another slum into our Rajendranagar slum. Their houses were getting built by the government. Wherever there was an empty space in Rajendranagar, [the government] told them to build a tin shed and live for six months. [The government] did it to them too. [The government] said new houses are getting built and to come back in six months. Look! They are still living here! It has been 2 years now and the people are still here. Their lives have been disrupted. Go ask them! At least they don't have to fight with a mall owner. Now tell me this. You think we will get the houses in three years easily? You think the government will give the homes for free? They have told us we have to pay some small amount to own the house.

[43] A small grassroots organization or group.

We also have to pay some maintenance cost, right? Do we pay our child's school fees? Do we pay for our medicines? Do we eat? Many of us here earn about Rs. 2000-5000 a month. Tell me what do I spend it on? Now the government is telling us to pack our stuff and go and come after 3 years. We are not leaving because there is chance we won't get [an apartment] with all the corruption and confusion.

I speak fearlessly in front of everyone about these issues. My father used to say I have the courage of a man. I used to play soccer for the Karnataka women's team. I had to travel to a lot of places, and because of this I became more confident. Now I fight for people and our rights. I've made so many enemies because of this. [On Jan 28, 2012], I was cleaning vegetables and meat. It was getting dark. I think it was about 5pm and I saw about three young men wearing hats and I was suspicious. I continued to do my work quietly. They came behind me and hit me from the back! I blacked out and they continued to beat me. I was bleeding heavily. Luckily some people saw me and took me to the hospital. I have lodged police complaints and nothing has happened. Even the police are not on our side. Now I have [blurry] vision on my left eye, I can't hear on the left side. I frequently [blackout] and cannot afford medical treatments. I have stopped going to work. Many of my friends in the slum contribute money for my medicines. Everything is gone, they beat the fear out of me, I almost lost my life! I won't stop fighting.

I use Sarita's experience as a point of reference throughout the chapter. Sarita's story encapsulated several themes that emerged from the narratives of other women regarding the housing project. Women's inability to participate in the conceptualization of the project led to misunderstandings between them and the government officials. Their concerns pertaining to their jobs and children's education were disregarded.

"We Cannot Just Make a Home Anywhere. It is Dependent On So Many Things!" (Pai). Women in Rajendranagar were anxious about their future when they heard about the details of the housing initiative from a Member of Legislative Assembly (MLA), Mr. Harun (hereafter MLA Harun). They learned that construction of the new apartments in Rajendranagar could only begin when they vacated from their homes. They panicked upon hearing this update and were concerned about the new challenges that faced them. It would be a gargantuan task for women to relocate to a new slum and build a home. As a result, many women engaged in protests to negotiate the terms and conditions of the project implementation. What was most problematic to women like Sarita was the lack of communicative spaces to participate in conceptualizing and implementing a resistance strategy. However, as news about Sarita's assault spread within the community, the resistance dwindled. Women worried about the consequences of challenging the government. Parvati shared her hesitancy in publicly voicing her concerns.

> You know I will always listen to whatever these [authorities] say when they come [to Rajendranagar]. But that is all they let us do. If I protest, I am in trouble. Recently, a meeting was conducted by MLA Harun. At that

> time everyone was listening to him, but five to six people protested against him. Later two of them were killed. We don't know who did it, but we are scared.

Residents hadn't heard about the details of the re-development project until one morning in January 2012. MLA Harun and other government officials notified families to find a home in other slums within the city. Mala, a forty-year old mother, recalls,

> It was very sudden. We did not expect that they would tell us to leave. We know that they are supposed to build houses for us. But they came suddenly and said we have one month to start vacating and we will get a house in three years and we will be staying next to a mall. We had so many questions but we were all so shocked and some people started shouting at the [officials].

As time progressed (February through June), Rajendranagar was frequently visited by government officials to provide updates regarding the initiative. Updates often included strong reminders of their need to vacate Rajendranagar. Community members frequently heard government officials promote ideas about slum upgrading, sustainable housing, personal latrines, safety, and access to basic amenities. All of this information excited many women who faced considerable difficulties living in the slum. However, most of them were concerned about their immediate and short-term future. As they demanded information, it was unclear who the intended beneficiaries of the project would be.

Initially, women believed that all current residents of Rajendranagar would benefit and be eligible for subsidized housing. These beneficiaries would include families like Sarita's and those who rented and constructed homes in Rajendranagar following the demolition. This assumption is not an unreasonable one considering the project was marketed as an initiative to improve the living conditions of the urban poor. However, this was not the case.

Women started to panic when officials announced that the 1600 new apartments would mainly be available to families whose homes were initially demolished in Rajendranagar. Hence, families who had moved to Rajendranagar to rent available tin sheds or construct them on empty spaces were in serious trouble. Asha shared, "People say this is government land and for poor people only. Now only half is for the people. Many people here are very poor [and] will not even get a house. Only those who used to live in old [apartments] will get something." Families who would not be eligible for the new subsidized housing started to protest. They argued that it was the responsibility of the government to at least relocate all residents of Rajendranagar to a location nearby while houses for the beneficiaries were being constructed. Nalini, a close friend of Sarita stated:

> If they don't want to [relocate] us then at least they can build the apartments one at a time. Then so many people would not be [displaced] right? Only those people whose building is being constructed need to move and even they can find some empty space here and there right?

Why they cannot construct houses in batches? Why they are not doing this for us?

As residents proposed several ideas that would help with the transition process, officials dismissed those propositions claiming that it was too late in the process to negotiate with the private sector vendor for a revised plan for construction. It was clear to the residents that the government had lost its ability to make significant decisions that could alter the course of the project. At this point, residents realized that the only viable plan worth discussing would be about temporary housing and relocation details.

Without temporary housing in an area near Rajendranagar, women's employment, their children's education, and their relationships with other community members would be negatively impacted. However, relocating about 1500 families to locations near Rajendranagar was almost an impossible task considering the lack of space within city. At one point, Bangalore's government had considered moving families to a location 20 kilometers away from Rajendranagar. Eventually, women suspected that the government was unwilling to put forth sincere efforts to provide feasible alternate housing near Rajendranagar and grew more anxious about their future.

By the end of May 2012, women had to choose between finding a home near Rajendranagar with their limited resources or make a home in a slum far away from the city. Some women like Sarita continued to be vocal about their demands. However, other women censored themselves[44] and were proactive in finding alternative arrangements for their families. Finding secure housing in Bangalore city was difficult

[44] Many residents feared and noted that resistance could lead to severe consequences.

considering the shortage and the cost of urban housing. Women often lamented that their current financial circumstances impeded them from finding housing in neighborhoods around Bangalore. Yashoda explains,

> Now they are asking to leave this place suddenly. We cannot afford paying the rent in the city. We cannot even pay the [security deposit] to get a home anywhere in the city. That's why we live here in the first place. Now if they allot any other place close by, then we can start living there temporarily while they construct our houses. Am I right? Wherever they show us some empty land in the city, we can at least build a small tin shed like what we have now and continue living. Without that, we will be on the road!

Figure 49. "The protest no one cared about" (Sarita).

I hear people scream "We oppose the anti-people policies of the government" and "We will fight until we win." I see a poster that reads "Dalit and minorities protection forum." This organization was created to help with the voicing of slum residents' concerns and in organizing the protest. Most of the signs were held by women who were seated on the road underneath the hot sun. They were full of energy, holding the signs and screaming on top of their voices. Most of the men were standing. There is a lot of noise and energy in the air. I see men beating on large bass drums. Autos with loud speakers are playing music. All of them seem to be waiting for the commissioner to come and address their concerns.

Sarita tells me, "When government officials want our votes, they come to the slum. When we need their help, they are nowhere to be seen." I can't imagine that energy and time they must have put in on a working day to come and partake in this protest. Many of these women and men work for daily wages. Some of them can be heard complaining about the sun and the heat. I saw water bottles being passed around by Vivek [Director of NGO, *Suveet*]. However no one got up to leave the scene.

Heads of organizations were giving speeches one after the other. Many of them were motivational to encourage women and individuals to stay hopeful. I heard two NGO workers talk about how important it is to sustain a protest but they were concerned that enough people weren't pumped about this movement. Vivek went up to the front and insisted, "There is not enough unity among people. We will lose if we don't fight together." About two hours had passed and finally a representative of the commissioner had showed up. He was escorted by the police and looked somewhat concerned and serious. As the last speaker concluded his speech, people burned the contract between Mohan Holdings and the government to symbolize the end of corporate domination and land grabbing. The crowd clapped and cheered. A representative of the government took the memorandum and left the scene. This was the end of the protest. (Field notes, April 14, 2012).

"I Cannot Stop Crying When I Think About This [Project] and How It Will Affect My Job and My Children's School" (Pushpa). While women had significant concerns with the re-development project, they strongly desired a latrine in their homes, access to safe water in their kitchens, and electricity. For example, Sujana who is a mother of two young children informed me about her desire to see the fruition of the project.

> I am very happy that we are going to get new homes because we don't have any water facility, bathroom facility, or any other facility. It is really very troublesome. We face trouble to even take a shower because we have just one *bacchil*. We have one *bacchil* there, but everybody uses it as a toilet and [defecates] there itself. It is really sad. We cannot take shower at all. We are holding our breaths to vacate this place and go away from here.

Figure 50. A bacchil
This was a shower unit built by families living in one row. It was constructed using old sheets, wooden beams, and other waste material lying around the slum. A large hole within the bacchil allows the water to be collected. With several families using the bacchil, the hole fills up quickly. Hence, individuals wait for some of the collected water to evaporate before taking turns to shower. Women noted that they showered two to three times a week.

There is no doubt residents of Rajendranagar lived in terrible conditions. Women experienced severe difficulties when they gathered water and accessed latrines. Women often walked considerable distances and waited in long lines to fill water and use the toilets. The lack of hygiene was also problematic for children and women. However, residents were willing to accommodate those inconveniences rather than be displaced. They asserted that the displacement could be debilitating when coupled with their existing circumstances. Families would have to use their limited financial resources to

secure housing elsewhere in the city. Women lamented that this would cause severe financial problems. One of the main expenditures for family members was children's education. While government school education is free, many women opted for private education which costs significantly more.

Women justified spending much of their family income on private school education because they believed that English language skills taught only in private schools would eventually result in better jobs for their children. Geetha a mother of two young children, explained:

> You know we don't want anything from the government or anyone. Anyway they don't give us anything. I am grateful. God has given us hands and legs, and I will work very hard. I am going to work as a maid in an office so that's why we can pay their school fees. We send them to private schools because everyone says that in the government school they don't learn properly. In this school, they are learning English. Now everyone must know English right? Only if they study and get good jobs we can get better right and live properly? That is all I want, I want my daughter and son to get good education and good jobs.

In some ways the meaning of development to women meant prioritizing and investing in their children's education. When women first heard about the housing development project that would displace them, their immediate worry was about the stability of their children's education. Deepa shared how the housing project and displacement would affect her priority:

We are suffering to earn money, this house is a bit helpful because we are able to go to good schools and jobs [nearby]. Now they are telling they will construct a house for us, but they are asking us to vacate. Where can we go? We will have to pay an advance amount of Rs. 50,000 ($1000) and a rent of Rs. 3000 ($60) if we want a house nearby. If we pay Rs. 3000 as rent, how can we give education to our kids? We are worried about this big issue.

Bharati, another mother, discussed her financial situation:

I have a debt of around Rs. 300,000 ($6000) because I had to raise my kids. I had to pay for their school, tuitions, and health. In this situation, I cannot afford paying even Rs. 10,000 ($200) [for security deposit]. It is difficult. We have been living here since the day the buildings were constructed so we are very much used to this place. We don't have any other place to go. Also, if the government did send us to other places we don't know how those [communities] would be. We cannot go anywhere all of a sudden if MLA Harun asks us to do so. He knows that we all are poor and we cannot afford paying rents. There is no one here who is well-off. There is no one who earns Rs. 50,000 ($1000) monthly. Everybody earns just Rs. 2000 or 3000. If both the husband and the wife work, they could accumulate just Rs. 5000 ($100) monthly. Look! I am working and I earn around Rs. 2000 ($40) and my husband earns around Rs. 3000 and that depends if he has the job. Otherwise he will have nothing. When

> we are living in this kind of a situation, and if they suddenly pop-up asking us all to leave this place, we cannot vacate this place. It would be too difficult.

Like Bharati, most women in Rajendranagar are confronted with dilemma of how to manage their limited financial resources. While development is desired by all women, they asserted that the costs did not outweigh the benefits because it affected the stability of their jobs and children's education. Additionally, women lamented about the possibilities of losing relationships with other community members as a result of the displacement. As detailed in Chapter V, women often relied on other women in their row to care for their children while they were at work or attending to other responsibilities. Additionally, women also relied on their neighbors to gain information about available job opportunities to earn extra money.

Bharati, Yashodha, and Amana were three women who lived next to each other on the same row of tin sheds. They were the original occupants of the homes provided by the government before the demolition. Therefore, they had lived within the community for several years and experienced difficult times with other members. Yashodha shares, "We have been living in this place since they started to [lay] the foundation in this place. We have been staying here for twenty years now." Having lived and interacted with each other in close proximity over the years, all three women have grown fond of the company and relied on one another during tough times. Bharati described her experiences of living with Yashoda and Amana:

> We all are living together in harmony. Even if you stay in bungalows, you would not get the oneness and the happiness which we are getting here. We are living together and we have unity among ourselves. We all live like brothers and sisters here. Even if a rat makes any noise in my house, they would inquire what sound is it? Are you ok? They are so caring. If I don't come out of my house the whole day, our neighbors would knock the door and ask if I am alright or not. If a person who must go to work at 7:00 am and if they have not opened the door till 8:00 am, we would start inquiring about my health. We care for each other in this row.

When these three women heard about the housing project, they were concerned. They stated that it would be very hard for them to live together because it was unlikely that all three would be able to afford a home in the same community. Amana shared her concerns,

> We have been living in this place together for a long period of time, but now they want to split us. I will not be able to live without these people. [Government officials] tell us that we will be split only for 2 years and then we can reunite after the buildings are constructed. But what will we all do for two years without each other. This will not be good for us.

Figure 51. Bharati, Yashodha, and Amana posing for a picture in their row.

It is important to note that the benefits of social support cannot be accrued instantaneously. Incidents of violence, rape, theft, alcoholism, and drug abuse leave individuals hesitant about trusting people within the community. Hence, it takes a long time for individuals to establish meaningful and trustworthy relationships.

In this section, I provided and discussed the discourses of resistance against the PPP intrusion and discourses of subsistence. Together, the stories of Rajendranagar women are woven to constitute the meta-narrative that focuses on the extreme difficulties of survival in the slum, the critical role of good will and community support to live in such conditions, and the spirit of resistance against visible and invisible

political alliances that threaten the very means of survival and support, and forcibly constrain the articulation of resistance.

Narratives of Modernity and Development

Government of Bangalore's Perspective. Bruhat Bengaluru Mahanagara Palike[45] (hereafter BBMP) is an entity of Bangalore's government. The staff of this unit is responsible for recognizing the urban poor as Economically Weaker Sections[46] (hereafter EWS) of society and providing various welfare programs. I argue that a neoliberal ideology limited the role of India's central government in the lives of slum residents while simultaneously emphasizing the responsibility of the local governments like BBMP. The perspectives of BBMP officials reveal that slum upgrading was a national priority. However, they struggle with their financial incapacities and inefficiencies during slum upgrading interventions. While the themes and discussion in this section might construct the government as a helpless entity with limited resources, it is essential to remain critical of how BBMP adopts this narrative to justify for their actions.

"Slums Are Our Priority" (MLA N.A. Harun).

> Some of the slums in the city are occupying prime areas where the market rate for the land is very high. The land ownership on analysis reveals that

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[45] The municipal corporation of Bangalore is responsible for the civic and infrastructural development for Bangalore city. It is the third level of government following the Central government of India and the State Government of Karnataka.

[46] Economically Weaker Sections (EWS) is a term commonly used by the government of India to identify and label families whose annual income is below Rs. 100,000 ($2000) and in need of government assistance. I periodically refer to the Rajendranagar community as EWS. I use it with liberty as residents often identified their homes as situated in the EWS Quarters. Rajendranagar as a neighborhood also hosts other low income housing which is different from the slum that hosts people belonging to EWS category.

> Government and its agencies are the owners of most of the land where the slums are located. Thus it is possible to implement some of the slum redevelopment programs on Government lands on a PPP model. This scheme would involve construction of multi-storied households for the slum residents on half of the land area and leasing the balance half of the land to the private sector partner to construct commercial buildings. This model would ensure high quality construction for the households and provide the right type of incentive to recover the capital [through] commercial exploitation of the adjoining land (Bangalore's Revised City Development Plan, 2009, pg.26).

The above excerpt is a short summary of the plan of action for developing homes in the Rajendranagar slum. In the recent past, PPPs have gained popularity in India as a sustainable, efficient approach to developing Indian cities such as Bangalore. In December 2005, the prime minister of India, Dr. Manmohan Singh, introduced a program, the Jawaharlal Nehru National Urban Renewal Mission (JNNURM). It is arguably India's most aggressive effort towards the rehabilitation of slums. One of the main objectives of the JNNURM program is to provide funding for basic services (secure housing, water, electricity, and sanitation) to slum residents. During the JNNURM inaugural speech, the Prime minister stated:

> Rapid urbanization has not only outpaced infrastructure development, but has also brought in its train a terrible downside – the downside of proliferating slums, the downside of increasing homelessness, the

> downside of growing urban poverty and crime, of relentless march of pollution and ecological damage. There is no shortage of finance in the infrastructure sector, especially if we seek public-private partnerships (PPPs). I hope our State and local Government authorities will be able to draw up programs that can attract financial support from outside the Government as well.

While prominent cities like Bangalore have been a priority for receiving JNNURM funds, the rapid sprouting of slums has overtaken the slow-paced efforts under the scheme. Environmental conditions, politics, corruption, financial constraints, construction problems, and resistance from slum residents are some of the many reasons cited for delays in the construction of housing. Eventually apartments rise in locations that were once slums. On November 20, 2012, 600 families, of which many were temporarily relocated to Rajendranagar in 2010 (recall Sarita's story), were given their new apartments. What was supposed to be a project to be completed in six months lasted over two years due to delays in construction. Nonetheless, BBMP was able to celebrate the rehabilitation of at least one slum community. However, a gargantuan goal lies ahead of BBMP. Chief Minister of Karnataka, Jagadish Shettar asserts, "Our priority is to make Karnataka slum-free. We want to clear the existing 2,251 declared slums[47] in the State, rehabilitate the residents and ensure that new slums do not come up" (*The Hindu Newspaper*).

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[47] According to NGOs and activists, the number of slums in Karnataka have been under-reported.

Figure 52. Government housing under the JNNURM scheme.
Newly constructed housing for slum residents under the JNNURM scheme. Each apartment will have a small kitchen, toilet, and room for family members. Behind the apartments is a sewage pool. I showed Geetha, Nagomi, and Kavitha pictures of what their future homes looked like. They told me they hadn't gone to see their new homes and that after two years it seemed as though they would never get their new homes. They mentioned that they liked living in their old houses on the ground floor and now it is a concern to them that they might be on the fourth floor. While they were eager to leave the Rajendranagar slum, they were scared and Geetha told me, "We never used to pay for water and electricity. Now we are going to have to pay for these amenities. The government also wants us to pay about Rs. 20,000 ($400) for these houses. I have to find someone who will give me the money" (Field notes, February 17th 2012).

In my interviews with government officials, I learned that slums like Rajendranagar are a threat to Bangalore's government because they are a physical representation of poverty and it disrupts the narrative of development and modernity promoted by the city. Rajendranagar is located near neighborhoods with a booming economy, allowing its residents to find employment and access to basic amenities.

However, the sharp contrast between Rajendranagar and its surrounding areas is a harsh reminder of the growing problem of slums and the government's inability to effectively address poverty. The revised city development (2009) plan clearly describes the contrast:

> Alongside the high tech and industry profile the proliferation of slums and attendant problems co-exist in Bangalore. Availability of jobs has attracted large migrant populations to the city who have established settlements in available land space ignoring regulations and approvals. In the past, rural-urban migration and urbanization were seen as an obstacle to national development and the forces behind poverty, unemployment, crime, social disorder, slums and squatter settlement and degradation of the urban environment. Today's free-market paradigm sees urbanization as a positive process facilitating the move of labour, capital and goods to places where they can be most productive, and cities as engines of growth.

A neoliberal ideology embodied by the government has played a critical goal in shifting the conceptualization of slums from a site infested with problems to one full of potential for economic growth. The revised city plan suggests:

> Slums are an integral part of urban areas and contribute significantly to their economy both through their labour market contributions and informal production activities. The government has recognized the contribution of these urban poor in helping to build urban prosperity and

> make sufficient provision for them to have access to affordable land, house sites and services. (pg. 8).

For institutions like BBMP, slum residents are not to be understood as a burden to the welfare state. They are, instead, critical members of the growing economy with vast potential. They are the city's garbage collectors, domestic maids, janitors, construction workers, factory workers, painters, cooks, gardeners, bus drivers, *dhobis*[48], tailors, and hospital aides. They are the citizens who keep the city functioning and in most need of secure housing. In BBMP's perspective, the economic productivity of slum residents serves as a justification for infrastructural interventions.

"There Was a Lot of Loss of Life, Money, and Everything" (MLA N.A. Harun). According to MLA Harun, some slum rehabilitation projects are more problematic than others. MLA Harun's office asserts that Rajendranagar has had a long history of development. In 1985, Rajendranagar's EWS land was a garbage dump spanning 15 acres. In 1987, BBMP began the construction of housing for the urban poor, who were living in the slums of Rajendranagar. In 1991 they completed the construction of 42 apartment buildings, each having 36 units totaling 1512 homes. Each apartment, approximately 300 sq. feet, had a kitchen, bathroom, and a small living area for families to converse, dine, and sleep. On a lease-to-own agreement, the government made these apartments available to the poor with a nominal payment of Rs.5000 ($100). In 1991 the government called for applications and in 1992 housing was allotted to the urban poor who could afford the payments. What is essential to note is that:

[48] Indian laundromats where workers wash clothes on stone slab and air-dry them on a clothes line.

> Many of the houses were purchased by those who could afford to pay Rs.5000 easily, by those claiming to belong to the category of Economically Weaker Section (EWS), and by those who were able to bribe BBMP officials. These owners later rented out to those in dire need of housing. The owners who rented out these flats were able to grow in their social status by paying off their dues with the government. They were also able to earn an additional income through the rent. Unfortunately, the poor living in the flats did not benefit in any way (Vivek, NGO director).

The apartments were named EWS Quarters. Soon after families settled into their new homes, they began to face problems. MLA Harun noted that "[the government] had limited funds and they did the best [they could manage] for the poor. The quality of the houses were not good." He mentioned that the paint from the houses started to peel and it revealed the cracks in the cemented wall. Late in 2003 when building no.13 collapsed, it killed 2 adults and one child. Following this tragic episode, then Chief Minister of Karnataka S.M. Krishna directed BBMP to demolish and reconstruct the apartments. BBMP conducted a survey to identify the original owners of the 1512 apartments and found that 1,101 houses were occupied by tenants, 258 were owner-occupied, and the rest were vacant (*The Hindu*, 2006). The government had no choice but to demolish the housing to protect families. They cleared out the rubble and started to put up tin sheds for families to temporarily live. After all the buildings were demolished, the EWS quarters became a slum spanning 15.2 acres of land.

"There is Only So Much [the Government] Can Do" (MLA N.A. Harun). In 2004, those who owned the 1512 apartment units were promised new and improved housing. The tenants of the demolished apartments continued to live in tin sheds in Rajendranagar. According to MLA Harun's assistant, Kumar Raj, "[T]he presence of a slum in a prime area[49] attracted more slum residents from all over. Some built their own sheds on empty sites within Rajendranagar and some others rented many of the available tin sheds for about Rs.500 ($10) a month." The original owners who had documentation of ownership of the demolished apartments moved to other locations while waiting patiently to hear about their new apartment units.

BBMP knew if they were to build effective and sustainable housing for the urban poor, the government would require assistance. In 2004, MLA Harun noted, "BBMP invited proposals from the private parties for constructing houses for the residents on half the land while developing the other half for commercial purposes." Sixteen private firms submitted proposals. This was later short-listed to six contenders, and then finally to two. Initially, the contract was awarded to a firm called Aparna Nirmala Ltd. However, Mohan Holdings challenged their proposal to court and exposed the weaknesses of the proposal. Mohan Holdings and Aparna Nirmala battled for acquiring a contract with BBMP in court. The seven-year-long saga eventually ended with the High Court awarding the contract to Mohan on November 21, 2011. Mohan Holdings and BBMP signed a concessionaire agreement on January 2, 2012, for the construction of

[49] Rajendranagar was located near to a prosperous neighborhood, Koramangala. This enhanced the property value of Rajendranagar.

1,640 EWS apartments at Rajendranagar. The agreement was signed between Udit Mohan of Mohan and BBMP Engineer-in-Chief Mr. Raghavan. Newspapers celebrated by writing, "Rajendranagar slum dwellers get new homes near a mall" (*The Times of India Newspaper*, 2012).

On May 8, 2012, Kumar Raj, assistant to MLA Harun informed me, "MLA Harun is here to start the [identification] cards process to give people some documentation so they can get their houses in a few years. These people need to move out so that [Mohan] can start construction of the housing and mall. This land belongs to [BBMP] and not them! We will first give [flats] to the original owners and then if there are any remaining flats we will try to give it to the [poor]. But you see these [slum residents] are trying to create all kinds of problems and stop us even though we are doing good for them. They are uneducated and they do not know better" (May 8th 2012, Field notes).

The Private Sector Perspective. The perspective of Mohan Holdings centered on three themes: first, the justification for the private sector's involvement in Rajendranagar's development project; second, promotion of sustainability; and third, performance of effective governance. I argue that the emphasis on the above themes is synchronous with the embodiment of neoliberal strategies to development. These strategies are critical to Mohan Holding's approach to implementing the project, managing slum residents' concerns, and limiting the Bangalore government's authority.

"My Projects Have Benefitted the City So Much" (Udit Mohan). Throughout my fieldwork, Rajendranagar community members like Sarita often asked, "What is the

need for a mall in an area like Rajendranagar?" There is much validity to the question because Rajendranagar's slum is less than two miles away from one of Bangalore's many premiere malls. According to Udit Mohan, the head of Mohan Holdings, malls play a significant role in the development of the city. Mohan is a well-renowned businessman and Bangaloreans know him as the owner of Vogue Mall. For Bangalore's elite, Vogue Mall has become an important landmark, hosting international brands and serving as a social hotspot for people. He proudly proclaimed, "Prestigious Vogue Mall project in the heart of the city has earned appreciation from all people in the city" (Manglorean.com). He added, "Before Vogue Mall was constructed, the surrounding area was under-developed." However, with the construction of the mall, other businesses began to invest and the surrounding area started to improve. He argued, "The government has benefitted so much from my investment in the area. Real estate prices have gone up. It all started with the mall. [The government] also benefits from the taxes I pay." To answer Sarita's question with Mohan's response, malls play an important role in the economic development of Bangalore city. However, to families like Sarita's, the development of the city through the construction of malls is not meaningful or relevant.

"Everyone Will Benefit From the Development of Rajendranagar" (Mohan).

Mohan argued that the neighborhoods like Rajendranagar are likely to benefit from his efforts. He shares, "I will be able to do the same for Rajendranagar and the neighboring areas. The government will benefit through the taxes I pay, the poor people will get clean homes, and the mall will make profits over time". He adds, "I am not saying I am

an NGO working for the welfare of the poor, but in my welfare I want to see their welfare."

While Mohan hopes to profit through the construction of the mall, he argues that if it weren't for him, the poor would have struggled immensely as the intervention proposed by his contender Aparna Nirmala was incompetent. He asserts, "My proposal is far more superior. I saved the poor from a disaster. They are in this state because the government could not build proper homes for them. If my competitors were to build homes for [the poor], they would be in the same situation in a few years." In other words, Mohan argued that competition to provide services for the poor resulted in greater sustainability and efficiency. He proudly described that each building will have 10 floors and that each apartment would be approximately 320 square feet in size with a "living room, kitchen, and an attached toilet." The entire apartment complex is to be serviced with 24 hour access to electricity and water. He proudly stated:

> It's a dream come true! I am [legally] bound to maintain all amenities for [slum residents] for 30 years. All buildings will have [elevators] and security guards. There will be cleaning of common areas, a recreational park, a garden, a primary health center, a backup generator for when the power fails, and a water pump. I even removed a high voltage transmission line hanging right above the slum that could be dangerous and it has cost me a lot of money. I am investing so much that there is no way the poor cannot benefit. I am even willing to provide residents employment in the mall. I am doing so much for these poor people.

In an interview with *Deccan Herald*, one of Bangalore's newspapers, Mohan confidently asserted, "The entire project on PPP model will be worth emulating".

"We are Here Not to Provide Everything [Residents] Seek" (Udit Mohan). The intervention with the Rajendranagar slum uniquely positions the private sector to manage the demands of the residents while simultaneously restricting the authority of the government and the influence of NGOs. When slum residents resisted the construction of the mall through protests, Mohan declared, "Resistance is futile." He added,

> There is no point. Canceling contract with BBMP will take few years. It will then take the government ten years to raise the money to build houses. Any delay will only hurt the poor who are waiting for the houses to be built and be rescued from the unhygienic conditions they are living in.

When residents protested the notification to relocate to other slums within the city, Mohan asserted, "The law is on my side. It is the responsibility of BBMP to provide us with a clear land for starting construction. If I don't get it, I will take the matter to the High Court. With the protection of the police I will bulldoze the area." Mohan was aware that the financial resources he provided made the local government dependent on him. In October 2012, Mohan approached the Indian High Court headed by Chief Justice Vikram Gupta. Under the direction of the High Court, BBMP was directed to evict the people immediately and hand over the land to facilitate the construction of the houses.

The NGO Perspective. In this section, I provide the perspective of one NGO director, Vivek Roy (hereafter Vivek), whose activities I closely followed over the course of my fieldwork in Rajendranagar. Vivek's NGO was funded by private donors and he implemented programs to empower Rajendranagar's residents. However, he was unable to participate in the implementation of the intervention. This complication posed difficulties for the NGO's work as it altered their role from being involved in development efforts to remediation efforts. In other words, while NGOs desired to be a part of the development and empowerment process, they were sidelined.

"We Attack the Problem From All Sides" (Vivek). NGOs play a critical role in the life of Rajendranagar community members, especially when their needs are not sufficiently met through governmental programs and when they are unable to afford private services. Mr. Vivek, the director of the NGO Suveet, claims that the efforts of the NGOs are a holistic approach to development that is bound to empower and sustain positive changes within the community. On the first Sunday of every month, Vivek and other officials at the EWS mosque provided basic food supplies such as rice, lentils, sugar, and salt for women and their families. Many of these families qualified for the NGO program through a survey conducted by Vivek to identify families in dire need of food and financial assistance in addition to government assistance. He stated:

> I am an activist working for the people. I run a free *Ayurvedic* clinic for slum residents, I work in neighborhood schools to monitor the teachers, monitor the progress of children in the local schools, and I personally work and train college graduates from the slum to prepare them for their

> careers. And for the parents of these children, I provide micro-financing loans to help them sustain their families. We attack the problem from all sides and this is the only way to ensure they don't live in the conditions they do.

On my first day of fieldwork, Vivek informed me,

> They are hungry and poor but they have much bigger problem now. MLA Harun came into the slum several days ago and asked them to vacate their land. This housing and mall construction is not about helping the poor. It is only about profits. If they are really interested in helping the poor, they would use the land to build houses for everyone below the poverty line. There are many people living in [this slum] who will not get a house through this construction. What is going to happen to them? What is the need for a mall in this area? Those who will benefit from these new houses will no longer live in the EWS slums. It is the poorest people of the city who live in this slum and they are going to be in deeper trouble.

"Other Than BBMP and Mohan, No One Else Had Any Say In This" (Vivek). In January 2012, Vivek and other NGOs were shocked when they heard news about the construction of the mall and its consequences. The most immediate question asked by all was, "Where will the poor go?" (Vivek interview). He argued that "[o]ther than BBMP and Mohan, no one else had any say in this. We could provide so many useful inputs because we work with [slum

residents] day in and day out. The whole intervention is set against the poor." He added:

> MLA Harun and Mohan are family friends and now they work closely on this project. Ideally, the contract should have been available to anybody and everybody to read and understand, but it took a lot of time for us to dig out the contract. In the contract between BBMP and Mohan, it states that it is the responsibility of the government to temporarily relocate the slum residents while they construct their new homes. If they had [slum residents'] best interest, they would first construct the apartments for them and then the mall for profit.

While Vivek had limited opportunities to interact with MLA Harun and Mohan during the conception of the project, he actively participated in opposing it. I witnessed him several times giving speeches to local leaders and organizations encouraging them to resist the initiative. However, he lamented:

> They have made it impossible to resist this project. I cannot do anything. Is this how we treat the poor? Forcibly remove them from their home, communities, schools, parents from their jobs? They have to start all over in the new communities far away from Rajendranagar. Some will go far away and we will never be able to work with them.

Vivek was initially joined by local religious leaders and other NGOs within the community to help the poor fight for their homes. However, in the duration of my fieldwork, he lost the support of his allies. He asserted, "Some local leaders have struck

deals with BBMP and Mohan. They have received some incentive to move the project forward and to convince slum residents to relocate." When Vivek exhausted all options, his last resort was to plead with Mohan, who politely informed him that the only way forward was to accede to the plan.

Toward the end of my fieldwork, Vivek had to address the lack of drinking water and availability of functional latrines. He argued that limiting the supply and access to these basic amenities were strategies enacted by the government to help with the process of clearing out slum residents from Rajendranagar. He bemoaned, "This will have negative consequences for everyone. It becomes difficult to invest and empower these families with so much instability and it is the poor that gets hurt. This will end badly. But there is nothing I can do."

"Me and Other NGOs Are the Ones Helping People Without a Roof" (Vivek). On January 19, 2013, as this chapter was being written, I received a phone call from Vivek who had just been released from a local jail near Rajendranagar. He, along with other activists, was arrested for protesting the bulldozers that were tearing down the tin sheds.

Figure 53. Bulldozers razing the tin sheds in Rajendranagar

Protests are legal in democracies like India. However, the razing of housing at Rajendranagar was performed under the direction of BBMP, which was ordered by the Indian High Court to provide the 15.2 acres of cleared land to Mohan Holdings. Hence, resisting the bulldozers was deemed as an obstruction of justice. Some warnings were issued in October and November of 2012 to the Rajendranagar community, but NGOs and slum residents "never believed the tin sheds would be removed so suddenly and violently" (Vivek). The razing of houses began on January 19, 2013 and all structures on 15.2 acres of land were brought down within three days. After he was released from jail, Vivek revisited Rajendranagar and he noted:

> Hundreds of families are now living on the side of the road. [Slum residents] collected the most important of their belongings and now sleep on old sarees and plastic. They cannot cook. There are no latrines. People

> are on the streets. It is very sad to see the children begging for food and protecting their remaining belongings while their parents run around looking for help. What concerns me most is that these children have their final exams in a month or so. We work so hard throughout the year to help them do well. But they are not going to pass their exams and move on to the next [grade] with a situation like this. All our efforts have gone down the drain. All of it just wasted!

While children struggle with schools, women and men grapple with employment. Many women who worked under Vivek's micro financing program have had to forgo their businesses. For example, Sarita's loan allowed her to own a small store in the slum that sold cigarettes, soaps, salt, and other popular items sought after by slum residents. The income generated through this convenience store allowed her to support her daughter and new-born granddaughter, and purchase some medicines for herself. With the razing of her store and home, Sarita and her family join thousands of other women on the sides of the road waiting for food and water to be provided by Vivek and other NGO workers. To this end, Vivek shared, "We have been supplying bananas and water and some lunches. Many people have not been able to go to work. Some fortunate slum residents have been provided modest amounts by the government and Mohan to leave the area for good, but there is so much to be done."

For NGO directors like Vivek, funds to immediately address situations such as the displacement of thousands of slum residents are a significant problem and beyond the purview of his organization. However, he asserted:

> We are tapping into our networks to fundraise Rs.20,000 ($400) to Rs. 50,000 ($1000) for each family to be able to afford housing in various locations around the city. The security deposit is no small amount and this is the best time for people around the city to exploit the situation. Many of them are making profits by exploiting the poor. They know they are desperate, so security deposits and rents are exorbitantly high. But we are advocating and fund raising for them. [Local transportation like] autos are costing families a lot of money for transporting their items to other slums within the city. Many [slum residents] have had to beg their employers to provide some money which will be deducted from their monthly incomes.

While slum residents scrambled for food, water, money, and anything to help them, situations like this are also opportunities for deceit and corruption. Vivek shared that "NGOs and activists are struggling to turn down urban poor from around the city claiming to be victims of the displacement. I only hope the help gets to the right people" (Vivek).

In this section, I discussed the discourses of the government, the private construction firm, and Vivek's NGO. The discourses of the government and the private construction company together constitute the narrative of development and modernity. In order to develop cities around the country, the Government of India has prioritized slum rehabilitation. These slum development projects are often executed inefficiently due to the lack of government resources. Additionally, little input from community members is obtained before the implementation of the project, leading to significant

delays and failures. For this reason, the government has promoted a PPP approach to address its limitations. The discourses of the private sector complement the discourses of the government. In addition to providing necessary resources, the private sector prides itself on being able to efficiently execute the project by controlling the beneficiaries. The discourse of Vivek's NGO is complex. It is situated between the narrative of development and the narrative of (futile) resistance, allied with "the people."

Discussion

In this chapter, I focused on the ideological, institutional and individual layers to understand the meanings and experiences associated with the neoliberal development project. The ideological and institutional layer highlight the macro-communication issues related to development while the individual layer provides into the micro-communication concerns. With regards to time, the narrative of resistance and subsistence was focused on the present moment while the narrative of development and modernity was focused on future. The differences in temporal conceptualization contributed to significant misunderstanding and tension among the various entities.

As mentioned in Chapter II, the sociopolitical layer of meaning (macro-communication) sensitized me to the plight of lower caste women in Rajendranagar. Women, especially Dalit and other Scheduled Caste women, are some of the most marginalized members of society. In this discussion, I elaborate on the narratives discussed in this chapter. I focus on the power dynamics among the various entities involved in the intervention and recapitulate the impact of the project on women.

The category “slum dwellers” is a sociopolitical construction that identifies and defines a certain group of individuals. Slum dwellers are essentially “poor Indians” who become noticeable to the state by making a home in a relatively large and crowded settlement in urban India. Often residents in Rajendranagar noted that “When it is election season, [politicians] come here and give us some attention and promise to do this and that for us. They can get votes here because so many people live here. After election no one comes to slum” (Lakshmi).

Living in slums can be a stigmatizing experience but it allows the urban poor to procure low-cost housing and other amenities. As evidenced in this dissertation, slum residents in Rajendranagar were able to gain access to affordable foods through the Public Distribution System (PDS) and services around their slum to survive within the city. Recently, slum residents in Indian cities have also been the target of development initiatives that aim to provide the urban poor with basic amenities by governments who are committed to discursively and materially constructing a modern, developed India. As discussed in the introduction of Chapter III, the neighboring area surrounding Rajendranagar’s slum, is a community (Koramangala) filled with sky scrapers, multinational corporations, and international restaurants catering to a growing number of wealthy, middle-class families. Hence, to citizens and governments, slums like Rajendranagar are a spatial, visual representation of India’s poverty and pose a threat to its vision as a safe, modern city.

If poverty is perceived as a threat to safety and stability, by extension, slum dwellers can be seen as a potential problem to stores and corporations that employ them.

The communicable diseases that originated in the slum could easily spread to others in the city. Slum dwellers can threaten the health of middle-class families who hire them to cook their meals and clean their homes. For these reasons, slum dwellers are a governmental and NGO target for implementing development policies and interventions. In discussing slum upgrading initiatives for the urban poor, the Indian government states, "[We are] committed to achieving the Millennium Development Goals: [These] Goals commit the international community, including India, to an expanded vision of development as a key to sustaining social and economic progress" (JNNURM Overview, p.4). However, activists in Rajendranagar argue that the slum upgrading project in Rajendranagar had limited positive social and economic impact. In fact, these forms of development were detrimental to the lives of those who once lived in the community. Hari Adivarekar, a photojournalist and activist argued, "Since the majority of the residents of [Rajendranagar] are Dalits, the violence carried out against them directly contravenes the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act 1989."

In using Rajendranagar as a case study to understand the process and impact of slum upgrading initiatives, it is essential to first understand the power dynamics between the private sector and the government. Public-Private Partnership (PPP) projects are an outcome of state decentralization and privatization policies. The design and implementation of PPP projects is often dominated by the interest of the private sector (Miraftab, 2004). Scholars have also suggested that even when trust, openness, and fairness (essential ingredients for the success of PPPs), are known to exist between the

government and private sector, genuine forms of partnering are not possible because of the profit motive (Rosenau, 1999; Jamali, 2004). Even when the private sector constructs the project as a form of corporate social responsibility, their overarching goal is profit. It is unlikely that the private sector will enter a PPP if there is no profit to be made. Hence, this goal is incompatible with governments whose primary responsibility is first to serve its citizens. Additionally, "Weak governments with inadequate will or resources cannot effectively negotiate to lead partnership processes or guide their outcomes. Yet, the state's mediating and redistributing role is necessary to strengthen the capacity of weaker partners and to establish a level playing field" (Miraftab, 2004).

In the case of Rajendranagar's PPP, BBMP was responsible for representing the needs and interest of the residents. However, they failed to do so. In fact, they played the role of a poor, helpless third world government that had little capabilities. In contrast, the private sector constructed itself as a solution to the limitations of the government. Hence, the power dynamics between the government and private company led to the inability of the government to effectively negotiate. The government's alleged financial constraints were one of the main reasons cited for the procurement of private contracts. This would to help the government fulfill their commitment to the urban poor while simultaneously developing the city. This partnership allowed a significant amount of public land to be used for the purpose of profit generation and left the government with little decision making power. Even though the government was able to provide input, many of those decisions about the number and quality of houses were in the hands of the private sector.

The power-relationship between the government and the urban poor was also problematic. Fifteen acres of land could have been used for the tenants within Rajendranagar and for those who owned demolished apartments. But the government was left with limited land space as a result of the PPP contract. This forced the government to provide homes in the newly-constructed apartments solely for those who once had owned homes in this slum, but had since become landlords. This decision created tension between renters and owners in Rajendranagar. Residents recalled that when MLA Harun first notified them about the need to move, he had urged the original owners to pressure them to leave Rajendranagar. MLA Harun emphasized that it would facilitate the construction process. Hence, with the razing of tenant housing and the consequential displacement, the most vulnerable were detrimentally affected.

In theory, the infrastructural intervention could have brought about immense benefits to the poorest members of society. However, as evidenced in the case of Rajendranagar, the poor not only fail to benefit from these interventions, but they also have been further disadvantaged. Vivek added, "The destruction of community amenities has led to steep increases in illness. I thought the whole spirit of this project was to improve their life" (Vivek). People started to live in the sidewalks and some were forced to the edge of the city without electricity, water, and latrines.

Figure 54. A displaced child with food

"A child, given food by an NGO, runs to the gigantic pipe that doubles as his home in the wake of the demolition at Rajendranagar, Bangalore, in January this year." (Courtesy Kasturi & Sons Ltd, The Hindu)

Women insisted that the project would affect the continued access to their jobs and their children's education which they believed will ultimately help improve their social, environmental, and physical conditions. Residents who proactively relocated lacked adequate transportation to continue working at their jobs. Men in Rajendranagar were accustomed to traveling long distances to different parts of the city for work. While the displacement affected them in many other ways, it did not change their employment. However, women and children were most affected as a result of the

displacement. Women often worked as domestic maids in homes near Rajendranagar. With the displacement, women were forced to forgo their jobs and instead engage in damage control as they cared for their belongings on the street and watched over their children in new slums.

On March 19, 2013, BBMP received a letter from Amnesty International. The letter expressed concern about the living conditions of families who had constructed substandard makeshift homes near Rajendranagar. The wording of the letter demanded that "forcibly-evicted families [be] provided with housing, water, sanitation and medical services" (*The Hindu Newspaper*). Additionally, it added:

> Amnesty International is concerned about those living on the pavement particularly children, older members of the community and pregnant women who face serious risk to their health and safety. We are also concerned about the increased risk of violence, including sexual and gender-based violence, to women and girls from the evicted community.

Amnesty International believed women's circumstances made them vulnerable to intimidation and harassment. Hence, they urged BBMP to provide compensation for loss or damage of property and initiate a process of "genuine consultation" to provide alternate housing. According to Vivek, no significant efforts have been put forth by the government to remedy the damage. While many families have disappeared from the watch of NGOs, those on the sidewalks and in new communities continue to suffer the aftermath of displacement.

Figure 55. The remains of Rajendranagar (Courtesy citizenmatters.in)

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Chapter VII, the conclusion, brings together the themes related to food, community, and development that were discussed in the analysis chapters. I discuss how communication ties the three topics together and affected the lives of Rajendranagar women. I address the research questions posed in the introduction. Finally, I discuss the limitations and potential directions for further research.

CHAPTER VII

CONCLUSION & IMPLICATIONS

Leaving the field is known to be a difficult process. I expected it but I underestimated how hard it would be. I went to Rajendranagar today to tell everyone that I would be leaving for the United States and that it would be my last day with them. I am going to miss everyone so much. All the women have done so much for me. They let me into their personal lives and patiently answered all my questions. They provided shelter when it was raining. They dropped me to an auto when they felt it was unsafe for me to stay within the community. They have taught me so much about life and happiness.

When I told Geetha that I would be gone in a week, she replied, "My god, the time has come so quickly for you to go. I still remember the first time we spoke. You said that you will be here for four months. How quickly it has passed." I replied, "Yes. We have become so close and we had a good time together. Now I have to take all the [data] back and share it with people there." Geetha smiled and replied, "Tell your friends in America that if they want to come and see us in Rajendranagar, they can. We can take care of them. We will treat [Americans] like we take care of you. Show them our pictures and tell them to come." I smiled and hugged Geetha. I went to every row and met with people I know to say goodbye. It took me several hours to meet with everyone. Some women had been out running errands and others were at work. I informed their neighbors to pass on the message. By the end of it, I was getting emotional and decided

to leave. I also had to meet with my students in my public speaking class for a last session at the school.

I started to walk towards the school. As I reached the school, I saw Farhad [a student] standing at the gate. He saw me, waved at me, and ran in. I didn't think much of it until I got to the classroom. It was weird. The windows and door were closed. I immediately knew the students were up to something. I pushed open the door and the students started to throw confetti on me. The room was decorated with balloons and streamers. Students came towards me and hugged me. Arif and Sulaiman handed me a bouquet of roses. Vivek hugged me. He thanked me and gave me a huge card that was signed by everyone with personalized messages. I was pleasantly surprised. Vivek wanted all of us to sit down. He came to the front of the classroom and said, "Vandhana, this is a small thank you celebration for everything you have done for all of us. Now a few of your students want to give an official one minute speech about how your class has helped them." The speeches were fun and perfect. Aabeer talked about how the interviewing skills helped him get his internship and how he now enjoys talking with people in English. Keema, a college student, gave a speech about how she was able to confidently ask questions in English in front of her whole class. Who knew a public speaking and interviewing class could make a difference in such a short time?

Finally, everyone wanted to start the celebrations. The girls brought out a cake and knife out of nowhere and wanted me to cut it. At the same time, the boys started to bring out the Coke and Sprite bottles. Palsha brought out a bunch of napkins and plates

and laid out the vegetable puff pastries for people to eat. I could tell they put a lot of effort into the celebration. I was so touched.

Figure 56. The cake at my going-away party

I asked, "When did you guys plan this?" "Jhahangir replied, "We have been planning this now for weeks. We all contributed money slowly, whenever we could. Then we ordered the cake last week and bought all the drinks and puffs today. Farhad said in America everyone likes to eat a lot of cake and drink Coke. So we decided to get that for you." I couldn't stop laughing when I heard that. I cut the cake and served it to everyone. People started to pour the Coke in the cups and Sulaiman started to take pictures. The party continued for about an hour. Mustafa asked me if I have seen Eminem and Linkin Park live in concert. They asked me about my life in the United

States and whether President Obama would win the second term elections. We had fun conversations and the celebration was starting to wind down.

Eventually, people had to return home for lunch. We started to clean the classroom. Once that was done, I thanked everyone. I promised to keep in touch and visit everyone when I returned to Bangalore. Shortly after, I walked home and thought about my four months. I miss everyone already and can't wait to see them again. [Field notes, May 27 2012]

Figure 57. Students around me as I cut the cake

As I write this chapter, it is emotionally hard for me to acknowledge that it is unlikely that I will be able to reconnect with many of the women who were central to

this dissertation. What remains are the four months of memories that continues to inspire me.

In this chapter, I summarize findings critical to this dissertation and then discuss the implications of this project. I begin by addressing the research questions posed in Chapter I. I then discuss the avenues for future research and limitations of this project.

Research Question 1

The first research question asks: What are the experiences of food insecurity among Rajendranagar women?

By the time I had begun my ethnography in Rajendranagar, I had a good understanding of the three components of food insecurity in the United States. However, I was uncertain of what I would find in Rajendranagar. As discussed in Chapter I, the first component of food security is the *availability* of sufficient food for people to purchase. *Availability* of food is determined by agricultural policies and the national import and export of food. The second component is the ability of individuals to *access* foods using culturally acceptable methods. For example, having the financial means to purchase food, or engaging in system of bartering to obtain food. *Access* is also determined by the physical availability of food. When individuals have difficulty purchasing essential food items for a nutritious diet due to the lack of food stores or vendors, their communities are often labeled as food deserts. The lack of ethnic foods or ingredients is another aspect of physical *access*. The final component of *access* pertains to individual's knowledge and awareness pertaining to healthy diet and nutrition. The lack of proper knowledge can lead to obesity and malnourishment. The third component

of food security is related to *absorption*. *Absorption* pertains to the ability to safely and conveniently prepare and consume food.

As I explored the experiences of food insecurity in Rajendranagar, I learned residents' *access* to and the *absorption* of food was problematic. Little research has been done to explore the extent and experiences of hunger and food insecurity among slum residents around the world. It has always been assumed that slum dwellers around the world are food insecure. However, there are varying degrees of food insecurity. At its worst, food insecurity results in severe hunger. While the varying degrees of food insecurity were not the focus of this dissertation, the three components of food security were addressed.

Rajendranagar women's narratives highlighted that food insecurity was an everyday experience. As noted in Chapter IV, food availability was not a concern to Rajendranagar residents. The surrounding area was filled with *Fair Price Shops*, vegetable vendors, grain stores, and meat shops. Among these stores, women had their preferred vendors who sold food products at a lower cost. For example, women like Geetha and Kavita had a preferred vendor who sold sub-standard but edible vegetables at a low cost. By the same token, women also found vendors who sold cheap meat and eggs. Many women. like Rebecca, networked with employees in restaurants to purchase old meats that could not be used by the restaurants. Hence, food availability was not a major concern to Rajendranagar residents.

Access to food, specifically, the financial ability to purchase food was a significant problem for women. Most women in Rajendranagar earned a meager salary.

As noted in Chapter IV, women like Geetha who worked as a domestic maid, earned about Rs. 1500 ($30) to Rs. 3000 ($60) monthly. This income was insufficient for a family of four to eat three nutritious meals a day. Many other women depended on the meager income of their spouses. Hence, when financial problems persisted, women struggled to buy and prepare food. During these times, women purchased prepared left-over food at a low cost from canteens. This practice, however, was not sustainable. Women noted that procuring cheap foods from outside was unhealthy and caused digestion problems. Women added that eating food rich in fats and carbohydrates caused them to gain weight which affected their ability to work efficiently as domestic maids.

The ability to prepare vegetables and meat was significantly constrained. For example, women could not afford kitchen gadgets that helped grind and prepare elaborate recipes. Instead, most women had to prepare one-pot meals such as stews. Basic kitchens had knives, few utensils of various sizes, and ladles and spatulas. However, few privileged households had blenders that enabled them to cook a variety of dishes. Additionally, only a few households could afford the convenience of cooking on gas stoves. Most families used wood to cook. Families with a bit more resources cooked with kerosene pumps. However, the inconveniences of cooking with wood and kerosene pumps were identified as difficulties associated with cooking. Additionally, families that did not have refrigerators could not store foods for long periods. Hence, food quickly became spoiled and was infected by rodents and insects.

With regards to the consumption of food, women were not able to eat meals in a timely manner. Additionally, women were barely able to eat three meals a day. As

evident in Chapter IV, the amount of time and energy required for women to perform their household responsibilities made it difficult for them to eat in a timely manner. Health problems such as diarrhea also made it difficult for residents to consume food. Diarrhea was a common problem which caused significant problems for women and girls.

Research Question 2

The second research question asks: What factors enable and/or constrain food security. Chapters IV, V, VI directly address this question. Chapter IV is dedicated to the structural support and constraints that impact food security. Four aspects pertaining to structure were emphasized in women's narratives. First, the limitations of slum housing impacted everyday lives of women. The lack of space and basic necessities such as a drainage system affected their organization of the kitchen space. The community also lacked basic resources such as convenient access to water. Potable water was only available in very limited quantities every alternate day. This created significant stress for women who needed to ration their use of water. While bore-well water was used for washing clothes and dishes, women prevented their families from consuming it because it caused health problems. The lack of sufficient number of latrines in various locations posed a significant constraint. The latrines opened at 6am and closed by 10pm and were mainly used for defecating. Each time a resident used the latrine, it cost them Rs. 2. The timing of the latrines impacted when women ate their meals and how much they ate. The lack of electricity was a significant problem in Rajendranagar. In addition to affecting women's use of the latrines, it also affected women's ability to cook.

Women and children regularly fell ill with communicable and non-communicable diseases. Hence, women depended heavily on health care services around Rajendranagar. The free government clinic was conveniently located adjacent to Rajendranagar. However, as noted in Chapter IV, the inefficiency in treating patients resulted in residents avoiding the government clinic. Instead, families relied on private health care providers for treatments. While the treatments were satisfactory, women often limited their visits due to the higher costs. Hence, women were forced to make difficult choices. They often had to budget and choose between medical treatments and expenditure on food.

The third area of support pertained to government programs. Food programs such as the government midday meals benefitted mothers. The provision of hot vegetarian meals to children at government schools helped families. Women did not have to prepare extra food or consume less in order to pack their child's lunch. Additionally, children were able to bring home food for a later snack. When mothers were unable to cook an early dinner, the midday meal helped children stave off hunger. On a daily basis, the government's public distribution systems (PDS) also helped women. Women were able to purchase kerosene and grains like rice, wheat, and sugar at a subsidized cost. While some women valued this program, many women lamented about the quality of grains. Additionally, women noted that fair price shops which sold PDS goods were often corrupt. Hence, women noted that they coped by buying good quality grains at market stores and following a vegetarian diet. Vegetables in the Rajendranagar area were

conveniently available and affordable. Hence, women were able to achieve a variety in their diet by adding different vegetables to stews.

NGOs were another area of discussion among women. While there were many NGOs that worked within Rajendranagar, the goal and empowerment programs of every NGO varied. As noted in Chapter IV, most NGOs did not provide food as a form of assistance. The targeted beneficiaries of most NGOS were often minorities such as Muslims and women. However, the limited resources of the NGOs meant that only a few women could qualify for the various empowerment programs. Some women noted that they preferred not to enroll in specific NGO programs due to their responsibilities within the home and feared it would burden them.

In Chapter V, I discussed the role of community constraints and support. Cultural constraints present in the community negatively affected the empowerment of women. This lack of empowerment prevented women from ensuring food security for their household. Four major cultural constraints were uncovered within the community. The preference for sons by fathers and the preference for girls by mothers created tensions within the household. Additionally, an unsafe community environment influenced parents to marry their daughters at a young age. This forced young girls to halt their education. In many cases, parents married their daughter to their nephews. This practice prevented the bride's family from having to pay dowry and reduced the incidents of abuse. While there were several cultural constraints, residents were committed to helping other people. Women's narratives highlighted that they received and provided

emotional, material, and informational support. These different types of support empowered women to cope with food insecurity.

Chapter VI provides insight into the details of a development project in Rajendranagar. I did not enter Rajendranagar with a goal to focus on infrastructural development interventions. However, the story leading up to the demolition of Rajendranagar is an important aspect to this dissertation. I strongly believe in a developing country like India, many slum communities like Rajendranagar are being targeted for such development interventions.

As noted in this dissertation, people live in slums for several reasons. They come to urban areas with the goal of making a living. While housing in the urban area is unaffordable, slums provide an affordable alternative to residents. Hence, individuals work, build a family, and raise kids in slums. Additionally, residents rely on affordable services around their slum community. Therefore, when slums like Rajendranagar are threatened by development interventions, it affects their immediate and distant future. Their ability to accomplish personal goals such as education and food security are threatened. Forced displacement is problematic as it has significant economic and cultural implications and it disrupts social networks.

In Chapter VI, I provide the perspectives of government officials, the owner of the private construction firm, and an NGO director. From the government's perspective, the slums are a physical representation of Bangalore's poverty. The limited financial resources of the government coupled with the large number of slums within the city have resulted in the government's inability to efficiently develop infrastructure for the poor.

The private firm seeks to compensate for the government's incompetence and argues that they are best suited to implement sustainable interventions and govern effectively. The experience of the NGO director reveals that public-private partnerships disrupt holistic development efforts of NGOs, leaving them to engage only in small remediation efforts.

Research Question 3

The third research question asks: What communicative strategies can be employed to empower women and address food insecurity in India?

In regards to food security, the public distribution system, specifically, fair price shops are opportunities to educate women about nutrition. In general, Rajendranagar residents consumed a vegetarian diet. When it was difficult to cook, women purchased prepared canteen foods and junk foods within the community. Through government fair price shops, women can be provided nutrition information at the time of purchase. By the same token, government clinics are an inefficient and underutilized resource. While India has controlled the incidents of polio and other diseases, hunger and malnutrition are not being addressed. Education about nutrition can also occur during patient-provider conversations.

As highlighted in this dissertation, the lack of communicative spaces for Rajendranagar residents was problematic. Women were unable to publicly articulate the problems they faced in their everyday lives. Through my four months of fieldwork, I grew increasingly toward agreement with the government of India, NGOs, and development agendas that advocate for the empowerment of women as a priority.

Empowerment is defined as "feeling more in control within one's home and family" (Sukovic et al., 2011). Empowerment of women has to begin when they are young, and particularly in the context of home and community, as well as the public sphere.

However, in India, empowerment cannot be done without a change in many certain cultural norms and values. Additionally, development programs and interventions cannot achieve the empowerment of women without a realistic understanding of their everyday roles and responsibilities. Hence, it is unreasonable to expect women to partake in empowerment activities such as meetings and education classes in addition to their everyday responsibilities. In the case of Rajendranagar, redefinition of gender-related roles and responsibilities are essential for the empowerment of women. Specifically, local NGOs within communities can facilitate women by helping them negotiate household responsibilities. NGOs should also provide women with communicative strategies and skills to resist and prevent spousal abuse.

As noted in this dissertation, NGOs and the local government emphasized education for Rajendranagar residents. In this dissertation, I discussed why women were unable to complete their education. Young girls and women in Rajendranagar often discontinued their education after marriage. In many cases, their spouses did not permit or encourage the pursuit of education after marriage. There is much work to be done in this area. Governments and NGOs can delay the marriage of young girls by establishing a safe community. This effort is bound to delay the marriage of young girls and will ensure their freedom of movement within their community.

Implications for Future Research

In assessing the nature and impact of health communication scholarship, Barbara Sharf (1999) emphasized that research within the health communication discipline needs to be infused with three C's – *Contextualization*, *Complexity*, and *Consequences*. Sharf (1999) added,

> *Contextualization* refers to the grounding of our hypotheses, research questions, findings, and analyses within professional, institutional, political, and sociocultural settings and circumstances in which health-related discourse occurs. *Complexity* means taking into account the interrelated web of multiple agendas, interactions, and levels of organization involved in health promotions and clinical care. *Consequences* underscore the applied nature of work in health communication. It is not enough to conduct research only because it is of interest to us or even because it contributes to theory building. There also needs to be explicit consideration of the implications of our work for public health" (pp.196).

In this dissertation, I tried to accomplish the three C's by utilizing appropriate theoretical framework and methodologies.

Culturally Sensitive Model. The Culturally Sensitive Model of Health Communication was useful in understanding the complexity of food insecurity in Rajendranagar. The model has been used extensively to decipher patient-provider conversations about health. However, this dissertation has extended the application of the model. I provide public health communication scholars an example of how to use the

CSM outside the clinical setting. The model was also modified to group the ideological, institutional and sociopolitical layers as the macro-communication layers. The ethnocultural and interpersonal layers were grouped as the micro-communication layers. The macro-communication layers provide insight into the political and economic structures that significantly affect individual health experiences. To this end, public health and communication scholars are focusing on structures and policies that aim to improve the health of individuals within cultures and communities. Sometimes these policies and institutional practices do not effectively target and improve the health of individuals. In such instances, the model can be utilized to understand the inefficiencies, problems, and misunderstandings among the beneficiaries and benefactors. The model can also be used by scholars to understand the differences in the conceptualization of health among various entities (e.g. organization authorities and beneficiaries).

Additionally, some public health and health communication scholars are focusing on the impact of neoliberalism on health experiences and outcomes. As discussed in Chapter II and VI, neoliberalism has become a dominant ideology that dictates global politics and practices. My application of CSM can help scholars to systematically understand how neoliberalism impacts health policies, health organizations, cultural norms and values, and individual experiences.

Health Communication Research. A good deal of research within the discipline of health communication has been post-positivistic. This dissertation contributes to the growing body of research that uses cultural, interpretive, and critical approaches to understand health communication issues. Critical and cultural approaches especially

account for the socio-cultural and economic contexts in which health experiences are located and help challenge the status quo. In addition to employing the Culturally Sensitive Model that is rooted in the interpretive paradigm, I used the critical ethnographic approach to understand cultural members' articulation of health problems and solutions.

Slums. As mentioned in Chapter I, slums are becoming a prominent feature in cities around the world. Hence, the study of slum health is an area to be increasingly considered by health communication scholars. There are numerous ways to contribute to the understanding of and improve the health of marginalized populations living in slums. First, health communication scholars can empower slum dwellers with knowledge and skills from health campaigns. Skills and strategies to maintain a hygienic environment or information about healthy nutrition are topics for potential campaigns. Health communication scholars can also improve knowledge and prevention strategies about communicable health diseases that take a significant toll on slum communities. Additionally, campaigns and media can be used to raise awareness about slums and their corollary problems and advocate for residents' rights.

Food Security. Most academics and practitioners concerned with nutritional health focus on agricultural policies and the economic aspects of food insecurity. However, in this dissertation, I highlight the importance of focusing on other structural and cultural aspects of food insecurity. In the recent years, food security is an area of study that is growing within health communication. There are numerous factors that affect food security and they vary depending on the context. In the developed world,

food insecurity pertains mainly to access of nutritious food or lack thereof. However, in Rajendranagar, food insecurity was mainly due to the inability to access and absorb food. In uncovering the various problems associated with obtaining food security, we are better able to address the hunger within communities. Additionally, bringing forth the experiences of food insecurity among marginalized individuals is necessary to disrupt the neoliberal agenda that seeks to burden individuals and communities.

Gender and Development. The dissertation has implications for gender and development communication scholars who are interested in issues of social change and justice. While women are often targeted for development programs around the world, it is not necessary they will benefit be empowered. Programs targeting the empowerment of women need to be culturally grounded and not based on western ideals. In other words, empowerment is a communication process that needs to cater to the everyday life of women and their cultural values. Development scholars also need to turn a critical eye towards NGOs and examine how their politics might affect everyday lives of poor women in developing countries. NGOs can be constraining rather than liberating; more research needs to examine the communication and relationship between NGOs and their beneficiaries. As evident in this dissertation, women were so overwhelmed by their responsibilities that they were hesitant to affiliate with NGOs and empowerment programs. Women feared the additional responsibilities would burden them and disrupt their lives.

Ethnography. During data collection, analysis, and the writing of this dissertation, I played multiple roles. I began fieldwork with a determination to be an

excellent critical ethnographer. To accomplish excellence, I tried to stay focus, followed the rules, and sought opportunities to showcase my critical thinking skills. In so doing, I overlooked the importance of connecting with my informants and it eventually affected the quality of data I collected. One of the most important lessons I learned through fieldwork is that it is possible to be scholarly and critical while also being compassionate and humane. The experience of bringing my mother to the field, taught me the importance of being genuine and always finding a way to be useful to those around you. Eventually, I modified my approach and redefined critical ethnography to improve my interactions in Rajendranagar.

Limitations. There are several limitations associated with this dissertation project. The first limitation pertains to gender. While women were the focus of this dissertation, the perspectives from Rajendranagar men could have complemented and significantly enhanced findings discussed in this dissertation. For example, men could have provided insight into their experiences of hunger and their efforts to improve household food security. Such discussions could have provided a more comprehensive understanding of food insecurity in Rajendranagar. The second limitation pertains to explorations within the institutional layer of the Culturally Sensitive Model of Health Communication. An NGO, a private firm, and representatives from the local government were the focus of the institutional layer of meaning. Perspectives from other health organization, NGOs and agencies within the government would have provided a deeper insight into the problem of food insecurity. However, the lack of time and inaccessibility of government representatives from various agencies within the state and central

government of India made it difficult to obtain additional information. The third limitation pertains to the number of participants within the study. The total population of Rajendranagar was about 7000 residents and this dissertation is based on the lives of 60 women in Rajendranagar. Hence, findings from this dissertation should be cautiously generalized.

Future Research. As an ethnographer, I would have ideally liked to have return to Rajendranagar and engage in Participatory Action Research (PAR)/Community-Based Participatory Research (CBPR) to address the cultural and structural constraints discussed in this dissertation. However, this will not be possible due to the demolition of community. As mentioned in the introduction and in this conclusion, slums are increasing in number and will be a prominent feature in developing cities. In the future, I am interested in working with children and adolescents in slums to understand their conceptualization of life and health in slums. Methodologies like photo-voice can be used to document their diets and experiences of hunger. This specific age group has largely been ignored in the food security literature. Additionally, such methodologies can also be used to educate youth in slums who are at risk for malnourishment and obesity.

I am also interested in understanding the different types of PPP interventions and their ability to successfully and peacefully accomplish social goals. This investigation will be critical to understanding the conditions in which PPPs benefit all involved entities.

Figure 58. Children taking purchased food to their home.

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APPENDIX

Interview guide for women participants

(a) Women and the community

Tell me about your life here in this community….

Probe: When did you come to this community? Where did you and your family come from? What are some things you like about living here? Tell me a little bit about your daily schedule? What is the most valuable resource in this community? What concerns you most about life in this community?

What are some places in this community where you and other women feel safe to come together to talk and bond?

Probe: Share with me how you feel about the safety of the community for women? What are some things that make it safe and unsafe for young girls and women in the community?

What would you say is the biggest problem for women in this community? What needs to be done to address this?

What are some activities women do together? What is the importance of such activities?

What is the role of religion in this community?

How well do people of different religions get along?

Can you give me a personal example or an example you have seen in the community?

Can you share a time or an incident when several people came together to do something in the community. For instance….religious ceremony? Meeting?

Do you see hope for this community to improve? What would you want to change the most? What do you think your role is in helping change to happen?

How do you think it will be beneficial for you and your community to come closer together? Why or why not?

(b) Women and food

What role does food play in your life?

Probe: Do you need it just for survival? How often and when do you and your family discuss anything about food? Are there times/days/months in the slum where food is salient during interactions?

Share with me who all bears the responsibility to put food on the table every day?

Probe: What specifically is your role? Who has the most responsibility for food procurement and food preparation?

If they are in charge of food: How did you get this responsibility?

How do you feel about managing this responsibility?

Who will you pass on this responsibility to in your family?

What are some things you and your family eat regularly?

Probe: What are some of the reasons for you to eat those foods? What foods are the most difficult to get? What are the most desired food products?

Where do you shop for food?

Probe: What are some things you like about where you shop? What are some things that concern you about where you shop?

Share with me your experiences when preparing food?

Probe: Is this usually done just by you? What are some difficulties you have with preparing food? What would make food preparation a lot more enjoyable?

(c) Women and social capital

Share with me a time when you were worried about not having enough food and what did you do get the food for your house?

Share a time when the people you know helped you with getting food? How did they help you?

If you urgently needed money, do you know of people in your slum that can help you? Who are they?

When you are unable to cook, or you feeling sick, or you have to work…who are some people who can help you with things at home?

Probe: What are some difficulties you face with cooking food for your family?

How have people who live next to you helped you?

Are you able to spot people in this community who are extremely hungry? What are signs of people at risk? If yes, have you done anything about it?

Please share a time when you were able to share food with people in your network and vice-versa.

Who in your network would you say has the best intentions and concerns for you and your family?

(d) Women and their relationship to Organizations

What organizations are you connected to in this community?

Probe: Are you part of any religious groups? Self-help groups? Do you work with any NGOs? Are you part of any micro-financing groups? Do you interact with the governmental clinics?

How important and essential is it to be a part of some of these organizations?

Probe: How does being connected to these organizations benefit you and your family? How have these organizations improved your life? How have they impacted the health of you and your family? How do they complicate your lives?

What prevents/deters women from joining these organizations?

(e) Questions for pregnant women

What are some of the ways in which pregnancy has changed your life?

Probe: Have you changed what you eat and when you eat? How has being pregnant enhanced some of your roles in this community? How has being pregnant disrupted some of your roles in this community?

How do other community members respond to you being pregnant?

Probe: Have people been interacting with you differently? What additional health care needs do you have? How do your family members help you?

What concerns you most about being pregnant? And what excites you most about being pregnant?

What resources are available for pregnant women within this community?

Probe: How do the organizations that work in the community assist or hamper you at this time? How has your religion or religious center (temple, church, or mosque) helped or constrained you?

Interview Guide for NGO workers & Medical professionals

Please share with me your responsibilities in the organization you work for.

Probe: What is the mission of your organization? How closely do you work with residents in *Rajendra Nagar*?

What are some of the most encouraging and positive aspects of this community culture?

What are some aspects of the community that really concern you?

Focusing specifically on food,

What comes to your mind when I bring up the role of food in Rajendra Nagar?

What are some things you and your organization do to directly or indirectly to improve food-related health issues in the slum?

Focusing specifically on women,

How closely do you work with women?

How integral are they to the work you do?

What are some difficulties you face with women?

What are some of the major challenges women face?

What are some of the projects in your organization that directly target women?

Interview Guide for Government Officials

How does the government of India conceptualize slums in urban settings?

What are some projects that pertain directly to slums?

According to the government, what are some of the major problems with slums?

Have there been any changes with slums in Bangalore in the recent years? If yes, what are they and who is responsible for this change?

What are some of the goals the government has for improving the welfare of slum dwellers?

Interview Guide for shop vendors

Do you live within this community?

What do you like most about having a store within this community?

Who mostly buys from your stores?

What gets bought on a regular basis?

Where do you buy these products from?

What do people like most about your store?

What are some complaints they have about your store?

How important is your store to those who live in this community?

Who are some of your competitors within this community?

Interview Guide for Private Firm

What is your role in developing Rajendranagar?

Can you please share with me the history of Rajendranagar's development project?

What is the role of the government in developing Rajendranagar?

How will Rajendranagar residents benefit from your project?

What is the benefit of a Public-Private Partnership?

Why do you think Rajendranagar residents are against this project?

What have you done to address residents' concerns?

How successful do you think the project will be?