Pavement Dwelling in Delhi, India: An Ethnographic Account of Survival on the Margins

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This article examines survival among homeless persons ("pavement dwellers") in Delhi, India. In particular, we explore the role of formal and informal relationships in meeting the demands of daily existence and how and when public social welfare programs assist pavement dwellers. Over fifteen months, beginning in 2013, participant observation was conducted, and approximately 200 individuals (homeless persons, government officials, and NGO representatives) were interviewed in Hindi or English. Triangulated data including documents, interviews, and fieldnotes were subjected to thematic analyses. Results produced five themes: persistent illegality, dependence on charitable others, personhood and worthiness, migration and social isolation, and precarious relationships and distrust. Based on the research findings, we make recommendations for legal inclusion, decriminalization, access to health care, and income support for parents with dependent children. Broader concerns about global homelessness are also discussed in the context of growing income inequality.

Key words: homelessness, Global South, stigma, income inequality

Introduction

The worldwide problem of inadequate housing is especially evident in low-income countries where the status of being homeless could arguably include millions living in quasi-legal slums surrounding major cities (DuPont 2013; HLRN 2012). Despite intense poverty, slums offer a degree of stability compared to sleeping rough (or pavement dwelling as it is called in India). The tipping point into "true" homelessness, that is, sleeping outside, carrying one's belongings around, and having no fixed address, is a slippery slope, a descent precipitated by proximal misfortune but also situated within larger structural forces (Harriss-White 2005; Hopper 2003). The United Nations conservatively estimates that 1.1 billion urban dwellers worldwide live in inadequate housing, and 100 million have no housing whatsoever (UNDP 2014).

Research on homelessness in the Global North has proliferated in the past twenty-five years (Benjaminsen, Dyb, and O'Sullivan 2009; Hopper 2003; Padgett, Henwood, and Tsemberis 2016). In addition to studies conducted in the

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United States, Canada, and Western Europe, Hojdestrand's (2009) research in St. Petersburg, Russia, examines the plight of homeless adults consigned to the margins of post-socialist Russian society. Marr (2015) took a cross-national approach in his description of adults exiting homelessness in Los Angeles and Tokyo. Although anthropologists have for some time written about homelessness (Glasser and Bridgman 1999; Hopper 2003), less is known about homelessness in the Global South (Mitlin and Satterwhite 2013), especially with reference to adults and families. However, homeless children have received attention in studies of street youths in Brazil (Scheper-Hughes 1993), Central Africa (Kayembe et al. 2008), and India (Steinberg 2013). A testament to the intensity of urban poverty, these young people survive on the margins through begging, petty theft, and sharing scarce resources (Jackson 2015).

Homeless adults and families are becoming more visible in the rapidly growing megacities of Asia and Africa, where rural-urban migration has outpaced the availability of jobs and housing (Mander 2012). Global trends toward rising economic inequality (Marmot 2005; Piketty 2014) exacerbate this situation, juxtaposing the extremes of poverty and wealth. Few nations illustrate this trend better than India with its robust economy accelerated by market-based economic reforms in 1991. At current rates of population movement, India's population is predicted to be 41 percent urban by 2030 and over 50 percent urban by 2050 (UNDP 2014). The nation's historic roots in farming and village life are rapidly being replaced by an urban landscape of towering skyscrapers, high-tech industries, and vast slums. The extent of India's poverty shows in its ranking of 135 out of 187 nations according to the United Nations Human Development

Index (HDI), an algorithm based upon life expectancy, years of schooling, and gross national income (UNDP 2014). By comparison, Norway ranks first in the HDI, and the United States ranks eighth. (UNDP 2014).

At the bottom of India's socioeconomic hierarchy are its homeless citizens. A recent Indian government report defined homelessness as referring to "such persons (including men, women, eunuchs, and children) who do not have a home or settled place or abode…" and who spend their nights in shelters, on the pavement, at their workplace, in public spaces, or at construction sites (NRTH 2011:16). The scope of the problem in the capital city of Delhi is the subject of varying opinions. A city government survey estimated approximately 55,000 homeless persons in Delhi (Delhi Government 2010), a number considered a gross under estimate by homeless advocates whose estimates range from 150,000 to 1.5 million (Perappadan 2014).[1] Lacking even the precarious protection afforded by a slum dwelling, homeless individuals in Delhi encounter a harsh physical and social environment that threatens health and well-being (Balarajan, Selvaraj, and Subramanian 2011).

In this article, we describe the lives of Delhi's homeless pavement dwellers within the context of the social, economic, and political environment they inhabit. In particular, we explore the role of formal and informal relationships in meeting their demands of daily existence and how and when public social welfare programs assist them. We conducted this research to contribute to a deeper understanding of homelessness in the Global South and to provide targeted recommendations based upon our findings.

The Research Setting: Old Delhi

With over 25 million residents, Delhi is the world's second largest city behind Tokyo. The city is a sprawling mosaic of wealthy enclaves, crowded bazaars, massive shopping malls, run-down apartment buildings, and slums—all of which are knit together by a crowded but efficient subway system and roads burdened by over 8 million cars and innumerable motorbikes, rickshaws, and bicycles (Walters and Gaillard 2014). Tree-lined avenues surround the central city capitol buildings where Delhi's wealthy and the international diplomatic corps reside. An estimated one-half of Delhi's population lives in slums and unauthorized colonies consisting of approximately 4.2 million *jhuggis* (shacks). Only about one-fourth of Delhi residents live in "planned areas" with amenities such as electricity, water, and solid waste disposal (Mahapatra 2012).

Small encampments of homeless families can be found throughout the city residing under highway flyovers and in vacant lots, but they are most numerous in central and northern Delhi. Near temples, women and children seek free food and alms, joined by those with physical disabilities. Young women holding babies and toddlers weave through stop-and-start traffic to beg or sell trinkets. While a small proportion sleep in government-funded shelters—between 2,000 and 3,000 on a given night according to Delhi authorities (DUSIB 2014)—the vast majority lives and sleeps out of doors. A large concentration of homeless men—several thousand living in shelters, tents, and open-air camps—can be found on the banks of the Yamuna River in Old Delhi, the medieval walled city dating to the mid-17th century. A predominantly Muslim area, Old Delhi is home to the bustling markets of Chandni Chowk and a World Heritage mosque (the Jama Masjid).

Seasons in Delhi bring the extremes of heat and cold. Exposure to intense summer heat, including temperatures of 45ºC (113ºF) and higher, is exacerbated by chronic shortages of potable water (Delhi relies on water trucks to supplement its inefficient municipal water system). In winter, freezing temperatures are countered with open trash fires. During heavy monsoon rains, flooding renders roadways and sidewalks impassible due to inadequate drainage and runoff. Tents and possessions are swept away, and waterborne diseases increase. Delhi ranks among the most polluted cities in the world, its dense smoky air pollution the result of auto exhaust, trash fires, and over 150 crematoria (Harris 2014).

The Delhi government's responsibility for assisting the homeless expanded considerably after a 2010 India Supreme Court decision mandating an increase in homeless shelters in major cities throughout India. However, follow-through on the court ruling has been bogged down amidst accusations of corruption and inefficiency. An estimated sixty-five NGOs work on behalf of the destitute in Delhi, and all are dependent upon scarce public funding and private donations (NRTH 2011).

Methodology

This ethnographic study was conducted during fifteen months between September 2013 and January 2015. The primary fieldworker, Priyam, had previous ethnographic experience in a psychiatric clinic in Varanasi (Uttar Pradesh) and in a community-based program for homeless adults in Pune (Maharashtra) and lived in Delhi during this period. Skills gained from prior experience, as well as native fluency in Hindi, were helpful in gaining rapport and conducting observation and interviews. Padgett, an anthropologist, made four visits to Delhi over the fifteen-month period to assist in data collection.

Our NGO collaborators (names withheld for privacy) provided entree to their varied service programs, including men's and women's shelters and a street medicine program. For the first five months of the study, Priyam (at times joined by Padgett) accompanied the street medicine team on nighttime rounds of fourteen homeless encampments and attended a pop-up health clinic in Old Delhi. From January 2014, our project concentrated on diverse locations, including religious sites, railway stations, police stations, state courts, and hospitals. Observation took place at different times and days of the week to capture the rhythms and broad scope of activity of street homeless persons. This included careful attention to interactions among them, with neighboring residents and shopkeepers, and with the police. We also attended community events such as holiday celebrations; weddings; organizational meetings; advocacy forums convened by NGOs; and

court hearings on police brutality, lack of shelter facilities, homeless deaths, and drug use.

Observational data were supplemented with field interviews and documents. The latter included court orders, meeting minutes, police complaints, media reports, press releases, NGO reports, and government reports. We mapped the locations of concentrations of homeless persons and their contexts, including proximity to shelters, temples, food distribution, jobs, and services. Similarly, we documented the service environment, including shelters, outreach teams, hospitals, clinics, police stations, magistrate courts, and charitable institutions including temples and mosques.

We conducted field interviews with more than 200 individuals and spent approximately 2,000 hours in the field. Interviewees included 160 homeless adults, ten key informants (shelter directors and staff, homeless advocates, and formerly homeless persons), and thirty individuals who had experience working with homeless persons (police officers, hospital and clinic staff, and NGO officials). All conversations took place in Hindi or English, depending on the preference of the participant. At the suggestion of the NGO employees and others familiar with the sensitivity of speaking with homeless persons and NGO staff, we did not audio record interviews but wrote them up as interview fieldnotes.

Thematic analysis of the data was conducted through repeated readings of observational fieldnotes, documents, and interview notes by both authors to identify themes related to informal and formal relationships and use of public assistance. Inductively derived themes were identified consensually as "repetitions" (Bernard and Ryan 2010), and analytic memos were used to document decisions during the analyses (Charmaz 2014). We used triangulation as a means of validation (Creswell 2007), that is, a theme had to be supported by at least two of the three forms of data (interviews, observation, documents). We also subjected each theme to discrepant case analysis. The existence of discrepant data may nullify the theme's salience, but it can also reinforce the theme (the exception that proves the rule) or deepen the theme's significance by expanding its meaning (Creswell 2007). When exceptional or expansive discrepancies were present, we note this in the findings (there were no nullifying or negative cases). All incidents and quotes were recorded in fieldnotes or reported as firsthand experiences by key informants. In the following sections, we present five themes along with supportive ethnographic data. All names are pseudonyms to protect privacy.

Results

Persistent Illegality

The demands of survival ensured that Delhi's homeless men and women were continually breaking the law. Infractions include sleeping on private property, begging, operating unlicensed sidewalk businesses, casual sex work, and sales of contraband and drugs. When summoned to a court appearance or taken to a "beggar's home" or jail, homeless persons were confronted with paying a fine they could not afford or losing their livelihood while incarcerated. NGOs could do little unless notified of an incident of abuse of power, for example, a police beating or unlawful arrest. When homeless legal advocates took action on behalf of a homeless resident, uncooperative police, magistrates, and other government employees hampered their assistance.

Confronted with noticeable infractions wherever homeless individuals and families congregated, Delhi police officers exercised a level of discretion that enhanced their situational power. Frequently, they ignored (or were bribed to ignore) law breaking, but at other times, they employed brutal force without warning. In early November 2014, police officers working in the tourist mecca of Connaught Place attacked a couple and threw out the trinkets they had been selling on a blanket. Seeing their livelihood destroyed, the couple proceeded to pour oil over themselves and threatened to light themselves on fire. The husband shouted, "If this is how we have to live, then what's the point of dealing with this? I've lived here since I was eight years old. How is this happening to me?"

As reported afterward by the couple, this frustrated reaction came after repeated threats and verbal harassment by the police. This uncertainty and arbitrariness left homeless street vendors living in constant vigilance and uncertainty. Because they rarely had voter or other ID cards,[2] they could not procure a street vendor's license. In this, as in other cases, lacking personal identification or a license rendered them subject to arrest.

In addition to legal work such as manual labor, rag picking, and recycling, the underground economy included illegal activities such as selling drugs, casual sex work, and human trafficking.[3] On Saturday morning August 2, 2014, the Grand Imam Bukhari of the Jama Masjid entered the nearby park grounds where a women's shelter was located. Accompanied by a retinue of mosque officials and Delhi police officers, the Imam demanded that shelter residents and homeless families living in the park be evicted immediately. Tents and temporary shelters were torn down, and their contents were thrown into a trash heap.

The Imam also ordered his men to shut down the Meena Bazaar, a thriving historic market located in the shadow of the Jama Masjid. Working in this location for generations, the bazaar's merchants (some homeless themselves) lost their livelihood, and other homeless residents no longer had access to day labor in the market. As quoted in a Delhi newspaper, the Imam explained his reasoning, "Crime has risen to an extreme in this area, and I feel the night shelters are being used for sale of smack [heroin] and prostitution. The people of the area had been complaining about the problem, so I decided to visit the shelters" (Pandit 2014:para. 2).

While the shelters were not havens of illegal activity as the Imam charged, there was little dispute that the neighborhoods surrounding the Jama Masjid—including homeless encampments—were home to a bustling underground economy. The Imam's decree led to the eviction of homeless residents and merchants, but it only temporarily disrupted the criminal

networks that thrived in this part of Old Delhi. Bashar, a shelter employee and longtime resident of the area, noted that sales and use of drugs had been common in the area for years—we witnessed groups of men huddled together smoking heroin on small pieces of aluminum foil in the park and at other homeless encampments in the city. Sniffing "solution"—paint thinner, glue, and other solvents—was also popular with younger people in Old Delhi. Tahira reported recovering from her addiction when her young son chastised her: "I used to sniff fluid. First petrol, then solution. But my son said to me, 'Drop the drugs or you'll die a dog's death.' And that is when I stopped."

Some homeless men and women sold drugs as a sideline from legitimate businesses such as peddling goods; others acted as runners between dealers and buyers, and still others achieved a degree of success as full-time drug dealers. Bashar noted that members of the latter group rented rooms in Panchwa Pushta, a settlement across the Yamuna River. When asked why a homeless man would rent a room in another area of the city yet still sleep on the sidewalk, Bashar stated, "Their entire business is here on the streets. They couldn't afford to leave their business and go off somewhere else—everything is here. And now it's been shut up [by the Imam] they're figuring out how to conduct business again."

The absence of identifying documents had a side benefit as it helped small-time miscreants as well as more seasoned criminals escape identification and arrest. Birth certificates were a rarity among those we interviewed, and some used nicknames or false names in referring to themselves and others. For example, Ibrahim and his wife Amina ran a begging and pocket-picking ring employing homeless children paid nominally for their work. Using well-timed bribes and assumed names, the couple was able to avoid being caught by the police.

Dependence on Charitable Others in Times of Crisis

Private charities have a long history in Delhi, including the tradition of giving out free meals at *gurudwaras* (temples) to the poor and homeless. At the Jama Masjid, visitors could buy tokens that beggars could use to purchase meals from nearby food vendors. Beginning in the 1970s, the Indian government began a children's nutrition and health program entitled *Anganwadi* ("courtyard shelter"). At the women's shelter near the Jama Masjid, Anganwadi helpers occasionally brought meals for the children including *halwa* (a grain-based sweet dish), *channa* (chickpeas), and lentils. However well intended, food donations were limited by time, place, and quantity. Food insecurity was cited as a persistent problem in our field interviews, and the sight of children stunted by malnutrition was common in homeless encampments throughout Old Delhi. Nutritious food, including milk for young children, was especially difficult to procure.

Daily survival depended on generating income: ₹100 (less than $2 US) a day was considered barely sufficient. Employment included selling one's labor (load hauling, construction, rickshaw driving, sexual favors) or products (religious objects, tea from a thermos, or vegetables arrayed on a cloth). Though seasonally available, jobs at weddings were a coveted source of income. Indian weddings are lavish affairs requiring laborers, cooks, waiters, and busboys. With job seekers greatly outnumbering jobs, employers could be selective and fire employees at will.

While self-sufficiency was the day-to-day norm, dependence on charitable others peaked on two notable occasions: when a health crisis occurred and when a parent gave up custody of a dependent child. A health crisis had to be serious to prompt help seeking given the loss in time and income this entailed. For example, respiratory and gastro-intestinal illnesses were common complaints and generally went untreated. Chronic back or joint pain from carrying heavy loads afflicted men. Women contended with menstruation, pregnancies, and miscarriages with minimal or no access to hygiene products and medical assistance. Women might return to their home village for the birth of a child, or they might give birth under a tarp, but labor and delivery in a hospital was considered optimal despite the obstacles. Indeed, the likelihood of a hospital delivery was remote without the help of an NGO (both through offering financial assistance and advocacy on the woman's behalf).

In addition to childbirth, a health crisis worthy of seeking medical attention was typically the result of untreated or poorly healed wounds from burns and cellulitis (skin infections). Binod, a men's shelter resident, explained how he could not obtain surgery to remove a painful lesion on his foot: "My doctor's boss refuses to sign off on it. It's because I'm homeless. [NGO employee] needs to be there for them to take me seriously…otherwise they won't even talk to me."

Rahila, in her mid-20s, sought medical help but then rejected further treatment. While being examined by the street medicine nurse for an open wound on her thigh, Rahila asked, "With my leg like this, I have to always be scared, right?" When the nurse told Rahila that she might have 'bone TB,' Rahila protested, "that is fine, but I am not getting my leg cut off." Nor did the pain stop Rahila from working, "If I don't go to work for even one day, I won't have anything to eat that night."

Accidental injuries were linked to sleeping on sidewalks and medians near busy traffic. The use of open trash fires for heat in the winter and heat stoves for cooking in hot oil were prime causes of burn injuries. Farzana, a twenty-two-year-old mother of three, severely burned her leg when she was intoxicated and fell into a fire during Diwali holiday celebrations. She refused to go to a hospital, stating that her sister had died in one. After much cajoling, NGO workers convinced her to go to the hospital to receive treatment for third-degree burns. Her husband, though initially supportive, soon berated her in the hospital for neglecting their children and the drug selling business they shared. He also began picking the pockets of hospital visitors on the street outside the hospital. Farzana left the hospital three days after her first skin graft, insisting that her children needed her and the family could not afford

the hospital charges. She returned to the park near the Jama Masjid where the family had been camping under a grove of trees. Her wounds became infected, and in a few weeks, Farzana died in her *charpoy* (rope bed).

Farzana's hospitalization would have been unlikely without the presence of the NGO workers coaxing her and advocating on her behalf. Their efforts were pivotal in convincing hospital officials to abide by a legal mandate to provide a bedside attendant for "below poverty line" patients (otherwise, a relative or friend must act as the attendant, or the family must pay for an attendant). Like Rahila, Farzana rejected further medical treatment out of concern for the loss of income and additional expenses incurred. Although others such as Binod were less skeptical of medical treatment, hospital officials' refusals to admit and treat homeless patients were frequent enough to discourage help seeking. In Farzana's situation, NGO staffers had to expend as much effort convincing her to seek help as was needed to persuade medical providers to give it.

Another peak event that required NGO intervention was relinquishing custody of a dependent child. Children's homes, government funded and run by charities, were a prime source of support for homeless parents who could not care for their children. Originally chartered as orphanages, some of the over 100 such homes in Delhi accepted homeless children for periods of time to stabilize them nutritionally and enroll them in school. To place a child in such a home, the parent(s) had to attend a hearing by child welfare authorities and agree to limited or no visitation rights.

Priyam attended one such hearing with Safwan (an NGO staff member) and a widower named Sahir. Living on the streets near Connaught Place with his two young children, Sahir said he could not find work because he had no one to care for his children after his wife died of tuberculosis. Sahir sought the help of the NGO to place his daughter, four-year-old Poonam, in a government-sponsored home. Safwan compiled and photocopied the necessary documents: passport-size photos, medical records, and the mother's death certificate.

The children's home admissions committee, four older women sitting at a table, greeted Safwan, Sahir, and young Poonam. The story of his wife's death was greeted with sympathy, but upon learning that Sahir had not worked in the past six months, the committee members became derisive. "You just want to unload your kid and get married again. No kid, no hassle," said one of them. Sahir began to cry and asked if he could visit Poonam at the home if she were admitted. Approving of his paternal interest, the committee agreed to her admission. Sahir later took his preschool age son to a children's shelter near the temple grounds where he slept.

Personhood and Worthiness

Sahir's hearing exemplified how determinations of worthiness resulted in societal scorn directed at homeless parents and families. Relinquishing custody was frequently viewed as laziness and dodging responsibility. Shopkeepers and local residents complained about homeless people blocking sidewalks, littering, and begging. Alcohol abuse and drug addiction were condemned as an affront to Indian cultural and religious values. Derogatory comments about poor hygiene, too many children, and inability to support one's family were commonly heard from medical staff, shopkeepers, and government officials.

The term *kangla* (Hindi slang for worthless or penniless) was used widely in public discourse. Homeless men who were not visibly disabled *(viklang)* were deemed *kangla* or *smackiya* (heroin addicts). Below is an exchange between a physician and homeless woman (Ananya) who was seeking help for weakness and lack of appetite. Ananya approached the NGO physician during his visit to the shelter where she lived:

> Physician: "What work do you do?"
> Ananya wordlessly held out her hand in a begging gesture.
> Physician: "That's not work."
> Ananya: "It's work for us!"
> Physician: "You'll feel hungry if you do some demanding work."
> Ananya: "Where will we get such work?"

During a night outreach effort by shelter staff, a man sleeping in a traffic median was awakened and asked to decamp to the Yamuna Pushta area for his own safety. He refused, saying "Only kangla people live there. Thieves, all of them." Later in the evening, the outreach worker explained to Priyam, "Madam, every person judges others. They're all the same people in similar situations, but they look down on the others. The others are kangla, the others are thieves. Everyone wants to be different. Everyone wants to believe they're better than the others."

Legal personhood, a status achieved by having some form of identification, provided tangible benefits in affording access to government entitlements. Voter IDs in particular were valuable since India's political parties vied for votes in slums and encampments through gifts of resources and cash (Mudgal 2015). In conducting outreach to impoverished residents, the parties encouraged voter registration and dispensed cash and gifts in exchange for voter turnout.

At the Yamuna Pushta encampment, NGOs worked to register the men with limited success. Sadik, a men's shelter employee, completed more than 400 voter registrations, but none of the men received their ID cards. When asked why, Sadik said that he couldn't find the slip confirming the forms had been filed, but insisted, "We completed our forms with [NGO]. I've called them repeatedly—none of them so much as respond properly. They're useless." This ineffectiveness on follow-through troubled Sadik: "The problem is the people are losing faith in our organizations. Now, whenever I walk up to a man and bring up the fact that he might want to fill out another form to make sure he gets an ID, he will tell me to get lost and mind my own business."

The homeless individuals and NGO representatives we interviewed affirmed the importance of having a voter ID as

proof of one's civic and legal identity. This was especially salient given the unattainability of other documents such as a passport, student ID, or driver's license. However, as illustrated above, success in obtaining a voter ID card was elusive due to bureaucratic snafus and inefficient follow-through by government and NGO officials.[2]

Migration and Social Isolation

Many homeless men and women fled rural poverty seeking opportunities to work and earn income to support their families. Women came to the city for economic reasons, but they also migrated to get away from abusive husbands and in-laws. Ties to the home village were maintained, although the reasons for leaving were as much "push" as "pull," for example, conflicts among sibling heirs and economic hardship.

Social isolation characterized the lives of migrants who worked long hours and slept in the open to save money. Shiven, in his early twenties, worked as a rag picker in Sadar Bazaar near the railway station, a prime destination for migrants seeking contract work for wedding parties, construction projects, and other casual labor. He had been living alone in Delhi for six years since his brothers convinced his father to disown him, ostensibly so they could increase their own shares of the family property in their village. Shiven went back home occasionally to visit his mother because she "is the only person in the world who loves me." In Delhi, he made a few rupees a day sorting through trash, much of which was spent on feeding his heroin addiction. According to Zaroon, coordinator of a men's shelter, the onset of substance abuse typically follows setbacks in making a living on Delhi's streets:

> He [rural migrant] becomes lost and confused. Maybe the person he was supposed to meet at the station doesn't show up. He doesn't know where to find even basic work, so he sleeps where he sees other men sleeping. Within a day or two, another homeless man might offer guidance. After another few days, a man will share something to make him sleep better on the uncomfortable pavement. Alcohol, ganja, smack. The longer he stays in the city, the weaker his link becomes to the village and his family. Failure in the city is shameful, and a return to home becomes less likely.

Familial losses from estrangement were compounded by premature mortality that deprived children of one or both parents. If single men were numerous among Delhi's pavement dwellers, single women were rarely found sleeping alone on the streets. This was largely a matter of safety, as unaccompanied women were prime targets for sexual and physical violence. While younger women frequently sought a male partner for protection, older women were likely to band together with other women and children or to sleep in or near a women's shelter where NGO staff would look after them. Haseena, fifty years old, explained how she came to live in the women's shelter near Jama Masjid:

> My husband lives in a village now. Doesn't give even one bit of money or support, what can I do? I've lived alone for so long, I've become an old woman. We got married when I was still a child. He used to drink. He had rented out a rickshaw here that he used to ride. Got drunk one night, probably, and someone stole the rickshaw. He got so scared, he went back to the village. I don't really talk to anyone except my kids sometimes. I beg and I get food—that's it. I don't meet up or hang around with anyone else. I don't share my problems with anyone. No one belongs to anyone.

The women of the Jama Masjid park area, most of whom were married at a very young age, had varying degrees of stability in their male partner relationships, but none we interviewed was still living with her first husband. Typical in her story was Pariza, a twenty-three-year-old woman who lived in the park encampment with her husband and three children under age six. Married at thirteen in her home village in Bihar, Pariza was divorced two years later after her husband sold their belongings to pay gambling debts: "We fought a lot. We hit each other, and then I left him." A year later, she remarried, and the new couple migrated to Delhi and found their way to the park encampment. Her husband was physically and verbally abusive and drank heavily. She shared, "Maybe if I hadn't remarried, I wouldn't have to hear these insults today. I would have been fine." Pariza worried about the effects of homelessness on her children; alcohol-fueled fights occasionally broke out and frightened her:

> At night, I don't go to bed until one or sometimes two. Sometimes I can't sleep at all because I'm thinking. I wonder sometimes if there's going to be a fight. Somehow I can tell when there's going to be one before it happens. I knew yesterday something was going to happen, so I just took my kids away. If they start throwing stones, what if my kids get hurt in the crossfire? If I'm not here, where will my children go? There's no home for us. That's all I keep thinking about.

One rather extreme and poignant indicator of social isolation in Delhi is the number of unclaimed dead found on the streets. In 2014, a report was released on bodies autopsied at the All-India Institute for Medical Sciences in Delhi from 2006-2012. In all, 11 percent, or 1,355, were unclaimed (Saurav et al. 2014). Over 90 percent were males with an average age of forty-three (age range of one year to eighty-five years), and "natural causes" were registered as the cause of death. Virtually all of the bodies were found on a roadside. Delhi has four crematoria designated for unclaimed bodies, the largest one located close to the Yamuna River men's encampment (Saurav et al. 2014).

Precarious Relationships and a Lack of Trust

Concerns about exploitation were a common refrain in our field interviews. Laborers were promised wages that never materialized, locals charged for water from a "free" tap, and "bedlords" rented donated blankets and cots instead of making them available at no cost. Bribes paid to local police

ensured these illegal activities could continue. Distrust also corroded family and intimate relationships: husbands promised their wives not to spend wages on alcohol or drugs (or to remain faithful), children became runners for local drug dealers against their parents' wishes, and brothers feuded over a meager inheritance.

Because the women's shelters near the Jama Masjid prohibited men, women with male partners who wished to stay together camped nearby in the public park where they had a small makeshift community. This is where Farzana lived with her husband and three children (her story was told earlier) and where baby Anya lived with her mother, Tahani, on blankets set under a tree. Tahani's husband, a rickshaw driver, drank heavily and stayed away from them for long periods. Unable to depend on him, Tahani spent her days selling Ajmeri *chaadars*, or colorful pieces of cloth presented at mosques and Muslim shrines. She told us, "When I don't work or make money, I worry. I need at least enough to get milk for my baby."

Male partners were valued for protection from other men and for income support, but this often fell short, as in Tahani's case. Violent abuse from husbands was a common complaint among the women we interviewed, a fate that was considered unavoidable. When asked whether she had been harmed in the past year, Serena was quick to respond that no one would dare touch her: she was strong and had her husband to protect her. However, when asked whether her husband had ever abused her (as he was widely known to do), Serena said yes, explaining that marital violence did not count as "harm."

Women placed their trust in their children in the hope that at least one would be able to take care of them in the future. Aisha, in her late thirties, lost her four sons to her estranged husband's family and lived with her young daughter who she referred to as "my entire wealth, my entire world. I live for her. She can be well-educated, get a job…." Aisha is also aware of the dangers of being on the streets and hopes that a children's home will take her daughter in. "… [S]he needs to get out of here. If she stays, I don't know what will happen to her."

Friendships among women were made tenuous by concerns over male partners' fidelity and financial support. The women in the shelters expressed surprise at a friendship that blossomed between Sarika, a young deaf woman, and Razia. Razia protected Sarika from local men in exchange for child care while she worked. A shelter resident commented, "What does Sarika ask for in return? Very little. She doesn't even get any money! She's just helping out."

A rare example of family unity was found in a busy temple plaza near Connaught Place. Here, sixty-three-year-old Bala presided over four generations of his family living in close proximity on the pavement. Arriving in Delhi as a young boy from rural Maharashtra, Bala contended with addiction among his family members and attended public hearings to speak about the problem; he and his wife also sold small amounts of heroin. The tensile strength of Bala's family ties was likely related to his paternal leadership.

Trust was conditional and often withdrawn; women and men routinely rejected the notion of asking for help whether out of fear of rejection or betrayal. Distrust was also evident in relationships between shelter residents and their neighbors near Jama Masjid. Tensions simmering around use of a public water tap nearly erupted in violence in February, 2014, when some local residents blocked access and attempted to charge homeless women for the water. One of the women living in the park shared her frustration with the shelter employee who oversaw the installation of the tap and its upkeep: "You're not the problem. You are doing what you can, but why should we pay? I'll pay for water elsewhere, but not from that tap. That's our tap too." Such expressions of defiance were common among the homeless women in the shelter and neighboring encampment. Although not always effective, their resistance to victimization was situated within a distrust of the motives of others.

Discussion

This report is one of few ethnographic accounts of the lives of homeless adults and families in the Global South, with particular attention to India. With our thematic findings of persistent illegality, crisis-related dependence on charity, personhood and worthiness, and social isolation and distrust, we sought to present a balanced yet nuanced portrayal that can assist in better understanding the challenges confronting pavement dwellers in Delhi. Dedicated NGOs produced individual gains, but these were often lost amidst the demands of life on the street, including the ever-present threat of arrest and destruction of one's belongings (Ramanathan 2006; Schindler 2013).

Avoiding police sweeps, competing for prime sleeping locations, and return visits to the home village necessitated a transient life that was not conducive to longer-term commitments. Social relationships were transactional, their value a necessary calculation of the likelihood of betrayal versus benefit. Romantic partnerships might bring protection and sharing, but they were also threatened by substance abuse and violence. Few ties were maintained over time other than the mother- (and sometimes father-) child bond; those bonds were disrupted when a parent relinquished custody to a children's home.

Charitable aid through almsgiving, food, and temporary shelter provided some assistance, yet the day-to-day lives of homeless persons were characterized by the near-constant demand to generate income for sustenance. Events requiring the greatest dependence on charitable others, for example, children's home placements and serious illnesses, were "peak" crisis events. Indeed, self-reliance was the ultimate means of survival, a testimony to the human capacity for makeshift living amidst hopes for a better future for one's children.

Calls for greater attention to global homelessness have become more common of late. The Institute for Global Homelessness supported by the DePaul International Foundation was established in 2015 to assist in ending homelessness around the world (IGH 2015). In addition to estimates of prevalence considered necessary for

cross-national comparisons (Busch-Geertsema, Culhane, and Fitzpatrick 2015), qualitative and ethnographic research is needed to understand the complex social, cultural, and economic dimensions of the lives of homeless single adults, families, and children. In comparing our findings to what is known about homelessness in other nations, we see similarities in terms of criminalization, stigma, and strained or depleted social relationships. While the availability of services varies widely depending upon social welfare expenditures, the root cause of poverty remains consistent across nations.

Specific recommendations arising from this report include intensifying efforts to provide identification documents to ensure greater social and legal inclusion of Delhi's poor and homeless. Although possessing a voter ID card hardly means immediate access to food rations and other public services, it is an essential first step. Additionally, while the family is the bulwark of Indian society (Das 2007), the realities of many homeless women's lives as child caretaker and breadwinner highlight the need for increasing economic support for mothers (and single fathers) with dependent children. This could also reduce the need for custodial children's homes. Greater attention to enforcing "below poverty line" entitlements in medical care would help to close the gap in health care delivery as well as reduce distrust in the health professions. Finally, decriminalization of the activities homeless persons carry out to survive—including begging, selling legal goods, and sleeping outdoors—would remove the onerous burdens of fines and incarceration.

Regardless of the nation, city, or other jurisdiction, government responses to homelessness are often confined to proximal measures such as emergency food and shelter (Padgett, Henwood, and Tsemberis 2016). Excluding attention to structural factors that limit access to permanent housing, a living wage, and health care is likely to perpetuate inequality and increase rather than decrease homelessness. As the number of poor and homeless individuals rises in the face of growing economic inequality (Piketty 2014), governmental capacity and the political will to build and rehabilitate affordable housing is crucial. Such an observation is especially pertinent for India, where rates of population growth are among the world's highest (UNDP 2014). In April 2016, United Nations Rapporteur for the Right to Adequate Housing, Leilani Farha, visited India and criticized the national government's "Housing for All by 2022" campaign. Concerned with the program's emphasis on building new housing for those who could afford it, she stated, "For every luxury unit created, an untold number of households may be evicted and rendered homeless" (Sen 2016).

In conclusion, our goal is to expand awareness and understanding of the lives of homeless persons in the Global South city of Delhi. We found that the pursuit of self-sufficiency took a toll in unsettled relationships and trust as well as in poor health and premature death. As a result, the men and women we encountered can be credited with surviving against daunting odds. Increasing and sustaining public assistance programs for homeless people can build on their hard-earned resourcefulness and substantially enhance their health and well-being.

Notes

[1]These widely varying numbers reflect the absence of a systematic count of homeless Delhi residents. The broad range of estimates even among homeless advocates attests to their inability to go beyond guesswork when resources are not available to support a field-based point-in-time count (Perappadan 2014).

[2]Of India's 1.2 billion people, approximately 400 million do not have identity documents (Sathe 2014). Most affected are the poor and homeless who are less likely to have birth certificates and a stable residence for authentication of identity. After intensive lobbying by a Delhi NGO known as Aashray Adhikar Abhiyan, a government drive began in Delhi in 2009 to permit homeless persons to be registered to vote. However, the requirement that election officials visit the shelters to verify status was rarely fulfilled. As well, the drive excluded the vast majority who were living on the streets (Sathe 2014).

[3]Interviewees frequently expressed fears regarding the abduction and trafficking of homeless children, especially girls. Although the families we interviewed reported no direct experience with human trafficking, numerous cases were documented by the journalism advocacy group Women's Media Center during an inquiry in Delhi. In their report, it was noted that the children who were trafficked for domestic labor were also sexually and physically abused (Sur 2013).

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