Chronicles of Seasonality

DREADING THE MONSOON:

SEASONALITY IN POVERTY CREATION

Kothari Bai has strong feelings about the monsoon season. "On the one hand, when it rains our crops get nourished. But no work is available at that time, and there is more need for money." Wage employment is hard to find in July and August in southern Rajasthan. Those whose livelihoods depend upon receiving a daily flow of wages face a particularly hard time during the monsoon season.

Throughout the year, seasons rule the tempo of life in this village. Many people migrate to nearby Gujarat to work as casual labor. For those who stay behind, children, the elderly, and women, the monsoon season represents the hardest time of the year. Food supplies, stored from the previous harvest, are at their lowest point. Those who left to work in Gujarat have not yet returned, bringing back their savings. With money and food supplies simultaneously running low, families survive by borrowing small or large amounts from local moneylenders. Interest on these loans is calculated at rates ranging from two percent to ten percent monthly, with the poorest borrowers having to pay the highest interest rates.

Seasonal illnesses peak at the time of monsoon. Waterborne diseases, such as diarrhea and gastro-enteritis, and others, such as malaria, are most prolific soon after the monsoon showers begin to fall. Additional expenses on account of health care add to the financial burdens of cash-strapped families. Further loans are taken out to pay for health care costs. Quite often, future labor power is pledged against these loans, initiating a cycle that ends in debt peonage for many.

According to one moneylender, Ram Kishore, who lives in Kothari Bai's village, requests for new loans are most frequent in July and August. Distress sales of families' assets also peak during these months. Low cash reserves and emergency expenses combine to deplete the meager pools of assets that poor families possess.

Many families have fallen into chronic poverty in this village. Of the total of 111 households who live here, 16 households make up the category of the newly impoverished. They were not poor ten years ago, but they are desperately poor at the present time. Not all of them fell into poverty during the monsoon season. Indeed, it is hard to say when exactly they moved across this categorical divide. Unlike statisticians, ordinary people do not think of poverty in terms of some sharply-drawn dividing line. Nor is it any single event that usually pitches people into poverty. More often, descents into poverty occur over longer periods of time, the result cumulatively of a succession of negative events.

Among the events that contributed to descents into poverty in Kothari Bai's village, ill health and high health care costs are most prominent. For a study that I conducted, a random sample of eight households was selected from among all 16 households who fell into poverty in this village. Interviews conducted with multiple household members helped reconstruct detailed event histories, revealing the nature of negative events that were experienced by these households. On average, three negative events were experienced in each such case.

Two-thirds of all negative events involved illnesses, injuries, deaths from diseases, and high health care costs. The onset of some of these ailments, such as cancer, cardiovascular diseases, and tuberculosis is hard to date precisely. In other cases, the interviewees were more forthcoming about these dates.

Nearly one-half of all related health incidents (7 of 16) commenced or became acute at the time of the monsoons. Kiladevi's 18-year-old son, Ramesh, who went out in the dark to rescue some cows from a rising stream, accidentally stepping upon a live high-power cable set loose by the heavy storm. He was instantly paralyzed on one side of his body and died six weeks later, but not before Kiladevi's entire savings were exhausted by medical costs. Gokalnath, a 60-year old man, fell ill for the first time in his life after drinking contaminated water brought home from a nearby pond. Three years later, he died, reportedly on account of a stomach ulcer. His widow, Tulcchi Bai, had to sell their small agricultural holding in order to meet the doctors' demands for cash. Ramjilal's wife died during the monsoon season. She was carrying their third child. Complications developed after she was bitten by mosquitos. Because the river, normally dry, could not be easily crossed, especially by a mortally ill woman in her eighth month of pregnancy, Ramjilal arranged, at great expense, for a qualified nurse to be brought across. But fate intervened before the nurse could arrive. The expense was to no avail. Other negative events followed. Ramjilal, like Tulchhi Bai, is desperately poor at the present time.

Floods caused by an unnaturally heavy rainfall destroyed the low-lying fields that Chaturbhuj had patiently nurtured over the previous ten years. As he frantically attempted to repair the breach in the low mud wall, one of his pair of oxen was carried away by the fast-flowing flood. Two years later, Chaturbhuj died, strangely enough during the monsoon season. Although his worsening heart condition had hardly anything to do with the rains, his widow, Kothari Bai, continues to have strong feelings about the monsoon season.

Those who have remained persistently poor narrated similar stories about how suffering due to respiratory diseases, such as asthma and chronic bronchitis, became more pronounced during the months of monsoon. Long-lingering diseases are more acutely experienced after the rains begin to fall. Doctors and healers have to deal with their heaviest patient loads during this season. Cattle deaths are also more frequent at the time of monsoon. Despite the efforts that poor and near-poor families make through the rest of the year, setbacks suffered during the monsoon tend to perpetuate poverty.

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