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COMMENT

Aiding AIDS: fallouts of a social protection scheme in India

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ABSTRACT

The public works program (PWP), the *Mahatma Gandhi National Rural Employment Guarantee Act* (MNREGA) in India, opened a new chapter in rural governance, signifying transformative potential for enhancing economic and social security. Despite the aim of this social protection scheme to enhance the "livelihood security of the household", provide employment to landless labourers, and encourage sustainable development, young men still opt to be migrant labourers in Bombay, many of whom become infected with AIDS and subsequently die. Often economic returns outweigh social risks and the new channels of disempowerment it reopens for women and children who are dependent on the income of these migrant men. We draw on ethnographic research conducted in Udaisarai (Gram Panchayat), Bhitaura block in Fatehpur District (Uttar Pradesh), to uncover rural-to-urban migration to Bombay, for better employment opportunities, and AIDS as one of the fallouts of the poor implementation of MNREGA. These pressing concerns need to be critically evaluated.

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Introduction

As we approach the village of Udaisarai, we are struck by its prosperity with *pucca* (solid) roads and houses, which are surrounded by fertile agricultural land with fields of mustard, sugarcane, potatoes, and chillies. These lush surroundings hide an insidious reality of infection, affliction, and mortality. Udaisarai has received repeated coverage in the media for its escalating number of deaths related to HIV/AIDS infection (Sen 2022), due to large scale migration for better remunerated employment to Bombay, despite the village being a beneficiary of the largest anti-poverty rural public works program (PWP), the *Mahatma Gandhi National Rural Employment Guarantee Act* (MNREGA), in India. MNREGA aims to enhance the "livelihood security of the household" (MoRD 2012), provide employment to landless labourers, and encourage sustainable development. MNREGA aims to "aid in the empowerment of the marginalised communities", especially women, the scheduled castes (SCs), and the scheduled tribes (STs) (MoRD 2012). However, implementation of the program is fraught with issues such as insufficient work, corruption, lack of transparency, and, at times, inflected with caste dynamics in the villages of India (Dutta et al. 2012).

Women's empowerment has remained at the core of social protection programs in the Global South, which are broadly understood as "social insurance, social assistance and labour market policies" (Hujo 2021, 345) and an important instrument to address the challenges of inequality, poverty, and social exclusion, together with providing the poor with a "safety net". Like MNREGA, there are similar large schemes such as the conditional cash transfer (CCT) programs (Programa Bolsa Família

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in Brazil and Opportunidades-Prospera in Mexico), which prioritise women (e.g., 93 per cent of PBF cardholders are women) as chief beneficiaries since women can facilitate child welfare and access education and health services for their girl-children, ultimately resulting in intra-family women's empowerment (Eiró de Oliveira 2019). Similar to in South America, the South African Government institutionalised programs like the Expanded Public Works Programme (EPWP) and Community Work Programmes (CWP) to address unemployment and poverty. They used labour-intensive technologies to build and maintain infrastructure while simultaneously providing skills development and employment to the unemployed (Ehmke 2014). Unlike MNREGA, individuals taking part in the EPWP can be empowered with skills and possibly create sustainable livelihoods. The advantages of these schemes have to be analysed in conjunction with some common limitations such as corruption, inadequate resources, and sometimes disempowerment of local beneficiaries. To cite an example, in PBF, the discretionary power of the government to "separate 'deserving' from 'undeserving' poor (…) exacerbates a sense of insecurity among beneficiaries" (Eiró de Oliveira 2019, 386). In fact, fear hinders many from accessing or availing themselves of benefits.

This research focuses on the village of Udaisarai, which is a Gram Panchayat in the Bhitaura block of Fatehpur district in Uttar Pradesh, India. The village has approximately 500 households and a population of around 3,000. It has 400 to 500 migrant men labourers who move to Bombay (the main areas being Bhindi Bazar, Borewali, Gawandi, and Udala) for work for four to five months in a year, in jobs associated with marble polishing, stone work, or furniture work. For accommodation, they pay 8,000 to 9,000 rupees for one room per month. The room is shared by seven to eight people, from the same caste (Interview with Naresh, a 35-year-old male migrant) and this domestic set up makes it difficult for men to bring their wives and children. As Kelkar (2007) points out, it is difficult for all members of the household to migrate as most rural women lack production-related skills necessary for sustained survival in the cities. As a consequence, while men leave to become temporary labourers in the cities, women and children are left behind to take care of agriculture, land, elders, and the children – that is, both productive and reproductive work.

The exodus of migrant men has brought in remittances, which has contributed to the prosperity of Bhitaura village. Paradoxically, the heavy migration has crippled the village by turning it into a host for the epidemic of HIV and AIDS. Based on in-depth ethnographic fieldwork in Udaisarai in 2019, this research note delves into uncovering what triggers this trend of migration, which brings economic gains but also contributes to social disempowerment, shouldered mainly by women and children. Our multiple visits led the families (with widows and orphans) to gradually open up about the loopholes of MNREGA, how they perceived migration, its causes and consequences, the hardships inflicted upon them by the epidemic of AIDS and the underlying concerns and apprehensions of women whose husbands continue to migrate for work due to lack of work and poor remuneration in and around the village. Together with interviews, a case-study approach was adopted with respect to one household in Udaisarai, which witnessed multiple deaths, due to AIDS. Our findings exposed the plight of several AIDS-affected families with widows and orphans reeling under the façade of an economically prosperous village.

The impetus to migrate

Udaisarai has been the beneficiary of India's largest employment guarantee scheme, MNREGA, the which confers to every household living in rural areas the right to be employed in unskilled manual labour on public works for 100 days per year and to be paid a statutory minimum wage, equal for men and women. The *sarpanch* (village head) of this village underlined the lack of work or jobs in the village as the major reason fueling the trend of migration, together with better remuneration associated with jobs in Bombay. However, the enquiries made about MNREGA in Udaisarai uncovered that the scheme was plagued by a multitude of factors. First, corruption was endemic to Udaisarai. Favouritism was discerned in unfair distribution of MNREGA job cards by sarpanchs leading to several needy people not getting any work. Satish, a low caste from Bhitaura village

states, "whoever becomes sarpanch, he or she always favours people of their own caste background". Across the villages of Fatehpur district (Deegh, Hazipur Gang, Sevant, and Jafrabad), MNREGA workers were also fearful of complaining against sarpanches, as exemplified by a worker's comment, "*kahan jayenge, rehna to isi gaanv mein hai*"(where will we go, we have to live here only in this village). Second, there was a lack of continuity in MNREGA work (see CAG 2013), which nurtured this pattern of migration, corroborated by the former Sarpanch of Udaisarai, Manoj Pal Dhobi, who showed us two MNREGA sites which had been left incomplete. Similar concerns were articulated by other villagers through statements such as, "if we had MNREGA work, why would we go to Bombay", or "because there is no continuity in MNREGA work, we cannot think of improvement". Third, social audits were not conducted by the sarpanch, which minimised transparency regarding funds and expenditure under MNREGA. In fact, to avoid accountability, public meetings, where work distribution, delayed payments, or other grievances of MNREGA workers could be potentially discussed, were hardly held by the sarpanch.

Furthermore, the impetus to migrate in Udaisarai is also fuelled by caste dynamics that are inadvertently triggered by MNREGA, despite the program's emphasis on empowerment through waged work for SCs and STs. The upper castes are unwilling to work in MNREGA as it sits uncomfortably with their caste status. However, they hold MNREGA job cards and claim the money without actually working on MNREGA sites. Due to these caste-related discrepancies, low caste people who actually work under MNREGA are often underpaid and even unpaid at times. As opposed to the government-stipulated payment under MNREGA, which is around 200 rupees per day, many low caste workers received only 100 rupees. As one of our respondents mentioned, "with 100 rupees with MNREGA work, what can we do … one who works in MNREGA will die". Caste-based oppression and limited and underpaid work opportunities have been a major push factor for low caste men to migrate to Bombay for better remuneration (400 to 500 rupees per day). Another respondent stated: "*pet ke khatir kaam karna padta hai*" (they have to migrate to make both ends meet).

Caste presents a curious paradox in this village. Upwardly mobile lower castes and higher castes in Udaisarai both migrate to the cities to work. Brahmins and Thakurs prefer to work as labourers in Bombay than to work together with scheduled castes as unskilled labourers (Interview with Sarpanch) under MNREGA. As our upper-caste respondent, Mahesh said, "high caste people will not work in other's fields or MNREGA. We don't work as bonded labourers in Bombay". Those working as agricultural labourers on others lands are often bonded labourers and belong to the lower castes. Though MNREGA has provided the economic opportunity to move away from the bonded traditional caste-based labour, it has not completely eroded it. When asked about the option of working in others' fields or MNREGA as labourers to minimise the risk of AIDS, Mahesh ruled it out by saying, "*bahar kuch bhi karin, yahan nahin*" (we can work as anybody outside the village but not in the village). Furthermore, upper castes also disallow their women from working in the fields or MNREGA as women are seen as the symbolic custodians of their higher "ritual status" (Thapar-Björkert 2006).In fact, in the case of Udaisarai, upper castes are ready to endure more long-lasting stigma if they are afflicted with AIDS and the revelation of their sexual liaisons in the city.

Living with stigma

The stigma of AIDS and related deaths has engendered severe inhibitions among people in Udaisarai, especially women, preventing them from disclosing the reason for deaths unless repeatedly asked. A woman named Gita, belonging to the Nai caste, was very secretive about her in-laws' deaths due to AIDS in 2002 and 2007. She mentioned that they had died because of an air-borne virus. However, another woman sitting next to her gave her a look of reproach and went on to explain that Gita's father-in-law was diagnosed with AIDS and died because of "*randibaazi*" (seeking women for sex). Stigma around AIDS often entails devaluation, discrimination, and status loss (see Nambiar 2012), which became explicit through statements by Gita's women associates, such as "*iske papa mein galti rahi*" (her father was at fault) or "*saare mard ek hi jaise hote hain*" (all

men are alike when it comes to women). Stigma is not just an individualistic experience, it is strongly embedded in "structured" social relations (Scambler 2009, 453). Gita later opened up about the suffering her husband had to face due to her in-laws' medical treatment in Bombay. Following their deaths, they were left with very limited assets and now live in a one-room house, the front of which was covered with tin where she cooked food. Her husband worked in MNREGA for six to seven months but left it as the MNREGA work was highly irregular and was not sufficient for their survival. He now works in a salon in Kanpur to secure a livelihood. Another research subject, a widow named Mangala, of the Dhobi caste remained silent about the reason for her husband's death. Other women surrounding her spoke on her behalf about the symptoms her husband had before his death in Bombay, though they did not explicitly associate these symptoms with AIDS. The most common symptom cited by them was "*dane or phode phunsi*" (boils) all over the body. Mangala's life changed drastically after her husband's demise, and she is now forced to work in agricultural fields as a labourer to support her three children.

In another instance, an old paternal grandmother, Krishna, of the Raidas caste, after losing her son and daughter-in-law through AIDS, now takes care of their orphaned son. Sitting on the ground in front of her cow-dung and mud-plastered house with a thatched roof, Krishna's grandsons from her other children roamed around her bare feet on a chilly winter day. Ironically, she shared that she was compelled to send her orphaned grandson to Bombay for work because it was a question of survival for them: "*Bombay na jaat, to bhookan mari, jab majboori hoye, to kahan jaye, ka khaaye, ka bachan ko khilaaye*" (if we do not go to Bombay, we will die of hunger; where should we go, what do we and our children eat?). When asked about her involvement in MNREGA, she criticised MNREGA of corruption and meagre payments, while adding, "*100 rupay mein yahan kya khaayi*" (what will we eat with 100 rupees? It is nothing). While showing us the pictures of her deceased son and daughter-in-law and remembering how she survived those difficult times, she lamented about her current circumstances and the liabilities she had, even in old age. Along with the stigma around AIDS which socially marginalises the families that witnessed deaths due to AIDS, these families are also economically disempowered due to heavy expenses related to the medical treatment of the infection.

Amidst these narratives of AIDS-afflicted families, one distinctive example that stood out was a Brahmin joint-family household, which was repeatedly mentioned by villagers during interviews and had witnessed five deaths due to AIDS. This house belonged to Sri Sulab Singh (and his wife Meera Kali) who had four sons named Tipu Singh, Surab Singh, Kila Singh, and Mahesh Singh. The four sons lived as an extended family in this household. The house presented a dilapidated facade, atypical of a Brahmin's house. A small room and a narrow pathway led us to a courtyard that was surrounded by four rooms and, at the boundary of the courtyard, sat a woman, named Sunita, wife of Mahesh, cooking on a *chullah* (earthen stove) for her husband who was leaving for a religious pilgrimage shortly. There were other women and men from the same household who were sitting on a *charpoy* (woven cane bed), kept near the courtyard. Kila and his wife, Kasturi, died due to AIDS in 2006 and 2007, respectively, which was followed by the deaths of their three children (Rajni, Rashmi, and Shamsher), who were born after their father contracted the HIV virus. As the family narrated: "within a span of ten to twelve years, they all passed away". In relation to Kila, they said that "he used to get stomach aches and then got injections for that pain, so that he could sleep. Fever was a common symptom and his blood dried up". While the family was comparatively vocal about their family history, they were divided in their views on the benefits of migration to Bombay. The elder brother and sister-in-law told us about Kila, saying that, "*unka nature ganda nahin tha*" (he was a good-natured and cultured man) and instead referred to Bombay by saying "*wo sheher hi ganda hai*" (the city in itself is bad). The other men in the house, however, showered praises with regard to the economic benefits, for example, "*Bombay ne chamka diya humaare gaanv ko*" (our village shines with prosperity due to Bombay) and "*ye fatehpur ka ek number gaanv hai*" (this is Fatehpur's no.1 village).

Contrary to the men, the women in this household spoke more about the human loss from AIDS and the plight they suffered from its aftermath. Sunita explained how they had to sell their gold for the treatment of Kila's family. The painful deaths shattered the whole family, emotionally as well as financially. While narrating her poignant experiences and explaining the poor condition of the house, Sunita pointed towards the roof above her and said that sometimes water also dripped from the roof when it rained very heavily. After separating women from men during the interviews in this household, the youngest daughter-in-law in the house, whose husband was also working in Bombay, opened up about Kila and mentioned that he had become infected from a girl in Bombay, due to "*sharaab'and lafrabaazi*" (alcohol and laddishness).

Conclusion

Despite these incidences of HIV-related deaths, the trend of migration remains largely unaffected and men from Udaisarai village continue to go to Bombay for work. Migration, despite the embedded human loss and social risks, also uncovers the deficits within the MNREGA scheme, such as insufficient employment, untimely payments, discriminatory caste dynamics, and corruption. Often economic returns outweigh social risks and open channels of disempowerment, especially for women (widowhood) and children (orphans), who are dependent on the income of these migrant men. The strengthening of the MNREGA scheme can control such patterns of migration and particularly its impact on women and children. With its focus on employment for women (and other marginalised sections), the scheme can significantly limit the dependence of women on the remittances of male migrants and can economically empower them to run their households. With recent allocation of 40,000 crores by the Narendra Modi government to MNREGA in 2024,[1] to improve employment and the rural economy, this anti-poverty program continues to hold relevance as a potential scheme for empowerment of the most marginalised sections in the village. Hence, the identified loopholes and consequent social risks are pressing concerns that need to be critically evaluated.

Note

1. https://www.business-standard.com/budget/news/budget-2024-fm-promises-20-mn-more-rural-houses-hikes-mgnrega-allocation-124020101021_1.html

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Consent

During the course of our qualitative research, we received informed consent from our participants. All names have been anonymised. An ethics approval verification has been attached.

References

CAG (Comptroller and Auditor General of India). 2013. *Performance Audit of MNREGA, 2007-2012*. New Delhi: Comptroller and Auditor General of India.

Dutta, Puja, Murgai Rinku, Ravallion Martin, and Dominique Van De Walle. 2012. "Does India's Employment Guarantee Scheme Guarantee Employment?" *Economic and Political Weekly* 47 (16): 55–64.

Ehmke, Ellen. 2014. "Strategies for Social Protection Provision: A Comparison of Brazil, India and South Africa." In *Socio-Economic Insecurity in Emerging Economies*, edited by Khayaat Fakier, and Ellen Ehmke, 120–132. London: Routledge.

Eiró de Oliveira, F. H. 2019. "The Vicious Cycle in the Bolsa Família Program's Implementation: Discretionality and the Challenge of Social Rights Consolidation in Brazil." *Qualitative Sociology* 42: 385–409.
Hujo, Katja. 2021. "Social Protection and Inequality in the Global South: Politics, Actors and Institutions." *Critical Social Policy* 41 (3): 343–363.
Kelkar, Govind. 2007. "HIV, Gender and Dispossession: Towards an Asian Response." Paper presented at Eighth International Congress on AIDS in Asia and the Pacific (ICCAP), Colombo, Sri Lanka, August.
MoRD (Ministry of Rural Development). 2012. *MGNREGA Sameeksha*. New Delhi: Ministry of Rural Development.
Nambiar, Devaki. 2012. "HIV-Related Stigma and NGO-isation in India: A Historico-Empirical Analysis." *Sociology of Health & Illness* 34 (5): 714–729.
Scambler, Graham. 2009. "Health-Related Stigma." *Sociology of Health & Illness* 31 (3): 441–455.
Sen, Priyadarshini. 2022. "A Pocket of Forlorn Villages in Fatehpur District Rues a City Disease." *Outlook* 5 February.
Thapar- Björkert, Suruchi. 2006. "Women as Arm-Bearers: Gendered Caste-Violence and the Indian State." *Women's Studies International Forum* 29 (5): 474–488.