Social Construction of Health and Well-Being among Informal Workers in the Construction Sector in Delhi NCR

Thesis Submitted to Jawaharlal Nehru University in Partial Fulfilment of the Requirements for the Award of the Degree of

DOCTOR OF PHILOSOPHY

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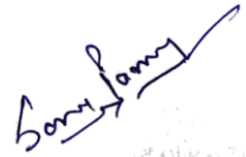
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Declaration

I declare that the thesis entitled "**Social Construction of Health and Well-Being among Informal Workers in the Construction Sector in Delhi NCR**" submitted by me in fulfilment of the requirements for the award of the degree of Doctor of Philosophy of Jawaharlal Nehru University is my original work and has not been submitted for any other degree of this university or any other university.

Sonu Pandey

We recommend that this thesis be placed before the examiners for evaluation.

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I owe this work to my parents. Without their inspiration, this work would never have been possible. Whatever I am today and whatever I have been able to achieve so far has been built upon their countless sacrifices and continuous support. It goes without saying that I wouldn't have been able to complete this work without their invaluable contributions.

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Abbreviations

APU	Azim Premji University
BOCW Act	Building and Other Construction Workers Act
COVID	Corona Virus Disease
CSO	Central Statistical Organization
DBT	Direct Beneficiary Transfer
DDA	Delhi Development Authority
DMRC	Delhi Metro Rail Corporation
ESI	Employees' State Insurance
GDP	Gross Domestic Product
GNCTD	Government of National Capital Territory of Delhi
GNP	Gross National Product
IHD	Institute of Human Development
ILO	International Labour Organization
ISLE	Indian Society of Labour Economics
JJ	*Jhuggi Jhopri*
NCEUS	National Commission for Enterprises in the Unorganized Sector
NCR	National Capital Region
NCT	National Capital Territory
NGO	Non-Governmental Organization
NSS	National Sample Survey
PF	Provident Fund
PLFS	Periodic Labour Force Survey
PPE	Personal Protective Equipment
RSI	Repetitive Strain Injury
RTTC	Right to the City
TBT	Tool Box Training
UFW	Unacceptable Forms of Work
WHO	World Health Organization

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Introduction

Through his work on the condition of the working class in England, Fredrick Engels talked about the inhuman working and living conditions of people in England. He talked about the issues of health, housing, nutrition and clothing of people working in the city who had migrated from the countryside. These accounts allude to physical suffering along with intellectual and moral degeneration (Herzog, 2019). The motif is that suffering is not just a "social fact" but also has moral imperatives. The contemporary situation and the labouring landscape are entirely different from the context of his work; however, his work provides an empirical framework for subsequent inquiry into the field of labour.

The current study deals with the question of labour and its well-being with a framework to analyze the health and well-being of labour in the construction sector in Delhi. In the present era of globalization and economic transition, the question of labour and its well-being continues to be one of the persistent issues. It has also become an integral part of the current political discourse. Though much of the debate surrounds the quantum of employment, which is pertinent, the quality of jobs is equally important. The issue of unemployment is critical for economic development; however, the elusive issue of the current debates is the quality of employment and improvement of the present employment conditions of urban labour. This is the broad premise of the study that attempts to understand how different dimensions of work determine health.

Construction is the cornerstone for the growth and emergence of cities in the first place. Besides, the construction sector has great potential to generate large-scale employment. However, the expansion of the sector has been predominantly informal. It is faced with many challenges, such as improving the quality of employment and employment insecurities. This is mainly reflected in people's working and living conditions, which further get manifested in the form of the health status of workers and their families.

Globalization, accompanied by demographic change and change in the structure of the labour market, has been one of the key developments in the past two decades. The key discourse at the core of globalization is cities are primarily being viewed as engines of economic growth. It has given rise to casualization and informalization and has altered the existing employment structures. It is also associated with flexible, precarious, and insecure employment. One of the central concerns in this regard is that globalization has affected the provisions of social

protection and various labour welfare measures, which has a detrimental impact on the health and well-being of workers in the construction sector. It has enhanced vulnerability and rendered a substantial proportion of workers in the construction sector to multidimensional poverty.

Construction workers are among the most vulnerable groups of people in the country. The very nature of their work makes the people working in this sector vulnerable. A significant proportion of workers in this sector face many health and safety-related problems just because of their working, living, and environmental conditions. The construction sector also accounts for the highest number of casual workers. These are least protected in terms of employment security, health security, and enrolment in social protection schemes. The casual workers were one of the hardest hit by the pandemic. They lost their jobs and were desperately returning to their home town. They were caught up in the midst of the pandemic without work and a, secure accommodation and money to sustain their daily living.

The health and well-being of labour are determined by various factors, and critical among them is access to basic amenities, which is reflected in the living conditions and their working conditions, which are intricately linked with the concept of decent work. The study builds upon the framework of decent work and unacceptable forms of work as the International Labour Organization proposed to understand the association between various dimensions of work and health. Decent and unacceptable forms of work are two divergent strands of work that represent the gradient of urban labor's working conditions in the informal sector. The study focuses upon and analyzes the health and well-being of the labour in the construction industry using the framework of decent work and 12 substantive dimensions of unacceptable forms of work that are fundamental to any working conditions.

Decent work was first proposed by the Director General ILO in its report to the international labour conference in the year 1999. Since the promulgation of the concept, it has been understood and promoted in different ways in different economies. Scholars have proposed different interpretations and indicators to understand the concept and its applicability. On the other hand, unacceptable forms of work have been identified by ILO as an area of critical importance. The current study attempts to unpack the question of what is decent work, the notion of decent work vis-à-vis Indian laboring landscape and its prevalence in the construction industry. It explores the knowledge and understanding among the local authorities and measures undertaken to ensure its implementation.

Removing the elements of unacceptable forms of work and generating opportunities for decent work should be the most important policy objective to achieve any meaningful economic and social development agenda. The study maps out various dimensions and prevalence of unacceptable forms of work in the construction sector. It further explores the causes of such working conditions and how these collectively determine the worker's and their family's health and well-being in the construction industry. In addition, it also explores the notion of decent work in the prevailing working conditions and local authorities' knowledge of the concept. This can further guide the steps to be taken to enforce the guidelines for better implementation and availability of decent working conditions for the people trapped in precarious and forced labour conditions.

Social protection schemes are one of the critical elements of decent work. The study also highlights the conceptual flaws in designing and issues of coverage and the implementation of the social security policies for the workers in the construction sector. It further deliberates upon the limitations of social security measures in mitigating the multidimensional vulnerabilities and deprivations faced by the workers.

The study's overarching aim is to understand the social determinants of health and well-being of construction workers through their everyday life experiences, life histories, and illness narratives. Besides, the study also uses the concept of transmitted deprivations and multilayers of deprivations to understand the health and well-being of the workers in their social milieu. The study has its theoretical underpinnings grounded in the principles of the social and life course epidemiological approach, specifically the social trajectory model of health and disease.

Most of the studies about workers' health in the informal sector analyze the issues of wages, access to health care services, migration dynamics, and coverage in the social protection schemes. The concept of health is also understood as mainly morbidity and mortality episodes. In terms of injuries, only fatal injuries are taken into account, and the non-fatal injuries leading to loss of employment days are rarely considered. Musculoskeletal disorders and the repetitive strain injury arising from the repetitive nature of work and load-carrying work are not considered to understand health issues. The physical and mental fatigue, the alienation of the workers not living with their family members affecting their emotional well-being, the uncertainty of employment, excessive working hours, and exploitative and hazardous working environmental conditions. All of these are determinants of workers' health in the construction

sector. Besides, the social and environmental risk factors and pathways of their transmission across generations are important to understand families' overall well-being.

Therefore, the current study uses both the concept of health and well-being to weave a holistic understanding of health that deviates from the dominant understanding of it as an absence of disease and illness. It differs from the reductionist understanding of health, which focuses on health mainly as the availability of health care services and access to these services as a determinant of health. In contrast, these services are one of the determinants of health, but not health as a whole. Health cannot be determined only as an absence of disease, illness, and physical impairment. This broad ontological understanding of health will add to the existing body of knowledge that attempts to understand health not purely from the biomedical understanding but health as a social construct because the concepts of health and well-being are both social and biological facts.

The concepts of health and well-being are connected and share a two-way relationship but are not identical. Health is understood and documented through its three core dimensions (physical, mental, and social). Well-being refers to the overall quality of life that encompasses the components of health and vitality. It could be understood and documented through an individual's subjective experiences, actions, thoughts, and emotions. While health focuses on certain components of an individual's physical, social, and mental aspects. Well-being refers to the psychological and emotional aspects of a human being. It focuses on feelings of satisfaction and self-fulfillment. It attempts to understand the dynamics between all health components and maintain a balance between them.

Well-being attempts to understand more intangible aspects of human lives, like psychological wellness, people's satisfaction with their lives, and physical and mental fatigue. It focuses on the level of stress, stress-inducing factors, resting hours (sleep), and the environmental conditions in which people live and work. Family relationships, community bonding, the social support system, and network are indispensable aspects for understanding well-being. Social ties and social support systems are crucial to understanding the well-being of an individual and a community.

Physical well-being manifests through bodily symptoms. The social body determines how the physical body is perceived. This can further impact and affect your work activities and in turn the work activities also determine your physical well-being. Social and psychological well-being refers to family conditions and community bonding. This can also be a source of stress

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and determines how your physical body behaves. Emotional well-being is an individual's self-analysis of life experiences, and personal identity that refers to an individual's self and feelings are also essential to understand the health status. Subjective well-being is how people experience and evaluate their lives.

Employment status and the uncertainty of work or employment also negatively impact an individual's well-being. The hazardous work environment and the lack of stable work or uncertainty level affect the health in a much more detrimental way. Workplace place well-being is a critical determinant of the overall well-being of an individual. It affects all aspects of life. It can elevate or induce stress and anxiety because of the uncertainty of employment or a hazardous work environment. On the contrary, it also has the potential to reduce your overall level of stress and anxiety.

Broadly, the theories of well-being attempt to understand what is crucial to all forms of well-being. This is done mainly through the narrative approach documenting the subjective experiences. Since the 1980s, the narratives and discursive inquiry have become a subject of interdisciplinary and multidisciplinary investigation, including the health and illness narratives. This "narrative turn" was attributed to the rise in interdisciplinary awareness and growing interest in the biographical accounts and social and cultural context of human existence.

Notwithstanding the heterogeneity and diversity within the narrative approach in terms of the methodologies and theoretical framework. The overlapping and merging of these narratives have shifted the focus to the illness narratives and the everyday environment of health and illness both in the clinical and non-clinical fields. These environments are particularly important for understanding the context in a larger framework.

Illness and injuries are an integral part of our lives. These could be experienced briefly or permanently in various forms, like feeling fragile or suffering from psychological problems. During these conditions, we learn about the precarity of our lives and what upholds our lives. Suffering from an illness or trauma makes us reach out to someone or the other person. Reaching out to someone could be seeking help or beginning to talk and share about the sufferings, ailments, and changed life (Hydén and Brockmeier, 2008, p.2). In this due process of sharing, we hope that someone listens to our experiences and personal voices. And we expect that, in turn, they will treat, alleviate the suffering or at least recognize it.

Therefore, narratives help us make sense of life and accommodate illnesses and trauma. These are natural ways when we turn to others or when we turn to ourselves when we are trying to come to terms with our predicaments. Some illness narratives are articulate, and they are narrated with full voice. They are structured and are in continuity. However, the real-life stories of illness, injuries, or traumas are often not that developed. They are undecided, broken, fragmented, and narrated by voices struggling to find words that give meaning to their experiences (Hydén and Brockmeier, 2008, p.2). The current study focuses on such kinds of narratives and stories.

Presently, health care researchers and professionals in the social sciences discipline are increasingly interested in narratives of illnesses and suffering. These fragmented stories and narratives provide a window for the researchers to understand the lived experiences and how an injury, trauma, or disease has consequences for the mental and physical aspects and everyday lives. Illnesses and injuries tend to disrupt everyday lives. Further, there has always been a contestation between the "voice of the life world" and the "voice of medicine." The former appears to be subordinated to the latter (Hydén and Brockmeier, 2008, p.3). Narrativizing the experiences of illness, how individuals define themselves and see their condition, their interpretation means situating them in a life-world context. These approaches help us understand non-reductionist ways of understanding health and bring a holistic understanding of well-being.

Driven by the role of narratives in understanding health and well-being. The study documents workers' everyday life experiences and illness narratives to provide an understanding of health determined by their social and environmental milieu. The study also considers a combination of occupational, environmental, and social factors to understand health and well-being. It brings to the fore the occupational hazards and injuries that are least researched, emphasized, and focused upon when studying the well-being of workers, especially the invisible injuries.

The study emphasizes the lay narratives and life histories to conceptualize the workers' health and well-being. It further augments the lay perceptions of health, illness, and embodiment in shaping the understanding of health. It also explores the concept of transmitted deprivations and multilayer of deprivation to understand the transmission of risk from one generation to the other by using the tenets of social epidemiology and life course approach that allows the bridging of social, psychological, and biological models of disease causation.

Organization of the Thesis

The thesis has eight chapters altogether. The first part of the thesis consists of three chapters. These chapters present the conceptual and theoretical framework and the context of the research. In this section, the researcher, with the help of secondary data and literature review, analyzes the structural determinants that determine the health and well-being of labour.

The first chapter specifically attempts to understand the origin of the concept of formality and informality and the linkages between them. It deliberates upon some prominent theories and policy debates to understand the conceptual linkages between urbanization, in-formalization, and economic development. It also traces the emergence of decent work and a multidimensional model of unacceptable forms of work and their applicability in the Indian labouring landscape. Besides, the chapter, with the help of the construction sector in Delhi, explores the linkages between the informal sector, poverty, and growth and provides a contrast between economic growth and economic development.

The second chapter attempts to understand the city from six different theoretical perspectives and highlights the changing nature of cities that has led to social, economic, and cultural marginalization of migrant workers. It discusses the migrants' rights to the city and their contribution to the growth and emergence of Delhi. It highlights the restructuring of the city of Delhi in terms of space and aesthetics driven by modernity. The city's land use pattern and restructuring have resulted in social segregation of different classes and has pushed poor from core to the periphery. Delhi shows peripheralization of social vulnerabilities. The emergence of a new middle class has further led to the cultural marginalization of the urban poor. Besides, the chapter attempts to understand the process of globalization and its impact on the informal sector, especially in the construction sector. It provides a conceptual distinction between the traditionally used concept of social security and the more recent term, social protection. Besides, highlights how dismal coverage in the social protection policies has heightened the health insecurities of the construction workers.

The third chapter traces the evolution of the public health discipline and the understanding of health in biomedicine and within the social sciences discipline. This chapter discusses various perspectives and theoretical approaches to understanding the concept of health, well-being, and suffering. It discussed different frameworks that can be used to understand the health and well-being of an individual, family, and community.

The second part of the thesis consists of methodology, data chapters, and discussion. The fourth chapter discusses the study's methodological components, including research design, the philosophical worldview of the study, selection of geographical area and the population, data collection tools, sampling framework, sample size, the process of data collection, and ethical considerations involved in the study.

Chapters five, six, and seven are the data chapters. The fifth chapter analyzes the primary data collected from the metro construction sites using a researcher-administered semi-structured questionnaire to gauge the prevalence of decent work and unacceptable forms of work. It also analyzes the in-depth interviews and narratives of the workers to understand their everyday lives, migration histories, family composition, and the workers' socioeconomic status and working and living conditions. All of these components were collectively analyzed using the framework of decent work and unacceptable forms of work to understand the health and well-being of the workers.

The sixth chapter uses narrative data from case studies and group discussions to understand the health of daily wage women workers in the Bhati mines village. It broadly analyzes the nature of work that they do, their everyday life, illness narratives, and life histories. It also highlights the multilayers of deprivations and the transmitted deprivations that the women workers and their families have been facing. The chapter attempts to capture the sufferings of women workers to understand their health and well-being. The seventh chapter uses the secondary and primary data collected from the metro construction site and Bhati Mines village to understand the plight of informal workers and their invisibilisation during the COVID-19 pandemic. This is followed by a discussion chapter that teases out some of the dominant and recurring themes and pertinent strands from the preceding chapters and attempts to present a critical and coherent summary and analysis.

Chapter 1

Urbanization, In-formalization and Economic Development: Understanding the Conceptual Linkages

1.1 Introduction and Background

The two great predictions of the development theory and two great expectations of policymakers as indicators of development are inexorable urbanization and inexorable formalization (Ghani and Kanbur, 2013). Urbanization, industrialization, and economic development are considered concomitant processes. Besides, urbanization is also considered a by-product of economic development that would lead to the formalization of the workforce.

Urbanization is happening beyond the "tipping point"; however, formalization has significantly slowed down in the past few decades as opposed to the postulates of various development theories. The disconnect between the urbanization process and the workforce's formalization raises a few pertinent questions vis. a. vis. development policy. Informality has been rising. The present trajectory of urbanization has contradicted what was hypothesized in the theories of urbanization and growth. Inexorable urbanization and formalization are expected to move hand in hand in the development discourse. Urbanization has also been used as a measure of modernization and development. While urbanization has proceeded with fast-paced growth, formalization has significantly slowed down.

The first section of the chapter attempts to understand some of the theoretical propositions and policy debates that shapes our understanding of the conceptual linkages between urbanization, formalization and economic development. It also attempts to understand the disconnect between the two and the reasons for the expansion of the informal sector in India with a focus on the construction sector. The chapter also deliberates upon the theoretical debates and the context of the emergence of decent work and unacceptable forms of work. Besides, it analyzes the framework proposed by the ILO and its importance in the informal sector, specifically focusing on some of the critical sectors.

The subsequent sections of the chapter explore the relationship between the informal sector and its linkages with the ongoing growth process and economic development. The last sections of the chapter make a conceptual distinction between the process of growth and economic

development vis-à-vis the construction sector and highlights the disconnect between urbanization and the growth process.

1.2 Growth of the Informal Sector: Development Theories and Policy Debates

The terms formality and informality are extensively used in the development discourse and policy debates. These terms allude to a "dual economy" or dualism between a "modern sector" and a "traditional sector" (Ghani and Kanbur, 2013). The rural-urban transition is also an integral part of the discussions on informality. However, the literature is elusive of a clear and consistent evolution and conceptualization of the term's formality and informality. This section provides an overview of a range of concepts and dimensions that highlight different features and characteristics of the formal and informal sector that allows us to distinguish between the two.

The earliest discussions of a "dual economy" and its association with formality and informality can be traced back to the work of Dutch anthropologist and colonial administrator Boeke (1943). He envisaged a dualism between the activities under the purview of colonial law and the traditional sphere that was out of the ambit of these laws and regulations. He described the distinction between the two as a wall separating the two domains. The activities are completely ordered and regulated on one side of the wall. On the other side lies complete disorder and disorganization. He said that urban comes under colonial regulation while rural does not. Therefore, urbanization would lead to increased formality (Ghani and Kanbur, 2013).

However, Elinor Ostrom (1990) questioned the notion that there was disorder "on the other side of the wall" and her research revealed "carefully crafted management mechanisms" in the informal sector. This nuanced management system could be gauzed when we carefully analyze the activities outside the realm of the traditional sector.

Arthur Lewis, in the 1950s, proposed a two-sector model of development. It was premised on two fundamental propositions. There is unlimited surplus labor available in the developing countries, mainly engaged in rural subsistence sectors, that can be withdrawn without affecting the output. Second, as the high productivity modern industrial sector expands, it would absorb the vast army of labour. In the 1950s and 1960s, Lewis's model of economic development dominated the economic discipline and development perspective. It was proposed that the less developed and transition economies could be transformed into modern economies by having the right mix of economic policies and resources. Subsequently, in this process, the workers

working in the traditional sector as casual workers and small and pretty producers would eventually be absorbed in the formal economy and disappear.

The Lewis model mainly emphasized on the transfer of labour from the low productivity sector to the modern industries accompanied by the growth and expansion of the modern sector. Further, the pace of the modern sector expansion depends upon industrial investment and capital accumulation rate. And such investments were only possible with higher profits in the modern sector over the wages.

However, despite the sufficient growth levels, employment remained an issue as planned economic development could not create enough jobs or erode the traditional sector. And by the late 1960s, the notion that economic growth would lead to the creation of jobs in the modern sector and would further lead to the modernization and formalization of the economy started to fade away. With this backdrop, the ILO launched its first comprehensive employment mission in Africa, mainly for Kenya. It was found through the fieldwork that the informal sector in Kenya was expanding over time and was very much prevalent among the profitable and efficient big enterprises (Chen, Jhabvala, and Lund, 2002). The persistence of the informal sector was ascribed to low levels of economic growth. The observers continued to argue that the informal sector would decline or disappear with the modernization of the economy. In contrast, some scholars argued that the 'survivalist' segment, also considered the least dynamic segment of the informal economy, was responsible for excluding the more dynamic segments. Others argued that the informal economy was marginal and peripheral and operated independently of the formal economy.

The Lewis framework does not use the term informal sector but distinguishes between capitalist and non-capitalist modes of production. Only if we identify the capitalist sector with the urban and traditional sector with rural, urbanization and formalization are expected to move hand in hand. Besides, the model does not say anything regarding state regulations. The Hart (1973) framework talks about state regulations. It distinguishes between the activities within the urban sector, and informality was identified as activities outside the state regulation (Ghani and Kanbur, 2013). The framework proposed that urbanization would further lead to informality in this type of setting if the rural migrants disproportionately went to the informal sector. However, migration was under-explored in the Hart framework.

During the 1970s, many publications analyzed these proposed growth models. The Harris-Todaro (1970) framework was seminal that provided a conceptual basis. The key feature of the

model was "politically determined urban minimum wage, at levels substantially higher than agricultural earnings" (Ghani and Kanbur, 2013, p.4). Although it does not use the term formality, it implicitly alludes to a sector that comes under state regulations and has statutory minimum wages.

The model explicates the link between rural-urban migration and informality. It states that migration occurs primarily because of the wage differential and the differential in rural income and expected urban income. The urban sector offers a probability of employment in the formal sector, where the wages are higher. At the same time, there is a high probability of entering the labour market through the informal sector with a very low-income level as the wage is not market clearing. An increase in employment in the formal sector with high wages would induce migration due to an increase in the probability of getting a high-paying job. This would inadvertently lead to an absolute increase in the size of the urban informal sector. Workers who are displaced are absorbed in the informal sector. It is this sector that adjusts and absorbs excess labour. This is the mindset that essentially informs the policy decisions and the regulations in the present time.

Consider another scenario when wages in the formal sector are increased, and the number of employments remains constant. This will induce more migration and would expand the urban informal sector. Therefore, if we consider only the informality in the urban areas and focus only on the non-agricultural labour force, then informality will rise with urbanization.

These are some of the policy debates and perspectives that shape our understanding of the process of urbanization, growth process, and development of the economy. An overarching view of a large section of planners and policymakers was that the informal sector was 'transitory' in nature and would gradually transform into the formal sector or disappear with the development of the economy (Kundu and Sharma, 2001). Consequently, the workers employed in the informal sector would become regular workers with improved employment conditions.

However, most developing countries' experiences have defied the postulates of the classical theory of economic development. The informal sector has failed to decline; its share of employment has been rising. During the 1980s, the informal sector continued to grow and expand in the developing economies despite sufficient growth levels. In the transition economies, it became an integral part of the growth process. Evidence also supports that during economic reforms and situations of financial crises, the informal sector tends to expand.

Without appropriate policies and institutions, the informal sector will persist or expand despite macroeconomic stabilization and substantial economic growth.

While the informal sector continued to grow in the transition economies, it also grew in some economies with a well-developed industrial sector. And this growth of the informal sector was attributed mainly to three factors discussed below (Chen, Jhabvala and Lund, 2002, p.4):

1. **Capital Intensification** reduces the workforce, which is also referred to as 'downsizing'.
2. **Decentralization of the Production**-it involves sub-contracting the production to smaller units, which also involves recruitment of the labour and forming smaller and flexible groups primarily unregistered.
3. **Cost-cutting Measures**- are often introduced to enhance efficiency by sub-contracting the services and deteriorating the working and living conditions.

Economic reforms and globalization have provided an impetus to the informalization and casualization of the workforce under the assumption that the informal sector would be a significant source of employment for people working in the traditional sector. The focus was on the movement of surplus labour from the conventional to the modern sector. The aftermath of economic reforms pushed for a more effective global integration and competition that further accelerated the expansion of the informal sector. The global integration has been accompanied by restructuring the production and distribution process and outsourcing and sub-contracting through small production units. The large firm's subcontracts the production work to suppliers in other countries where the labour cost and other expenses are less. These suppliers further subcontract the production work to some informal production units. This strategy of sub-contracting is also referred to as "flexible specialization". These are some of the significant reasons for the persistence of the informal sector in developing countries despite achieving sufficient growth levels.

1.3 Linkages between Formal and Informal Sector

The relationship between the formal and informal sectors can be understood mainly through three schools of thought summarized as follows (Chen, Jhabvala and Lund, 2002):

a. **The Dualist View:** views the informal sector as an independent marginal sector having no direct link with the formal sector. It argues that the informal sector persists because

of the lack of substantial economic growth and industrial development that has failed to absorb labour working in the sector.

b. **The Structuralists View:** the informal sector as being subordinated to the formal sector. To maximize profits and capital accumulation, certain privileged capitalists seek to deteriorate employment relationships by reducing labour and input costs and enhancing competitiveness.

c. **The Legalist View:** they view the informal sector as unregistered businesses to reduce input costs and maximize profit. This is a measure employed by micro-entrepreneurs to evade government regulations.

The three distinct views summarize the relationship between the formal and informal sector and their regulatory environment. In addition, one more distinction should be made between informal wage workers and informal non-wage workers, who are usually considered an identical category. When we analyze the dualist view, it is paradoxical because the informal economy has a direct link with the formal economy vis. a. vis. production and services that perform these tasks under the subcontracts issued by the formal firms. Therefore, the issue is not whether there is a link between the informal and formal sectors, but the nature of the relationship between the two as benign, exploitative, or mutually advantageous. Therefore, to understand the dynamics, it is imperative to explore the relationship between the informal sector, poverty, and growth.

1.4 Informal Sector and its Linkages with Poverty and Growth

A significant proportion of the people are engaged in the informal sector worldwide. This sector also constitutes a high proportion of society's poor and vulnerable segments. Irrespective of its contribution to the growth and its share in employment, there is a strong link between informal workers and poverty. A large proportion of the people working in the informal sector are poor compared to those in the formal sector (Chen, Jhabvala and Lund, 2002). However, the relationship is not linear and is influenced by factors such as a lack of living wages for unskilled workers working in the informal sector and restricted upward job mobility. Therefore, the relationship between informal employment and poverty can only be examined when we categorize the informal workers according to the employment status or nature of industry or trade (ibid). A decline in wages has been documented as the employment status changes from employer to self-employed, informal to casual wage worker to industrial out worker.

The policymakers and scholars have highlighted the relationship between the informal sector and poverty; however, its contribution to economic growth needs to be explored to understand the dynamics of the informal economy and the workers. The informal sector is extremely important when analyzing its contribution to economic growth. It mainly contributes in two ways. One is the low wages of the workers in the sector subsidize the growth of industries, including the export industries. Second, the output of the informal sector contributes to the high growth rates.

Research in the past two decades has focused on the informal sector in general and mainly at two of its aspects. One is to improve the efficiency of the informal enterprise, which substantially contributes to the economy's growth. The second is to improve the condition of the workers (Kannan and Papola, 2007). While the former is essential to maintain the high growth rates, the latter focuses on the low wages of the wage workers or self-employed workers in the informal sector. Their working and living environment are poor, and in the absence of any job security or social security measures, they are vulnerable to risks of poor health. Therefore, the main areas of concern in this domain are improving wages, working and living conditions, social protection, and employment security. These issues are unavoidable for the state and civil society (Kannan and Papola, 2007).

The concept of the informal sector received much attention in the early seventies due to the ILO measures to study the area through its various employment missions directed mainly in Africa (National commission on labour). These measures made the informal sector gain some attention, eventually becoming the center stage of academic research. The term "informal sector" was introduced by anthropologist Keith Hart (1973) when he described the urban economic activity in Accra, Ghana, as follows:

"The paper's main message (Hart, 1973) was that Accra's poor were not 'unemployed'. They worked, often casually, for erratic and generally low returns; but they were definitely working... Following Weber, I argued that the ability to stabilize economic activity within a bureaucratic form made returns more calculable and regular for the workers as well as their bosses. That stability was in turn guaranteed by the State's laws, which only extended so far into the depths of Ghana's economy. 'Formal' incomes came from regulated economic activities and 'informal' incomes, both legal and illegal, lay beyond the scope of regulation. I did not identify the informal economy with a place or a class or even whole persons. Everyone in Accra, but especially the inhabitants of the slum where I lived, tried to combine the two

sources of income. Informal opportunities ranged from market gardening and brewing through every kind of trade to gambling, theft and political corruption." (Hart, 2006, cited in Ghani and Kanbur, 2013, p.4).

The ILO adopted Hart's conceptualization, and subsequent attempts were made to provide a systematic definition of the informal sector. The ILO echoed Hart's conceptualization as activities recognized by law were formal and those not recognized were informal. In 1987 the director-general of ILO submitted a report to the international conference, "Dilemma of the informal sector". The report dealt with the role of the informal sector in generating employment, statutes for the protection of the workers, and the application of the international labour standards in this sector (National Commission on Labour, p.597). Subsequently, the ILO defined the informal sector as:

"They [informal enterprises] are private unincorporated enterprises….., i.e. enterprises owned by individuals or households that are not constituted as separate legal entities independently of their owners, and for which no complete accounts are available that would permit a financial separation of the production activities of the enterprise from the other activities of its owner(s)." (ILO, 1993, para 5, cited in Ghani and Kanbur, 2013, p.4)

Since the 1990s, the ILO has attempted to broaden the definition of informality by shifting the focus from an enterprise-based definition of informality to workers-based perspectives. They focus on whether a worker receives certain statutory and non-statutory mandated entitlements and benefits from the employer. This change in approach marks a significant shift in strategy for identifying various forms of informality vis. a. vis. workers in the informal sector.

There was a greater realization that despite high growth rates and sufficient urbanization, the informality in the labour market was rising. Globalization and economic reforms led to informalization and casualization of the workforce, further deteriorating the employment conditions. With this being the context, a worker-based definition of informality was adopted that focused on the outcomes that entail wages, type of work, remuneration, and rights at the workplace. This led to the promulgation of concepts such as decent work and unacceptable forms of work that exclusively focused on the rights, entitlements, and working conditions of the workers in the informal sector.

In addition, the promulgation of decent work was preceded by a series of international agreements that influenced and shaped the definition of decent work. The impetus for the

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emergence of the concept of decent was derived mainly from four major declarations. These are the Universal Declaration of Human Rights (UDHR-1948), the International Covenant on Economic, Social, and Cultural Rights (1966), the Declaration of the World Summit for Social Development (1995), and the Declaration on Fundamental Principles and Rights at Work. These declarations have promoted decent work and pitched for a living standard that protects human dignity and rights at work. One of the principal elements of these declarations that directly touches upon workers' decent work and well-being is Article 25 of the universal declaration of human rights. It states that:

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, and housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in the circumstances beyond his control" (Lawrence and Werna, 2009, p.3).

To understand and analyze the working and living conditions of the workers in the informal sector, it is imperative to unpack and comprehend the framework of decent work and unacceptable forms of work as proposed by the ILO. It allows us to understand various forms and dimensions of workers' vulnerabilities and insecurities in the present labouring landscape.

1.5 The Meanings of Decent Work: Some Perspectives

Decent work was first proposed by the Director-General of ILO in its report to the international labour conference in 1999. In the conference, the DG ILO laid down the primary goal of the ILO as to attain decent and productive work in conditions of freedom, security, and human rights. The concept of decent work is embedded in the four core concepts, which are also the strategic objectives of ILO. These are rights at the workplace, social security, social dialogue, and employment generation (Lawrence and Werna, 2009, p.xxiii).

According to ILO, decent work is a broad concept that denotes people's living and working conditions in a way guaranteeing human dignity for everyone. It gives a detailed account of the notion of decent work as follows:

"It is about their job and their future prospects, their conditions of work, the balance between work and family life, the possibility of sending their children to school or withdrawing them from child labour. It is about gender equality, equal recognition, and training of women so that they can make decisions and take control of their lives. It is about (their) personal capacity to

compete in the market, to keep up to date with new technological skills, and stay healthy. It is about developing business skills and receiving a fair share of the wealth they have helped to create, and not to be the victim of discrimination. It is about having a voice in the workplace and the community". (Lawrence and Werna, 2009, p.2).

According to Fields (2003: 239), decent work has shifted the focus to the outcomes and engages with the issues of workers' rights, acceptable working conditions, and a decent standard of living. Rodgers (2001) provides a humanistic interpretation of decent work and argues that it is not just about income or employment but should be a basic development goal and equally applicable in low- and middle-income countries (Lawrence and Werna, 2009, p.2). Further, Majid refers to decent work as the formulation of policies that improve dimensions of daily life and impact people's working and living conditions. Decent work is viewed as a common objective in all societies. As noted by Ghai (2005):

"Working people in all societies desire freedom of association and oppose discrimination, forced labour, and child employment in hazardous and harmful situations. They wish to participate through social dialogue in decision-making affecting their work and lives, both at the level of the enterprise and the nation and at the regional and global levels. Likewise, all people in all societies desire to work in conditions of dignity and safety and with adequate remuneration. Finally, a universal aspiration is a modicum of social and economic security in work and life". (Lawrence and Werna, 2009, p.3).

A common underlying theme that emerges from these definitions and perspectives is that decent work is not just generating paid jobs but much more than that. It recognizes workers' right to healthy and safe working conditions and the right to equal remuneration and fair wages. It means providing good employment conditions with social protection and rights at the workplace. Decent work is a broad conception of workers' working and living conditions. It is a way of guaranteeing human dignity for everyone. It enables an individual to live a decent life with dignity. Therefore, dignity and rights are critical components of decent work.

Since the promulgation of decent work, it has been contextualized and promoted differently in different economies. Various scholars have proposed different interpretations and indicators to understand the concept and its applicability. Therefore, the question that looms larger is what decent work is and whether it applies only to the economies with a certain level of economic development and institutional structure or it is applicable across countries with varying levels of development, socio-economic institutions, and economic systems. Has India achieved the

level of development and qualifies the nations that could afford to provide decent work to its laboring people, and what are the various nuances in its applicability and implementation? The study attempts to unpack and explore these questions concerning the construction sector.

1.6 Dimensions of Unacceptable Forms of Work

The present section discusses six discourses that explain how unacceptability manifests in different forms and helps us identify unacceptable forms of work (UFW) in current working conditions. The overall aim of the section is to highlight some of the central themes of each discourse and integrate a meaningful concept of UFW.

This section also analyzes a new model of unacceptable forms of work that weaves a continuum with decent work and unacceptable forms of work being the two ends. Decent work and unacceptable forms of work are two divergent strands of work that represent the gradient of the working conditions of urban labour in the informal sector. While decent work has become imagery of an acceptable working life, unacceptable forms of work present a stark contrast.

Fig. 1.1- Key Discourses on Quality of Work
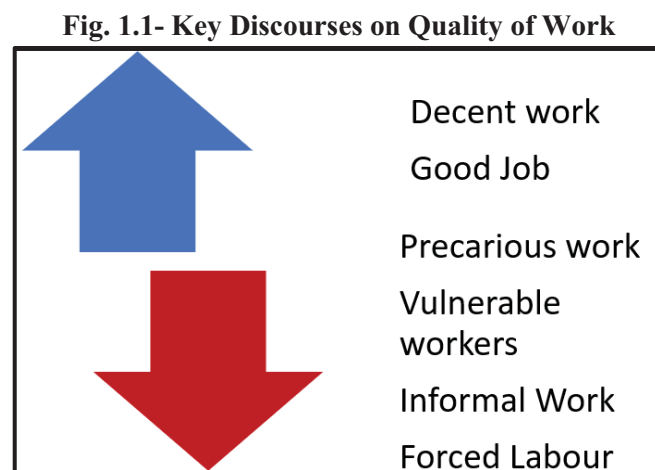
Source: Fudge and McCann, 2015, p.2.

The notion of decent work provides overarching imagery of acceptable or desirable working conditions. It accentuates the ILO's commitment to "promote opportunities for women and men to obtain decent and productive work in conditions of freedom, equality, security and human dignity" (ILO 1999, p.3 cited in McCann and Fudge, 2017, p.149). The definition is a confluence of four "strategic objectives" of ILO, which are:

- Promotion of rights at work
- Employment
- Social protection and

- Social dialogue

First propounded by ILO at the beginning of the 21st century, decent work became the central theme of the global labour discourse and social and development agenda. Consequently, United Nations General Assembly revised the Millennium Development Goals in 2007 to incorporate the key dimensions of decent work. The ILO conception of decent work should be taken as an antithesis of unacceptable work with a specific focus on mapping various forms and locations of unacceptability. The emergence of decent work is grounded in the prevalence of unacceptable work conditions and has substantive and functional dimensions.

a. The Substantive Dimension

The substantive model defines unacceptable forms of work as "unproductive, unfree, performed in conditions of inequality, insecure or in violation of human dignity" (McCann and Fudge, 2017, p.150). Further, it highlights the unacceptable working relationship that evades social protection, lacks social dialogue, and does not respect the rights at work. In this discourse on decent jobs and UFW, "social dialogue" has been placed at the core, and workers who lack access to voice mechanisms are out of the decent work ambit. It also emphasizes that the notion of decent work could not have a fixed or rigid set of principles and can vary from one economic context to another, albeit we have a sense of what decent work means in terms of our own lives with respect to the society we live in. Figure 1.2 provides a broad framework to define the boundaries of decent work.

Fig. 1.2- Dimensions of Decent Work
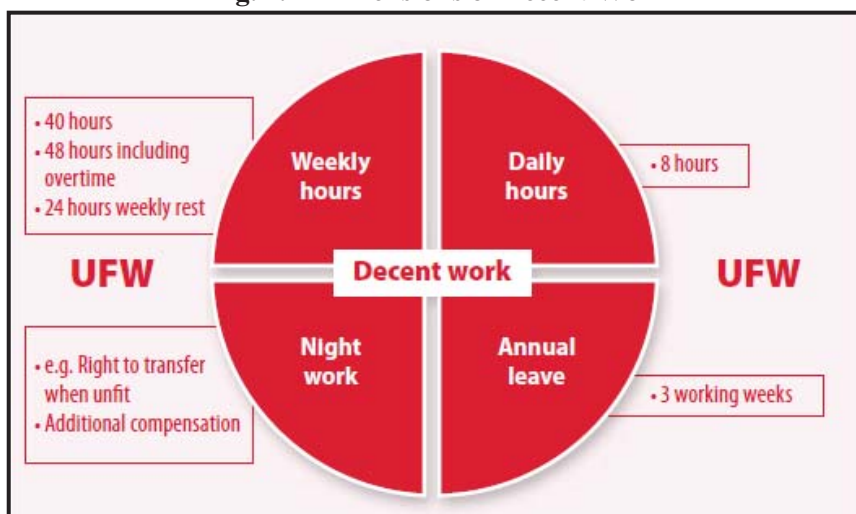
Source: Fudge and McCann, 2015, p.7.

The concept was criticized for emphasizing only core issues, overlooking labour rights, and neglecting various social problems associated with globalizing economies. However, ILO emphasized in its "declaration on social justice for a fair globalization" that its strategic objectives are "equally important" and "inseparable". Besides, it also confirmed that the concept of decent work converges with various international labour standards.

The substantive dimension of decent work suggests that the conception of UFW could vary from one socio-economic and cultural context to another, as there is no fixed or rigid frame or standard to assess decent work. The ILO reiterates its emphasis on improving the "conditions of labour" whether formal or not or might occur in a formal or informal setting.

b. Functional Dimension

The functional dimension of decent work explores the issues beyond the employment relationship and the formal labour market. The concept of decent work was formulated for implementation across work settings, including informal employment, which is not under the purview of any regulatory regimes. The broad guiding principles should apply to the substantial population of workers beyond those in the formal sector. It is embedded in the principle that "all those who work have rights at work" (McCann and Fudge, 2017, p.152).

1.6.1 Unacceptable Forms of Work

Unacceptable forms of work are defined by ILO as "conditions that deny fundamental principles and rights at work, put at risk the lives, health, freedom, human dignity and security of workers or keep households in conditions of extreme poverty" (ILO, 2013a, para. 49 cited in McCann and Fudge, 2017, p.147). It has been identified by ILO as an area of critical importance. In its report to the international labour conference 2013, the Director-General of ILO highlighted UFW as an area of critical importance for the organization. Preceding this, the declaration on fundamental rights and principles at work in 1998 raised the demand for collective rights and equality and highlighted the issues of child labour and forced labour. This was followed by the declaration on social justice for fair globalization accentuated the ILO objectives of decent wages, feasible working hours, and a healthy and safe working environment (McCann and Fudge, 2017, p.147). These twin declarations emphasize mapping and identifying dimensions of UFW and formulating policies to eliminate it from all spheres of working life.

Fig. 1.3- Key Elements of Unacceptable Forms of Work
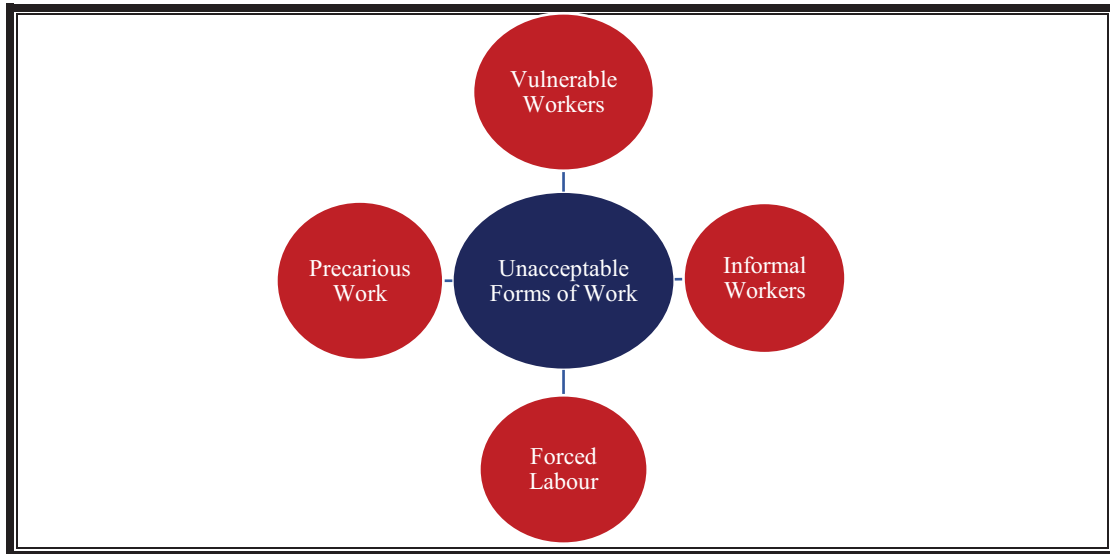
Despite being invoked by ILO and at various international forums, the challenge that persists is the ambiguity surrounding the key dimensions of UFW, the causes of such working conditions, and their manifestation in different economic and regulatory contexts. McCann and Fudge have proposed a framework for identifying and addressing unacceptable forms of work and how to eliminate them. They have identified a range of terminologies used in different parts of the world that show a drift from decent work. Some commonly used terms are informal workforce, precarious work, forced labour, etc.

To understand and identify different forms through which unacceptability manifest, it is imperative to understand the complexity of the contemporary working life of labour. The diverse terminology used to represent different categories of workers poses a potent challenge in categorizing them and improving their working conditions. Analyzing some of the key discourses and relevant debates surrounding the unacceptable forms of work provides us with a sense to identify some sections of workers who are laboring in unsuitable conditions.

McCann and Fudge propose six critical discourses that provide some guiding principles to conceptualize unacceptable forms of work. This multidimensional model helps us to delineate some of the complexities of working life. The six discourses discussed in the chapter are decent work, good jobs, precarious work, informal work, vulnerability, and forced labour. The first two discourses highlight the international debates surrounding mainly two issues: employment creation and quality of work. The rest of them provides an understanding of forms of work that are unacceptable and needs regulatory interventions.

1.6.2 Precarious Work

Precarious work refers to employment conditions characterized by casual work or piece-related work lacking any formal employment contracts. It is further characterized by "limited or no social benefits and statutory entitlements, high degrees of job insecurity, low job tenure, low wages, and high risks of occupational injury and disease, from a workers' point of view, precarious work is related to uncertain, unpredictable and risky employment" (Evans and Gibb, 2009, p.2). It shifts the social risks from the State and the principal employers to the workers and their families.

Social context and social location are essential to understanding precarious work. It refers to heightened instability, insecurity, and uncertainty in the contemporary working environment. This model of work attempts to integrate the work setting with the workers' demographic characteristics and the labor markets' features to provide a multidimensional model of precarious work.

Rodgers (1989) explored different forms of employment to identify a range of work-related insecurities. He identified various dimensions of work that determine precariousness, like income level and control over the labour processes, the certainty of continuing the present employment, and the regulatory mechanism for the protection of workers. Further, employment status reflects the legality of employment. Subsequently, social protection (Fudge, 2006; Vosko, 2006), health (Vosko, 2006), and working time (Burgess and Campbell, 1998) were identified as additional dimensions of insecurity. In addition, it also highlights five key legal determinants of precarious work. These are the migrant status of the workers, income precariousness, temporal precariousness, employment status, and organizational control (McCann and Fudge, 2017, p.152). Precariousness is generally associated with unhealthy living conditions and unsafe workplaces. The multidimensional conception of precarious work helps assess the impact of precariousness on individual workers and their families.

Further, casual workers are unlikely to receive any capacity-building training compared to permanent workers. Consequently, they are more likely to be engaged in low-skilled jobs mainly associated with poor health indicators and occupational hazards. Casual workers enjoy less autonomy and find it challenging to manage their families.

A critical concern throughout the literature on precarious work highlights the lack of employment-related rights and protection. Precarious work has also been found to have a

hollowing-out effect on full-time employment and labour laws, shifting the risk from employers to workers. Precarious work also serves as a medium for entry into the labour market, specifically for some vulnerable groups such as women, migrants, and children. The idea is that once these people secure a job in labour market, they will be able to secure a more stable and permanent job. However, this never happens as there is no bridge between an insecure job and permanent job status. A large proportion of the workers searching for employment are trapped in precarious working conditions. While the issue of casualization of work has been studied in advanced economies like USA and Canada, it is been on the rise in lower-income settings like India, Philippines, Viet Nam, Indonesia, Sri Lanka, etc. (Shin, 2013 cited in McCann and Fudge, 2017, p.157).

Figure 1.4 depicts a multidimensional contextual approach presented by Vosoko by integrating the social context and social location. Vosoko understanding of precarious work has been based mainly on the characteristics of workers interacting in labour and product markets and producing precarious work. Further, according to him, context becomes extremely important to distinguish the different forms and nature of precarious work. Besides social and economic structures, labour markets and the political system in which it operates are key determinants that interact to produce precarious work.

Fig.1.4- A Multidimensional Contextual Model of Precarious Work
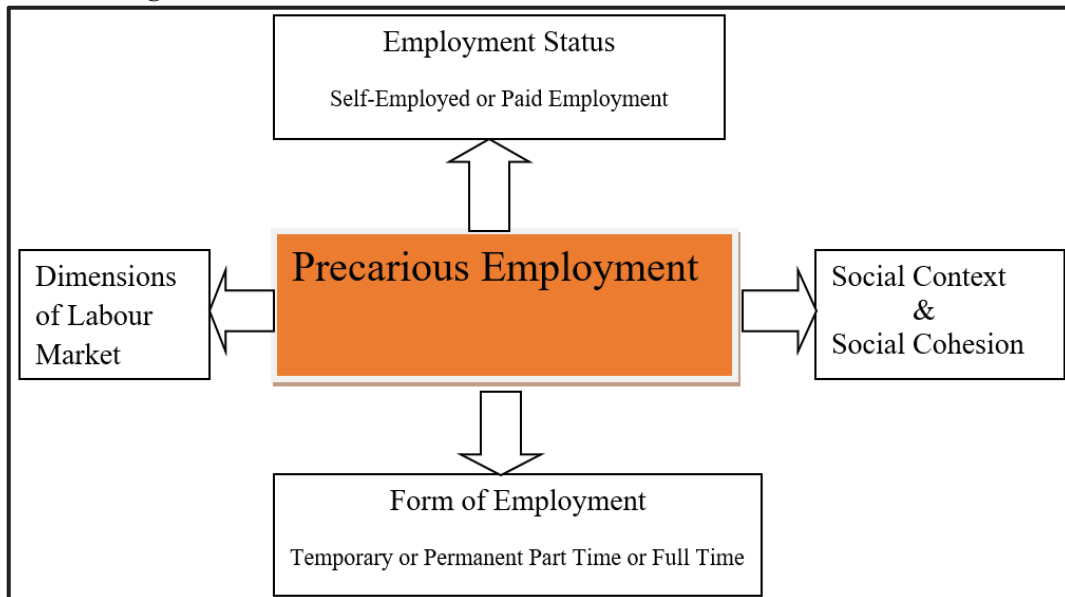
Source: Fudge and McCann, 2015.

Social location refers to the workers' demographic characteristics, including age, sex, family status, caste ethnicity, youth, skill, linguistic groups, and ability levels (European Commission, 2005; Arnold and Bongiovi, 2013, cited in McCann and Fudge, 2017). These attributes play a

significant role and are further shaped by the social context. For example, a substantial proportion of women workers are found in precarious work. Migrant status is also a marker for the nature and status of work, as most migrant workers are engaged in dirty and hazardous work. Therefore, the social context is essential in understanding how different groups of workers are placed in local labour markets, heightening the precariousness risk. Some key sectors, such as construction, hospitality, agriculture, personal care, and cleaning, are associated with low wages, job insecurity, ineffective or non-existent labour laws, and a lack of social security measures.

Precarious work poses many challenges for stakeholders such as workers, policymakers, and regulators. However, the highest risk is for societies and its members as it gives rise to "greater economic inequality, insecurity and instability" (Evans and Gibb, 2009, p.9).

Table 1.1- A Contextual Model of Precarious Work

Social Location

- Demographic characteristics of the workers
- Citizen status
- Family formation and household composition

Social Context

- Occupation
- Industry
- Sector
- Geographical location

Work Arrangement

- Form of Employment
- Work or Employment status
- Job security
- Pay
- Benefits
- Coverage by labour laws
- Union representation

Source: Vosko (2010), Arnold and Bongiovi (2013), Kalleberg (2012) and Lee and Kofman (2012) cited in McCann and Fudge, 2017, p.159.

1.6.3 Vulnerability

The use of the concept of vulnerability has intensified in the last two decades in the research literature. It echoes the tenets of precarious work and provides a more expansive model of vulnerability by integrating the social location and social context. Traditionally vulnerability

has been defined in terms of wages, job security, trade union representation, and enrolment in social security measures. Though this narrow understanding of vulnerability is comparatively easy to operationalize and measure a vulnerable workforce, it presents a constricted view of the issue. Even according to these markers, a significant proportion of the global workforce is vulnerable.

Vulnerability as Continuum

Conceptions of vulnerability have undergone numerous changes, and a more elaborate understanding renders it as a continuum rather than an absolute status. The expansive model of vulnerability considers dimensions of working life, job-related factors, and access to benefits. In addition, it emphasizes the regulatory measures where the workers are not aware of the legal entitlements or cannot avail them for various reasons. Therefore, the recent discourse surrounding vulnerability attempts to capture the potential for a poor employment outcome and defines it as "someone working in an environment where the risk of being denied employment rights is high and who does not have the capacity or means to protect themselves from that abuse" (McCann and Fudge, 2017, p.162).

The proposed vulnerability models refer to identifying the labour market locations and demographic characteristics that potentially generate the risk of UFW. Vulnerable workers may include low-skilled workers and social groups historically disadvantaged, such as women, differently-abled people, ethnic minorities, migrant workers, and young entrants to the labour market. Further sex and education of the workers have also been identified as primary determinants of vulnerability. The subcontracting system, casual labour, self-employment, and third-party management of the labour have further heightened the vulnerability in the informal sector. In addition to the expansive model of vulnerability, the Hasim committee report (2012) presents four different kinds and level of vulnerability that helps to widen our understanding of vulnerability. The Committee Report (2012) states that vulnerability is a critical aspect of poverty, acknowledging that 'vulnerability' is multidimensional, which situated the poor in a susceptible situation, exposed to risk and defenseless. A framework to understand the dimensions of vulnerability is shown in table 1.2.

Table 1.2- Dimensions of Vulnerability

Contractual Status	Social Location
Contractual Status • Self-employment • Part-time • Temporary contract (short-term, casual, etc.) • No written contract • Subcontracted **Legal Protection** • Exclusion • Low Awareness • Limited access to redress mechanisms • Unlikely to complain **Social Context** • Sector • Labour market • Product market • Firm size	**Social Location** • Age • Gender • Financial circumstances • Skill level • Immigration status • Ability • Ethnicity **Limited Access to Benefits** • Health care • Sick leave • Vacation pays • Pension coverage • Access to training • Representation/voice **Working Conditions** • Insufficient hours • Low/unpredictable wages • Deduction/unpaid work • Abuse/ discrimination • Control over working conditions

Source: Saunders (2003), TUC (2008), Weil (2009), Bewley and Forth (2010) and Law Commission of Ontario (2012) cited in McCann and Fudge, 2017, p.163.

1.6.4 Informal Work

Informal work has been associated with poor job quality, poverty, and insecurity. Despite this, the informal sector remains the primary employment source in transitional economies. An accurate understanding of the informal sector and informal work will lead us to identify the areas where the unacceptable forms of work continue to prevail. The ILO developed the first definition of informal work with the objective of collecting data about employment in the informal sector. The definition was enterprise-centered, that mainly focused on the types of enterprises and their legal status. This approach missed many key dimensions associated with the informal sector and excluded the formal sectors from its purview.

The organization recognized these limitations later, and in response, a resolution on decent work and the informal economy was adopted in 2002 (McCann and Fudge, 2017, p.165). The term "informal economy" was used to denote "all economic activities by the workers and economic units that are in law and practice not covered or insufficiently covered by formal arrangements" (ILO, 2002, para.3 cited in McCann and Fudge, 2017, p.165).

Consequently, a job-centered definition was proposed and adopted in the resolution to incorporate the aspects of informal work not covered in the earlier definitions. The job-centered definition's strength is that it captures the vast dimensions of informal work across the country vis. a. vis. varying levels of development. In particular, it is sensitive to the issue of in-formalization, which is defined as "the process by which employment is increasingly unregulated, and workers are not protected by the labour laws" (Benjamin, 2011, p.99 cited in McCann and Fudge, 2017, p.166). Specific markers have been developed to identify UFW leading to high social and economic risk. When these markers are combined with conceptions of vulnerability that include social context and social location leads us to identify unacceptable forms of work. Table 1.3 presents some of the key markers of informality.

Table 1.3- Markers of Informality

- Unemployment insurance/ income replacement
- Health insurance
- Pension coverage
- Coverage under labour law
- Rights under employment
- Paid time off (e.g., vacation days, sick days, holiday pay)

Source: Carre and Heintz (2009) cited in McCann and Fudge, 2017, p.167.

1.6.5 Forced Labour

Forced labour is one of the extreme forms of UFW that denotes coercive and exploitative practices prevailing in the informal sector. It is defined as "all work or service which is extracted from any person under the menace of any penalty and for which the said person has not offered himself voluntarily" (McCann and Fudge, 2017, p.167). Though forced labour can exist in different forms across industries, some distinguishing features are control, deception, and coercion. In addition to this, ILO has also proposed some indicators to identify forced labour.

Table 1.4- Indicators of Forced Labour

- Abuse of vulnerability
- Deception
- Restriction of movement
- Isolation
- Physical and sexual abuse
- Intimidation and threats
- Retention of identity documents
- Withholding of wages
- Debt bondage
- Abusive working and living conditions
- Excessive overtime

Source: ILO (2012b) cited in McCann and Fudge, 2017, p.159.

1.6.6 Vulnerability to Forced Labour: A Continuum Approach

The continuum approach allows us to identify a wide range of factors determining vulnerability to forced labour. Also, the conception of forced labour converges with the tenets of vulnerability and precarious work, acknowledging the social context and the worker's social location as two significant dimensions. In recent times, forced labour has increased, which has also been recognized by ILO, as stated, "certain sectors of the economy are particularly vulnerable and that certain groups of workers have a higher risk of becoming victims" (McCann and Fudge, 2017, p.169). In particular, migrant workers, children, domestic workers, and indigenous communities are most vulnerable. Regarding the specific sectors, literature shows that construction, domestic work, horticulture, agriculture and catering, restaurants, textiles, garments, and the entertainment and sex industry are particularly vulnerable. The continuum approach can craft a model that could identify UFW and is useful particularly for research and policy interventions to identify the areas that provide a breeding ground and has features of generating UFW.

The core discourses discussed in the preceding section provide a detailed and multidimensional understanding of UFW. It also captures the evolution of the literature on unacceptability from a job-centered understanding based on certain limited characteristics to a multidimensional model focusing on the complexity of the contemporary labour markets. The multidimensional model proposes 12 substantive dimensions of unacceptability. These dimensions could be categorized into various themes.

Fundamental principles and rights at work include forced labour, representation and voice mechanism, child labour and equality, human rights, and dignity. The issue of social protection, dynamics of work and community life, and issues related to the individual's aspects and job content. The model also incorporates health and safety, income security, working time, legal protection, and family and community life and work organization. These dimensions are fundamental to the work, and others are supplementary. The absence of fundamental indicators is entirely unacceptable, and these features should be integral to the policies vis. a. vis. living and working conditions across the industries. The supplementary indicators allow the model to adjust according to the context. The strength of the model lies in its contextual applicability.

Removing the elements of unacceptable forms of work and generating opportunities for decent work should be the most important policy objective to achieve any meaningful economic development agenda. However, the Indian experience is far from satisfactory in providing

decent work to a significant laboring population and addressing the issue of unemployment, quality of employment, and poverty. Economic reforms have affected both the quantum of employment and the quality of employment, and both of them are of serious concern.

1.7 Informal Sector in India

1.7.1 Defining Informal Sector and Informal Workers

The term 'unorganized sector' and 'informal sector' are used interchangeably and denote the same area and structure of employment. While the former is used predominantly in India, the latter is used on global platforms as recommended by the ILO. In India, the term informal sector has been used more prominently in the past two decades. Many studies have also been conducted to measure its size and employment structure. The understanding of the informal sector as the area that does not fall under the purview of the formal sector is erroneous or incomplete. There are specific criteria or characteristics laid down by Central Statistical Organization (CSO) that allow us to distinguish between the formal and informal sectors.

The CSO defined formal enterprise as "small units with ten or more workers with power or 20 or more worker without power in the manufacturing sector" (NCEUS, 2007, p.2). Subsequently, the National Commission for Enterprises in Informal Sector (NCEUS) defined the informal sector as "The unorganized sector consists of all unincorporated private enterprises owned by individuals or households engaged in the sale and production of goods and services operated on a proprietary or partnership basis and with less than ten total workers" (NCEUS, 2007, p. 3). The workers engaged in these enterprises are not registered under any legal stipulations.

Similarly, NCEUS defined the informal employment as "Informal workers consist of those working in the informal enterprises or households, excluding regular workers with social security benefits, and the workers in the formal sector without any employment/social security benefits provided by the employers" (NCEUS, 2007, p.3). The workers engaged in the informal sector lack job security, social security, and employment-related security and benefits. Therefore, any one or more of these criteria could be used to identify informal employment. The commission also categorizes the informal workers and the structure of informal employment into four categories (NCEUS, 2007, p.4-5):

a. **Wage Workers in the Informal Sector:** include regular, casual, migrants, and temporary workers employed through agencies, contractors, or directly through the employers. They are provided remuneration for a specific work for a specific duration or sometimes also provided with a contract for the work to be done. According to their job security, these workers face different grades of vulnerability.

b. **Self-employed Workers in the Informal Sector:** this category comprises workers from the farm and non-farm activities engaged in trade on their own or in groups or could be home-based workers.

Both the categories of workers are faced with different types of vulnerability and risk and are therefore referred to as the weaker sections of society. They mainly face social insecurity or job insecurity, or sometimes both. Regular or contract workers employed in the informal sector get wages regularly and are not covered under any social security measure. Therefore, they have some sense of job security but face social insecurity. Contrary to this, casual and temporary workers face dual insecurity of job and social security.

c. **Unprotected Wage Workers in the Formal Sector:** these are the workers engaged in the formal sector; however, they fall in the category of casual, temporary, and contract workers. They remain unprotected because of the non-implementation of the existing laws.

d. **Regular Informal Workers:** these are the workers engaged in the informal sector and getting wages on a regular basis. They mainly face social insecurity because they lack access to social security measures.

Table 1.5- Workers in Formal and Informal Sector with Structure of Employment

Sector/Worker	Total Employment (Million)		
	Informal/Unorganised Worker	Formal/Organised Worker	Total
	1999 - 2000		
Informal/Unorganised sector	341.3 (99.6)	1.4 (0.4)	342.6 (100.0)
Formal/Organised sector	20.5(37.8)	33.7 (62.2)	54.1 (100.0)
Total	361.7 (91.2)	35.0 (8.8)	396.8 (100.0)
	2004 - 2005		
Informal/Unorganised Sector	393.5 (99.6)	1.4 (0.4)	394.9 (100.0)
Formal/Organised Sector	29.1 (46.6)	33.4 (53.4)	62.6 (100.0)
Total	422.6 (92.4)	34.9 (7.6)	457.5 (100.0)

Source: NSS 61st Round 2004-05 cited in NCEUS, 2007, p.4.

Informal workers could be employed in either the informal or formal sectors; however, they lack social security benefits. Table 1.5 shows that out of 62.6 million employed in the formal sector, 29.1 million are informal workers. Similarly, out of 395 million workers employed in the informal sector, 1.4 million workers avail social security benefits and are classified as formal workers. Therefore, when we apply these two criteria, out of the total 457.5 million workers, only 34.9 million have access to social security benefits, and the rest 422.6 million are treated as informal workers. Only 7.6 per cent of the total workers in 2004-05 were entitled to social security benefits.

1.7.2 Informal Sector: Size and Composition

As per ILO estimates, informal sector employment accounted for 50 to 70 per cent of the total employment (Kannan and Papola, 2007, p.321). India is the second largest economy in the world, but it has a huge informal sector. The Indian economy has undergone structural transformations in the past decades; however, the share of the informal sector has remained high. According to NCEUS, as of January 2005, the Indian economy had 496 million workers, of which the informal sector accounted for 395 million employments (NCEUS, 2007, p.3). That is 86 per cent of the total workers were employed in the informal sector in 2005-06.

Estimates by (NSS 2009-10) suggest that more than 94 per cent (92.5 non-agricultural) of the workforce is engaged in the informal sector and contributes over 50 per cent of the GDP. The workers in the unorganized sector accounted for 81 per cent of the total workforce in 2018-2019, and informal workers constituted around 90 per cent. The informal sector contributes 47 per cent of the national income and 43 per cent of the total export earnings (Ministry of Finance 2020 cited in Mehta and Awasthi, 2022, p.20).

The urban informal sector has expanded and accounts for 64 per cent of the total informal sector in 2018-2019. Further, about 82 per cent of the workforce is in precarious and insecure employment in the informal sector (Jha, 2016, p.xiv). The share of informal employment within the formal sector has also increased from 48 per cent in 1999-2000 to 51 per cent in 2018-2019 (Mehta and Awasthi, 2022, p.20). This means that the increase in employment in the past two decades has been largely informal. It could also be referred to as the in-formalization of the workforce that predominantly constitutes casual or contract labour without any social security or job security.

1.8 Growth and Deteriorating Employment Conditions in the Informal Sector

The deteriorating trend in employment conditions in India in the past decade has caused widespread concern. During 2011-2017 the country witnessed high economic growth; however, employment conditions worsened during this period (Ghose and Kumar, 2021). Characterizing the growth as exclusionary that has not been accompanied by development. The decelerating employment growth was observed during 1999-2017, along with deteriorating employment conditions. However, the past decade has witnessed a sharpening of decelerating trends and an even deeper worsening of employment conditions.

While the overall quality of employment was worsening, the average quality of employment was actually improving. This could be understood from the different type of employment that exists. It can broadly be categorized into four categories on an ordinal scale. First is regular-formal employment which is salaried employment that also provides social security benefits in the form of entitlements. Regular- informal employment is salaried employment without social security benefits or entitlements. Self-employment is workers working in their own enterprise and generating output and income for other workers engaged. Casual employment is employment on a daily basis for a daily wage worker. The order of the employment categories also represents the hierarchy, with casual employment being the worst among all.

Table 1.6- Structure of Total Employment by Type

	Percentage distribution			
	1999	*2005*	*2012*	*2018*
Type of employment				
Regular-formal		7.0	7.7	9.7
Regular-informal		9.2	11.3	14.1
Regular	15.0	16.2	19.0	23.8
Self-	52.3	54.1	51.8	52.0
Casual	32.7	29.7	29.2	24.2
All types	100	100	100	100

Source: Ghose and Kumar, 2021, p.12

Looking at the share of the different types of employment from 1999 to 2018 in the total employment (Table 1.6) shows an increase in the share of regular employment, both formal and informal, in the total employment, and the share of casual wage employment was declining. The share of employment also clearly highlights the education bias in the rising regular employment that is mainly among the educated and shrinking employment opportunities for

the less educated. Besides the declining share of casual employment, employment and working conditions have worsened.

1.8.1 Employment Conditions in the Construction Sector

The only non-agricultural sector that has its importance vis. a. vis. casual employment is the construction sector. In 2004 casual employment accounted for 78 per cent of the total employment in the construction sector and 51 per cent of the total casual employment in the non-agriculture sector (Ghose and Kumar, 2021, p.18). During 2004-2011, casual employment increased by 22 million in non-agriculture and 21 million in the construction sector. During 2011-2018 casual employment increased by 2 million in the non-agricultural sector and 6 million in the construction sector (ibid).

From 1999 to 2011 construction sector was generating jobs rapidly and most of these jobs were casual. So those casual workers who lost employment in agriculture moved to the construction sector as casual wage workers. After 2011 job growth in the construction sector collapsed, and the quality of employment further deteriorated. During the period 1999 to 2018, the country witnessed high economic growth. The individual sectors, like agriculture from 1999 to 2004 and construction from 2011 to 2018, recorded high growth (Ghose and Kumar, 2021, p.20). However, overall employment conditions and the quality of employment were worsening in an era of high economic growth. The key concern is that the informal sector in India continues to expand despite high growth rates with deteriorating employment conditions, especially in the construction sector.

1.9 Why Worry about Rising Informalization and Casualization of the Workforce?

There are three reasons why increasing informalization and casualization should concern the policymakers and researchers. First informalization is associated with higher levels of poverty and heightened vulnerabilities. It is also associated with lower levels of productivity, leading to a lower contribution to fiscal revenue. The current study focuses on the association between informalization and rising poverty, insecurities, and vulnerabilities of the workers in the informal sector. Though the association between the two is not always linear and simple, despite the caveat, there is a strong relationship between informality and poverty, which is of concern to the researcher.

Table 1.7- Percentage Distribution of Informal Workers According to Expenditure Class

Status	Total	Self-employed	Regular wage workers	Casual workers
Poor and vulnerable	78.7	74.7	66.7	90.0
Higher income group	21.3	25.3	33.3	10.0
Total	100.0	100.0	100.0	100.0

Source: NSS 61ˢᵗ Round 2004-05, Employment-Unemployment Survey cited in NCEUS, 2007, p.8.

If we look at the insecurities or vulnerabilities of the informal workers, almost 90 per cent of the casual workers belong to the poor and vulnerable category (Table 1.7). Sharp differences with respect to the poverty ratios exist mainly due to the nature of employment. Among the three categories of workers, the poverty ratio was highest among the causal workers, followed by the self-employed workers, and the lowest among the regular workers (Datt, 2007, p.781). According to the NSSO 61ˢᵗ round, the poverty ratio in the country in 2004-05 was 27.5 percent (Datt, 2007, p.780). Among all the workers, the poverty ratio was 19.3 per cent. However, the poverty ratio among the informal and formal workers was 20.4 per cent and 4.9 per cent, respectively (ibid). The poverty ratio highlights a wide gap between the socio-economic conditions of the informal and formal workers.

1.9.1 Construction Sector in India

The construction sector is the second largest employment-generating sector in India after agriculture. The construction sector in India contributes 12 per cent to the share of total employment (Jha, 2021). It is one of the most labour-intensive sectors in India. It engages approximately 3.2 Crores workers nationwide (Soundararajan, 2013).

If we look at the structure of the labour market, there were 89.6 percent of informal workers in India in 2018-2019. The construction sector accounted for 92.7 per cent of the workers (Jha, 2021). Figure 1.5 shows that total wage workers accounted for 48.3 per cent; out of this, 88.8 per cent of the workers worked in the construction sector. The share of casual workers was also very high. Out of the total, 23.6 per cent of the casual workers' construction comprised 83 per cent of the casual workers. The construction sector accounts for most of the casual workers, as

shown in fig 1.5. Casual workers have been reported to have the lowest earnings and are least protected in terms of job and social security.

Fig. 1.5- Labour Market Structure
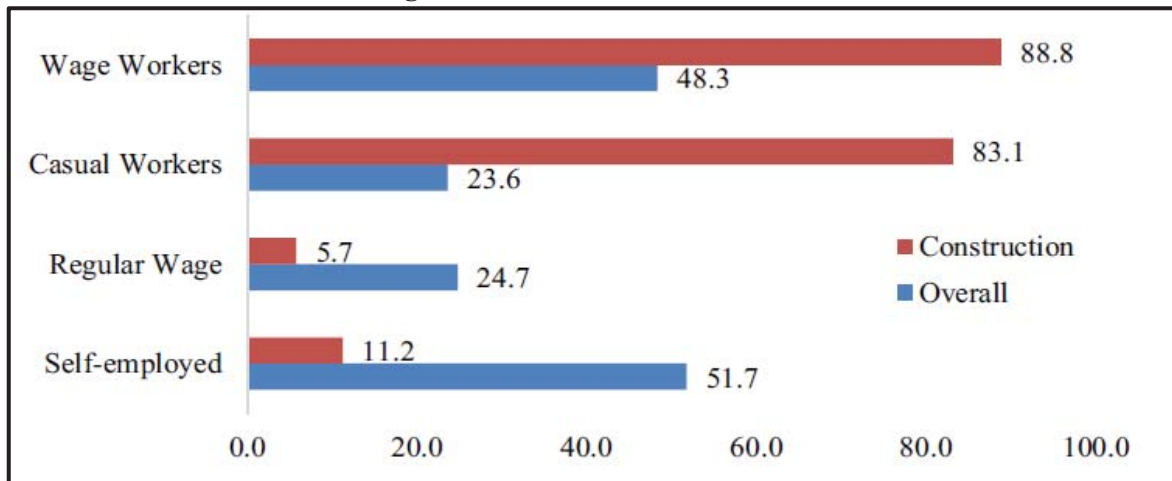
Source: PLFS, 2018-2019 cited in Jha, 2021, p.1048.

Further, 97 per cent of the workers in the construction sector had no formal contract with the employer (Figure 1.6). Only 2.5 per cent of the workers in the construction sector received any social security benefits. There was not much difference between formal and informal workers vis. a. vis. receiving social security measures. Both the categories of workers were not eligible for any social security. The only difference was the formal workers had some form of job security.

Fig. 1.6- Availability of Written Job Contracts
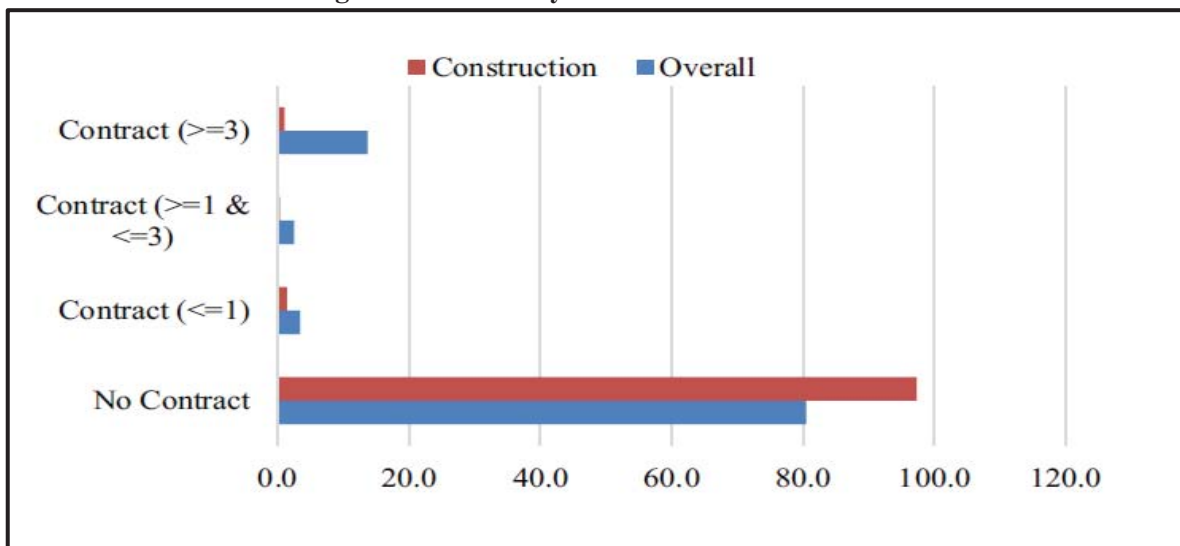
Source: PLFS, 2018-2019 cited in Jha, 2021, p.1048.

1.9.2 Construction Sector in Delhi

The construction sector is one of the main providers of work in the informal sector in Delhi. Table 1.8 shows that 85 per cent of the construction workers in Delhi fall in the bottom three quintiles despite being the second largest contributor to the share of employment. The top two categories in the table report a very high level of vulnerability in terms of income and social insecurities.

Table 1.8- Top Ten Occupation Groups by Income Quintile and their Share in Employment

Occupation	Bottom three quintile	Fourth quintile	Highest quintile	Share in employment
Shop workers, assistants, peons, delivery boy, waiters	71.6	20.5	7.9	18.4
Construction workers, masons, plumbers, painters, welders	85.1	13.6	1.3	16.7
Managers, operators, officers, engineers	17.0	19.8	63.2	13.4
Small shop keepers, traders	35.2	26.1	38.7	12.7
Transport workers, drivers, conductors, rickshaw pullers	66.8	25.6	7.5	9.1
Street vendors, cobblers, other service providers on the streets	68.8	26.3	5.0	5.6
Domestic workers, cleaners, washermen, caretakers, gardners	89.6	8.4	2.1	5.6
Clerks, defense workers, police personnel, constables	13.2	17.9	68.9	3.5
Electricians, mechanics, fitters, repairers	61.8	19.4	18.8	3.4
Home based workers, artisans, tailors, blacksmiths	64.4	23.8	11.9	3.4

Source: Delhi Human Development Report, 2013, p.68.

The labour laws, also known as employment laws, are a body of laws and administrative rulings that protect workers' legal rights and entitlements and address the issue of restriction on working people and their organization. These could be collective labour laws that address the issues pertaining to the tripartite relationship between employer, employee, and labour union. And individual laws that protect individual rights at the workplace. The Delhi government enacted a 37 per cent hike in the minimum wages in 2017 across all scheduled industries to ensure a decent standard of living for people in the informal sector. However, its implementation is far from achieved. Empirical evidence shows that workers in the construction industry do not even get sub-minimum wages. Figure 1.7 shows the states and subsequent percentages of workers not being paid minimum wages. Sixty-seven per cent of the workers in the construction sector are denied minimum wages in the case of Delhi, and 52 per cent of workers across the country have been denied the minimum wages.

Fig. 1.7-Non-Compliance in the Payment of Minimum Wages in the Construction Sector in India 2009-10
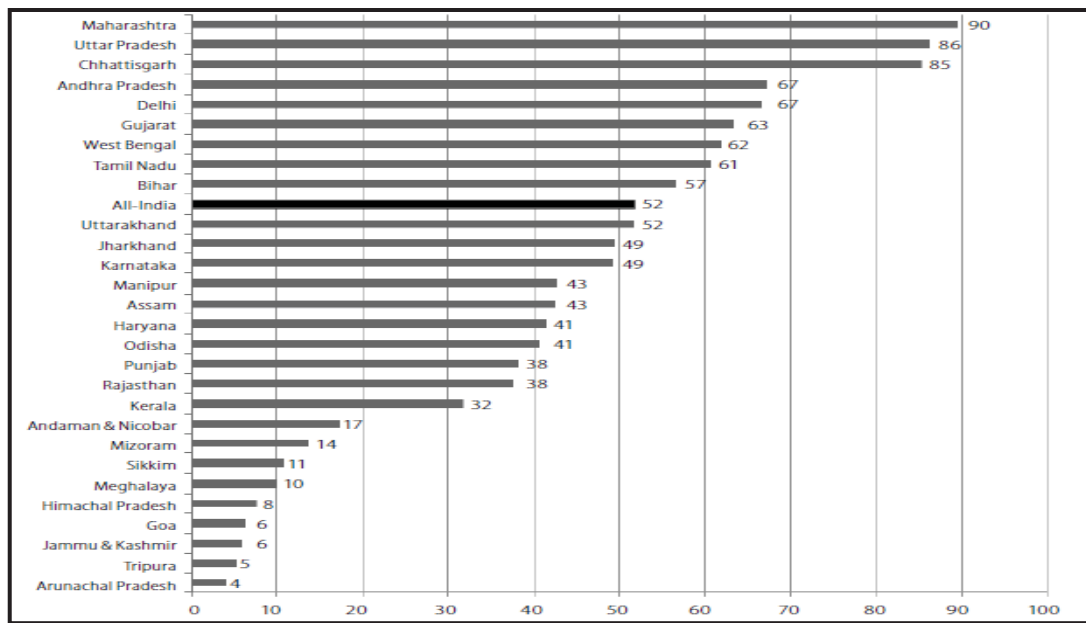
Source: NSS 2009-10, cited in Soundararajan, 2013, p.22.

A study of construction workers in the National Capital Territory included construction sites across Delhi, Noida, and Gurgaon, where construction activities were being carried out. Figure 1.8 shows that among the workers interviewed across the construction sites, 97.3 per cent of the unskilled workers in Delhi did not get the minimum wages. For Noida and Gurgaon, it was 85.7 and 89.1 per cent, respectively. If we look at the wages of skilled workers, there is not much difference. Almost 95 percent of Delhi workers did not get legally stipulated minimum wages. A large section of the workers is denied legally stipulated minimum wages in the construction industry.

Fig. 1.8- Percentage of Workers below Minimum Wages in Noida, Delhi, and Gurgaon
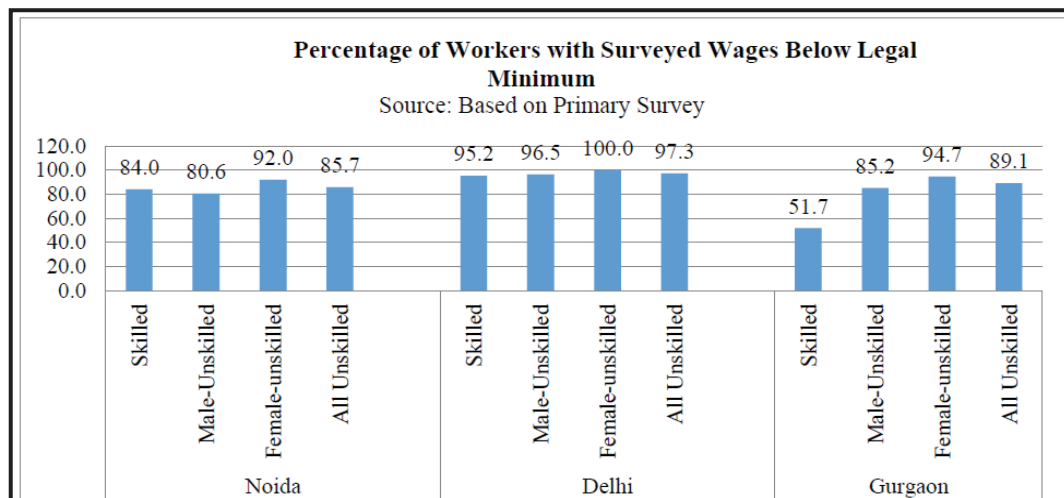
Source: Srivastava and Jha, 2014, p.52

It was almost completely absent regarding social security benefits being available to the workers. Table 1.9 shows none of the workers (skilled and unskilled) were entitled to any social security benefits or any other benefits from the employer (Srivastava and Jha, 2014).

Table 1.9- Social Security Benefits and its Awareness among Workers

	Yes	No	Don't Know
Injury Compensation	0.8	92.4	6.8
EPFO	0.8	86.8	12.4
Retirement Benefit	-	90.8	2.2
ESIC	-	88.0	12
Health Benefit	-	93.7	6.8
Any Other Social Security	-	91.6	8.4

Source: Srivastava and Jha, 2014, p.78.

The central government enacted the Building and Other Construction Workers Act (BOCW) and CESS Fund Act 1996 to protect the health of construction workers. It addresses the issues of safety, health, social security, and welfare measures of the workers. To avail the benefits provided under these legislations, a worker has to be registered under the Act. However, despite numerous benefits available very low registration has been witnessed across the construction sites in Delhi. Contractors play a crucial role in registering workers in the BOCW Act by making them aware of the available benefits and provisions. However, it has been found that there has been a reluctance on their part, and most workers are not aware of the registration process. The study reveals that 68 percent of the workers were not registered, and the remaining 32 percent were unaware of the registration.

The Building and Other Construction Workers Welfare CESS Act 1996 mandates all the state governments to collect a construction CESS of a minimum of 1 and a maximum of 2 percent on every project. As per the data received from the Labour Department[1], the total CESS collected across the country was Rs. 32,480.96 Crores, but the amount spent was only Rs. 7,286. 52 Crores. In Delhi, only 9 percent of the collected CESS was spent. This is mainly due to very low registration of the workers under the BOCW Act in Delhi.

All of these factors have collectively made the workers working in the construction sector as one of the most vulnerable groups of people. They are highly prone to various social and

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[1] Government of National Capital Territory Delhi, Department of Labour-Data collected in person from the department.

economic vulnerabilities due to the nature of their employment. In the case of Delhi, the first decline in the real wages for the poorest quintile was highlighted in the 61st round of NSS (Bhan, 2009, p.136). The reasons attributed were privatization and, subsequently, non-subsidized services. The rising cost of living in the cities due to increased reliance on non-state actors, exclusion from the social security benefits, and public distribution system have made the poor live in precarious conditions. Besides, moving from regular wage work to insecure and casual labour marks the most detrimental shift that has further expanded the vulnerability.

1.10 Antinomies of Economic Growth and Economic Development

There has been a greater realization that economic growth is worthwhile only if it is commensurate with improved living conditions, increased income, and reduced poverty levels. Economic growth is acceptable when it is equitable and accompanied by social and economic justice. India has witnessed high economic growth in the past three decades. But there is a high degree of informality in the labour market. The labour market exhibits the characteristics of poor developing countries (Sharma, 2022). The fast-paced economic growth has been exclusionary that has not been accompanied by development. This has impelled us to relook at the distinction between the concept of growth and development. It further revives the debate whether growth in itself is a sufficient condition for health and well-being of the citizens.

Table 1.10- Per Capita Income of Delhi and India during 2011-2012 to 2020-2021

YEAR	CURRENT PRICES (Base Year 2011-12)		CONSTANT PRICES (Base Year 2011-12)	
	DELHI*	ALL INDIA	DELHI*	ALL INDIA
2011-12	185001	63462	185001	63462
2012-13	205568	70983	192220	65538
2013-14	227900	79118	200702	68572
2014-15	247209	86647	213669	72805
2015-16	270261	94797	233115	77659
2016-17	295558	104880	244255	83003
2017-18 (3rd RE)	318323	115224	252960	87586
2018-19 (2nd RE)	344350	125883	260967	92241
2019-20 (1st RE)	376221	134186	274671	94566
2020-21 (AE)	354004	127768	254001	85929

Source: GNCTD, 2020-2021.

If we look at the economy of Delhi and the average per capita income, it was almost three times the national average (Economic Survey of Delhi, 2020-2021). A considerable gap could be

witnessed between the per capita income of Delhi compared to the national average, and the gap has been consistent during the last decade (Table 1.10). Besides, Delhi has also maintained its consistent revenue surplus for 2020-2021. The debt problem is also well under the control of the government. However, this is not reflected in Delhi's various socioeconomic and health indicators. Half of the population of Delhi lives on the edge of poverty and insecurity. A large proportion of people struggle to fulfill their basic needs. Almost half of them are denied decent housing, and access to basic services and are made to bear the burden of the majority of diseases. Besides, poor quality of employment on a large scale means that economic growth has not addressed the needs of a significant proportion of people working in the informal sector. Therefore, it is important to understand the distinction and conceptual linkages between the two concepts.

Economic growth and economic development are essential concepts and reflect the health of an economy in different ways. Growth is a convenient empirical and analytical category measured in terms of Gross Domestic Product (GDP), Gross National Product (GNP), national income, and labour productivity. It does not reflect the normative concerns of development (Acharya et al., p. 204). When we try to understand human development, economic growth becomes a narrow approach that masks the imbalances and inequality that might exist in a society.

Economic growth is contrasted with development vis-à-vis quality of life, health, literacy, and other aspects of well-being that are of greater relevance. Economic growth does not take into account many dimensions of quality of life. On the other hand, development is a multidimensional and normative concept that is "almost synonymous with improvement" and "improving the quality of life." Values are central to development which would determine how goals would be prioritized. The three core values of development are:

a. **Sustenance:** It refers to the ability to meet basic needs. All human beings have certain basic needs which are indispensable for sustaining life. These needs include shelter, food, health, and social security. The absence of any of these needs or shortage in supply leads to a condition of absolute underdevelopment.

b. **Self Esteem:** Self-respect and a sense of work are an integral part of a good life. Every individual, group, or community strives for self-respect in some basic form like identity, respect, dignity, honor, and recognition (Todaro and Smith, 2011, p.21). The motive of wealth generation should be to enhance the capability of the members of society. Denis

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Goulet said, "Development is legitimized as a goal because it is an important, perhaps even an indispensable, way of gaining esteem" (ibid).

c. **Freedom from Servitude:** Human freedom is the third key component of the development. Freedom should be understood as emancipation from material conditions and social servitude. Freedom from miseries, "oppressive institutions," and the vicious cycle of poverty. Sen also talks about substantive freedom, which can fulfill elementary needs and allow escape from morbidity and premature mortality.

Dudley Seers posited three essential questions to measure the development of a country, he says:

"The questions to ask about a country's development are therefore: What has been happening to poverty? What has been happening to unemployment? What has been happening to inequality? If all three of these have declined from high levels, then beyond doubt this has been a period of development for the country concerned. If one or two of these central problems have been growing worse, especially if all three have, it would be strange to call the result "development" even if per capita income doubled" (Todaro and Smith, 2011, p.15).

Development in its true sense should represent "the whole gamut of change by which an entire social system, tuned to the diverse basic needs and evolving aspirations of individuals and social groups within that system, moves away from a condition of life widely perceived as unsatisfactory toward a situation or condition of life regarded as materially and spiritually better" (Todaro and Smith, 2011, p.16).

Development and growth are not the same; however, growth was one of the preconditions for developing countries to address the issues of poverty and hunger. It has to be accompanied by inclusive public policies embedded in the concept of "redistributive justice." The concept of development or "chronic underdevelopment" is not merely about the economics or quantitative measures of employment or income, rather is a real fact of life for a significant proportion of people in Delhi living in informal settlements and working in the informal sector.

1.11 Final Thoughts

The chapter attempts to understand informality in the context of urbanization and the lack of formalization in the age of rapid urbanization. The economic reasoning and evidence from India suggest that from an enterprise-based perspective, informality is further expected to rise with urbanization. The Harris-Todaro model explains that from a worker-based perspective, a

co-movement of urbanization and informality is predicted. As the urban formal sector expands, the informality is expected to increase further.

The co-movement of urbanization and informalization raises concerns because of the linkages between informality and poverty. It also raises concerns about the growth gains of urbanization and the poverty cost of informalization (Ghani and Kanbur, 2013). Urbanization is often considered an indicator of economic growth and is associated with economic development. However, when viewed from an angle of a socially transformative process, it has given rise to new forms of inequalities.

The present trajectory of urbanization has contradicted what was hypothesized in the theories of urbanization and growth. In the case of India, urbanization is happening in the absence of proper industrialization. Indian industrialization is a capital-intensive rather than labour-intensive process (Kundu, 2017). As a result, significant expansion of the informal sector is taking place in the absence of adequate employment in the formal sector. The factors leading to high growth rates go beyond the regulations in the formal sector. De-regulation is useful, however, with limited impact. The policymakers need to acknowledge that much of the urbanization is happening through the informal sector, and informality is not going away. As a result, the linkages between urbanization and informalization must be better managed through appropriate policies. Therefore, it is pertinent to have appropriate policies to use the urbanization growth potential and address informality issues.

Globalization, accompanied by demographic change and change in the structure of the labour market, has been one of the key developments in the past two decades. Globalization in confluence with liberalization and structural adjustment programs has led to an increase in-formalization of the workforce, casualization of labour, and expansion of the informal sector in the Indian economy. A significant proportion of the socially and economically disadvantaged population works in the informal sector. As a result, a high level of economic growth has been achieved at the expense of rendering a vast majority of people vulnerable to extreme social and economic deprivations. Social and economic exclusion pervades the city marked by stark inequalities and persistent mass poverty. It has made a significant proportion of the workers in the cities vulnerable. The reasons attributed are cities provide the ecosystem and create space for structural transformation. It generates agglomeration economies in the informal sector. Almost 50 per cent of the employment in the cities are in the informal sector in India. Second chapter analyzes the phenomena of globalization and the changing landscape of the cities and

its consequences for the migrant workers in the informal sector. Besides, it highlights the exclusivity and exclusionary nature of cities that have led to shrinking space for migrant workers coming to Delhi in search of better livelihood and living conditions.

Chapter 2

Globalization, Changing Landscape of Cities, and Insecurities of Workers in the Construction Sector

"The city is a collective space belonging to all who live in it. The inhabitants of cities have the right to conditions which allow their own political, social and ecological development but at the same time accepting a commitment to solidarity, respect for the dignity of all, and quality of life of inhabitants"

(Werna and Lawrence, 2009)

2.1 Introduction and Background

The previous chapter discussed various theories and policy debates to explicate the link between the process of urbanization and informality in the labour market and economic development. It provides the context of the emergence of the concepts of decent work and unacceptable forms of work and deliberates in detail the framework proposed by ILO. It also builds the context of research by providing a brief overview of the informal sector and its linkages with poverty and growth in the construction sector. The city provides an ecosystem and is the site for structural transformations. It is imperative to understand the relationship between the city, informal economy, and migration to understand the parallel processes of growth, marginalization, and exclusion.

The current chapter begins with an attempt to understand the popular imagination of cities with the help of some of the dominant discourses that shape the city's understanding and help us understand the social, cultural, and economic processes of contemporary cities. Further, it attempts to understand the migrant workers and their right to the city with the help of the concept of 'Right to the City'. It analyzes the importance and contribution of migration in building the present cities and its relationship with the informal sector. It deliberates on the social and economic processes of the city and the vulnerabilities associated with migration. Besides, it highlights the shortcomings in documenting the seasonal and circular migrants and social and economic risks rendering a significant proportion of migrants to multidimensional vulnerabilities.

With this being the context, the chapter analyzes the city of Delhi. The city's economic restructuring led to social and cultural segregation of the migrants and urban poor. It discusses the strategies and processes of the state through which it differentiates urban citizens and

discriminates against them. It shows how the city becomes a place for negotiation of various dimensions of citizenship and associated rights and entitlements.

The second part of the chapter discusses the impact of globalization on the informal sector, particularly the health-related challenges of construction workers. Social protection has been key to promoting decent work. Also, it has recently been widely debated in the case of the informal sector, where a majority of the workers are not protected against various social and economic insecurities. Access to social protection is a critical determinant of the well-being of labour. Therefore, it is imperative to conceptualize the term and understand its various components. The subsequent section of the chapter traces the journey from social security to social protection and coverage among informal workers. It also highlights the limitation of social security in tackling the insecurities of workers in the present age of globalization and its inadequacy to address the fundamental causes of vulnerabilities of the workers in the current labouring landscape. The chapter concludes by discussing some globalization-induced challenges and insecurities in the informal sector.

2.2 Collective Imagination of City: Unpacking Some Dominant Discourses

Myriad imageries of the city flood the landscape of memory. The idea of a city varies with the changing histories. The "collective imagination" of the city is shaped by multiple perspectives, viz., social, cultural, economic, and political constructs. It has never been possible to look at cities from a single construct as all four perspectives shape and are further influenced by each other. Historically cities have grown as a result of urban growth. Cities have been a center for the movement of people, industrialization and trade, and administration. Further, the cities reflect culture and religion, discipline and order, and political administration. At the same time, it represents growth centers for the development of the economy (Acharya et al., 2017). As a result of their multiple local and global connectedness, cities produce different forms of spaces manifested in the contemporary urban fabric. Therefore, Bridge and Watson describe cities as not just spaces meant for a living but "spaces of representation and imagination" (Bridge and Watson, 2002, p.7).

The popular imaginations of the cities or ideas are formed not just at the conscious level but are also a product of unconscious desires and imaginaries (ibid). And these ideas are shaped both by lived experiences and media representation and portrayal of the cities. While these ideas could be both positive and negative, multiple factors shape these ideas. To unpack the collective imagination of the city, it is important to deliberate upon two themes viz. "how the

city affects the imagination and how the city is imagined" (Bridge and Watson, 2002, p.1). This section of the chapter discusses some of the fundamental urban discourses to capture the process of imagination of the city. These ideas describe the urban social relations and the political forces, which also resonate in major urban contemporary discourses of the city.

2.2.1 Cities as Sites for Primitive Accumulation and Reproducing Capitalism

The continuous restructuring and transformation of the city in terms of its economy and space could be understood from the view of reproducing the capitalist processes and the ongoing process of primitive accumulation. Primitive accumulation, an integral part of capitalism, has been practiced by developed countries. Further, these countries, which had already witnessed high economic growth, had propounded a model for economic growth and development of the newly decolonized countries, which were underdeveloped, technologically, economically, and culturally backward and had persistent poverty (Aphun and Sharma, 2017). The core issue in this due course was the lack of capital. Subsequently, the revised concept of development was conceptualized and proposed for decolonized economies, where means for capital generation and accumulation had to be devised.

This proposition deviated from the early classical political economists' understanding of growth and development as "a process that society experiences and goes through, requiring a minimalistic state intervention for removing the factors that might act as impediments" (Aphun and Sharma, 2017, p.64). The discourse around development changed from an inevitable and spontaneous process to a deliberate, rational, and conscious effort at the macro level that has to be initiated. Therefore, development was no longer a process that had to be "observed, described and analyzed rather a process to be introduced, initiated, sustained and monitored" (Sanyal 2007: 107 cited in Aphun and Sharma, 2017, p.64). As a result, the model being proposed by the west had to be replicated in third-world countries to achieve some level of growth and then improve some of the economic and social indicators. Economic transition by restructuring the pre-capitalist economic structures for capital accumulation was one of the most important prerequisites.

The present pattern of growth and development process in third-world countries is marked by a high capital generation and accumulation rate. The process of capital accumulation that was an integral part of the five-year planning in India took an intense form post-economic reforms. Though capital accumulation and circulation form the core of the economic development process, the growth pattern model has deviated from what was prescribed in the linear stages

of development by the developed nation. Therefore, different forms of capitalist and non-capitalist processes coexist in the present modes of production.

The process of the capitalist mode of production and growth has once again gained importance with the advent of neoliberalism and globalization of trade. The role of cities, mainly their economic functions and capacity to foster trade and generate capital, have increasingly become important. In this due course, cities have been continuously restructured for generating capital, termed primitive accumulation. From the western model of growth and development, primitive accumulation has become important for the state to deal with economic issues. Therefore, the ongoing process of transformation of cities is creating sites to reproduce the capitalist processes. Neo-Marxist studies have described primitive accumulation as a continuous process (Aphun and Sharma, 2017, p.65) through which space is continuously restructured to create new structures as the traditional structures wither away.

Capitalism thrives on inexorable restructuring vis-à-vis "capital-wage-labour' relations and combination of management and technology which results in revolutionizing the production process" (Chandhoke, 1988, p.1755). Further, "production and transformation of the territorial spaces" (ibid) has been inherent to the capitalist restructuring processes. Space that is "historically constructed and socially produced" becomes an integral part of the process as it is concurrently the site for reproducing capitalism as well as expression of social struggle (ibid).

Therefore, the transformation of space is an inevitable course in the process of capitalism, giving rise to the social struggle. Primitive accumulation progresses through developing some spaces at the expense of others, resulting in some developed spaces and some underdeveloped ones. Space is also important in relation to capitalism because it provides a "medium through which structures of class society are produced and reproduced (ibid, p.1755). Class segregation has been one of the most prominent features of Indian society, vividly manifested in the post-liberalization cities.

Capitalism attempts to create structures that facilitate maximizing the profit and extraction of surplus. These structures are occupied by people who modify these structures in their struggle to survive and sustain themselves. "As workers sought to shape their lives as individuals and as members of collectivities, they too shape the life of the city" (ibid, p.1755). Therefore, encroaching on the prime land of the city through raising informal settlements acts as an impediment in the process of generation and circulation of capital. There are mainly two impediments in the course of the reproduction of capitalism in the current cities. These are

resistance exerted by the working class, and technological lag has deterred the extraction of the surplus value and maximization of the profits. Welfare measures and social security benefits extended by the state in the form of minimum wages and other benefits combined with obsolete management practices reduce the margins of the profits.

The struggle for basic amenities, public goods, access to healthcare and education, decent housing, and ultimately control over space changes the spatial dynamics. Therefore, the contemporary social order shapes the process of defining and redefining the space. The role of technology is of immense importance in the present society, which has completely altered the labour process. As a result, a confluence of capitalism and technological innovation has become a potent force with a vast ability to create and devastate structures (ibid). The present urban fabric manifests this power that has altered labour relations and social class practices. Therefore, cities are the "focal points of power-social, cultural, economic, political and of social struggles (Chandhoke, 1988, p.1755).

Since the 18th century, the urban poor has always found missing from the constructed and envisioned urban space. Despite this, they devise various means to enter the spatial arena, work in informal sector, and live in squatter settlements. Seldom are they legitimately recognized as part of the city, and neither do their needs for daily living. Despite their illegality, the informal sector has been increasingly expanding and becoming an indispensable part of the formal economy. This is due to the contribution of the informal sector to subsidize and complement for smooth functioning of the formal sector. Sub-contracting system is one of the various means through which the sector supports the formal economy. The sub-contracting system is used to mobilize and recruit unskilled labour from various parts of the country through labour contractors. This serves as a source for inducting cheap labour into the informal industries. A section of the labour force could be upgraded to skilled labour with a minimum investment of resources and a nominal wage rise. And a large section of the labour works as casual labour with less than legal minimum wages and no social security benefits. Most importantly, the social networks that this sector creates facilitate its reproduction.

Apart from this, a large section of the people working in this sector is deprived of the "collective consumption goods" available to their non-poor counterparts living in the same urban space. Consequently, the reduction in the cost of operation of the informal sector further makes it possible to extract an absolute surplus (Chandhoke, 1988, p.1759). Though the state is obligated to make these amenities available to its citizens without any differentiation, it gets

away by according illegal status to a large number of squatter settlements. Given this pattern of growth and restructuring of the urban space, the question is how sustainable are the cities we have created. Can prosperity and concentration of huge wealth coexist with mass poverty, squalor, and social struggle?

2.2.2 The Authoritarian City

The authoritarian view characterizes the cities as sites of social aggregation and inherently authoritarian in nature. Further cities are sites of social control and social order and, at the same time, individual and collective emancipation. The social order is maintained through different measures that change from time to time. While social control and order are maintained through discipline, order, and compulsion. Individual and collective emancipation is achieved through self-realization and freedom (Short, 2002, p.18).

While the view of emancipation is reflected by the popular imagination of the city, contrary to this, cities are also the sites for maintaining conformity. It coerces individuals and communities to conform and adhere to a series of master narratives (ibid). However, coercion is not always successful as the cities reflect social and class struggles and are sites for contestation and resistance. David Harvey describes cities themselves as a product of "conflict and struggle" within the social groups rather than just a site for social relations (Giddens and Sutton, 2013, p.215). The city structures determine the resistance, contestation, and further imposition of a particular narrative. Therefore, the cities reflect and embody power (Short, 2002, p.19).

Power is exercised through the authority embedded in the agencies and actors, which manifest in the form of police, street layouts, traffic lights, etc. As a result, there is an imposed structuring of our lives which is expressed in the form of power. This exertion of power is to structure our lives and behaviour and maintain order and discipline through surveillance and preventing transgression. Stephen Graham (2011) terms the trend of growing surveillance in the cities as "new military urbanism" (Giddens and Sutton, 2013, p.215). He further notes that the technology devised for the war zones has transgressed into the civilian zones of the urban areas.

However, the exercise of power and surveillance is not equal for all individuals and communities in the urban arena. Further, it is exercised in multiple ways and means that vary from direct coercion to conforming and maintaining community norms and standards. As

exercise of power is a process which is wielded by some people over others. Therefore, it is unevenly distributed and unequally imposed.

While the social and class struggle is equally part of the discourse and narratives of cities, in contemporary cities, the struggles and resistance have been displaced or diluted. However, the protests from the working class in the cities could be witnesses to demand civic amenities and better living and working conditions, it lacks the large-scale struggles for questioning and altering the social order (Short, 2002, p.21).

2.2.3 The Cosmic City

It views cities as religious artifacts (Short, 2002, p.22). Though a city has long been viewed as a modern, irreligious, and secular place, according to the cosmic view, cities have always been a reflection and embodiment of cosmologies. By unraveling the historical evolution of many ancient cities, it shows that the cities' size, location, orientation, and naming of cities were linked to the connection between sacred and profane (ibid).

2.2.4 'Engendering' City: The Feminist Perspective

Feminists see the city as a reflection of unequal gender relations. The architecture of the traditional cities was not inclusive or favorable to women. It was mainly according to the social norms and ascribed male and female social roles. The transport, streets, and other public infrastructure were accordingly shaped. The women were expected to remain at home and look after the household chores, and men were supposed to go out and work to earn wages. The rise of cities in the 19th century was completely based on gender separation. Women were not seen often in the streets, or public spaces, and men could travel across the city as they wanted.

Jo Beall (1998) argues that if social relation between men and women is defined by the power dynamics between them, then the cities demonstrate interdependence between space and power (Giddens and Sutton, 2013, p.222). Therefore, due to the male dominance in public spaces, the structure and design of the cities were such. However, the rise of modern cities has opened windows for women in public spaces. Therefore, contemporary cities have opened opportunities for women who were earlier confined to home. Accordingly, as many women have started participating in public affairs, the structures of the cities have changed and become accommodative. Notwithstanding the transformation of the structure, cities remain hostile towards women and continue to be unsafe.

Elizabeth Wilson (2002) argues that cities offer women opportunities contrary to the feminist perspective, which has portrayed women as passive victims in the cities (Giddens and Sutton, 2013, p.222). With the emergence of service industries, more and more women have started taking up white-collar job in multinational companies and the public sector. They have entered the workforce in the cities. Therefore, the cities have allowed women to escape from unpaid labour at home (ibid).

2.2.5 The Collective City

Collective city discourse views cities as sites of collective consumption, collective provisioning, and functioning of the civil society (Short, 2002, p.23). The cities are shared spaces that represent joint projects, parallel and intertwined lives, and externalities where illegal squatter settlement coexists along with the wealthy formal settlements.

The two important concepts that underpin the discourse of the collective city are the "collective goods and services" and the notion of 'civil society' (ibid). The city's anatomy is evident from the provisioning of collective goods and services if it could be further fragmented into public and private provisioning and similarly the consumption as public and private. This differentiation becomes important to understand the cities in contemporary times because; a discernible shift from public to private provisioning and consumption is evident at the global level. The market penetration in the realm of the provisioning of civic engagements refers to the trend of decline of the Keynesian city.

Therefore, the emphasis is on individualism rather than community or society. The change in provisioning and consumption is more than an alternate way of providing services. Instead, it poses a question about the state's responsibility for the public provisioning of civic amenities. The fiscal realities do not justify the shift in provisioning as it is the outcome of social and political power. A huge subsidy to the corporate interests outweighs the marginal subsidies extended to the low-income households or economically weaker sections as the former is legitimized in the eyes of the state and later is delegitimized. The cities are full of paradoxes like civic obligations with individual needs, affluence with squalor, and public duties with private actions (Short, 2002, p.25).

The role of civil society is important when there is a shift from the state to the market, which has given rise to spatial and social inequalities. However, civil society is not a homogeneous

group but a group of entities with different interests and cannot be considered a panacea for growing social ills.

2.2.6 City as Site for New Rights and Entitlements

In the modern imaginary, the city represents a place for equal opportunity and freedom. Srivastava (2014) refers to cities as 'modern,' 'creative,' and dynamic places. It also marks a social space that withers the 'traditional identities' and allows social mobility and economic dynamism (Heller et al., 2015, p.1). When Sen proposes development as an enhancement of individual freedom by strengthening the elementary capabilities of an individual, the city promises to be one of such places that offer a wide range of opportunities and services to the residents. The primary driving force that is also referred to as pull factors for migrants coming to the cities are higher wages, access to basic amenities reflected in improved living and working conditions, education and health services, self-respect, and dignity.

2.3 Migrant Workers and their Right to the City

2.3.1 Deciphering the 'Right to the City' Concept

The right to the city book by French social scientist Henri Lefebvre came in 1968. It envisioned the production of urban space collectively by all the inhabitants of the city. The idea was taken forward by David Harvey, who in the 1990s accentuated the need for more robust democratic control and broader participation in the struggle to reshape the city. Though contemporary cities are entirely different from the cities in the 1960s, the idea holds even greater relevance today.

The concept of the 'Right to the City' (RTTC) is far more than an individual's access to city resources. It is a right to change and shape the city according to our heart's desire (Lama-Rewal et al., 2011). From a reformist point of view, it is a collection of rights in the city, while radicals believe it is larger than the sum of these individual rights. It refers to entitlements and claims alluding to the legal and moral domains. It also suggests distinguishing between formal and substantive rights. The right to live and work in a city will remain purely formal as long as it is not made affordable and livable. Further, it suggests making a clear distinction between individual and collective rights. While the radicals see the right to the city as a collective right outside the sphere of the state. The rights-based approach can push for individual rights and better public policies to ensure better access to the city. These approaches are both divergent and simultaneously complementary to each other.

The rights that are integral to the concept of the right to the city entail housing, water supply, sanitation, decent employment, education, health services, participation in decision making, an ecologically sustainable environment, entertainment, and free speech and assembly (Lama-Rewal et al., 2011, p.3). These rights are pertinent but not sufficient for implementing the concept of the right to the city, which is a powerful political concept. These rights may be an important step towards the realization of the idea. One set of rights may pave the way for the other. It emphasizes on urban policies while simultaneously defining the rights as the right to everything a city has to offer. The promises a city makes regarding social mobility and better living conditions. The concept proposes to go beyond the issues of inclusiveness and reshape the city's social and economic fabric.

2.3.2 Urban Citizenship

The issue of urban citizenship is central to the realization of RTTC. Citizenship could be understood as a boundary between the citizens and others. Those included and those outside the concerned community (Lama-Rewal et al., 2011). Citizenship provides a status that grants citizens a series of rights and entitlements. It also comes with a set of responsibilities. However, urban citizenship is not about legality. It is more about legitimacy, whether the state and its institutions legitimately acknowledge your needs. The concept of urban citizenship is not much from a legal standpoint. It is important from the political point of view to formulate and implement policies. The city serves as a place for contestation between the legal aspect and legitimacy as, "place remains fundamental to the problems of membership in society, and…cities… are especially privileged sites for considering the current renegotiations of citizenship" (Lama-Rewal et al., 2011, p.4). Evidence from various empirical studies suggests that an official proof of residence is crucial and a prerequisite to being a legitimate resident in the city. It also allows the urban poor access to enjoy basic rights in the city. The role of an official proof of residence is vital to access the city's resources.

2.3.3 Migrant Workers and City

Migrant workers are defined as working in an area, region, or country different from their place of residence (Taha, Siegmann and Messkoub, 2015, p.97). Migration has been a key component of urbanization. Besides, internal migration has been a cornerstone of the growth and emergence of Indian cities. In India, about one-third of the population lives in urban areas (Census, 2011). The spatial structure of the Indian economy has been predominantly shaped by cities like Mumbai, Kolkata, and Chennai. Delhi played an important role after it became

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the capital city in 1911 (Bhagat, 2011). Collectively these cities have dominated the urbanization process and the inter-regional flow of migration. The cities Delhi, Mumbai, and Chennai form a nucleus in their respective regions of north, west and south for urbanization.

However, with the high economic growth witnessed in the past three decades, wealth is concentrated in the cities and urban centers. This has widened the gap between rural and urban India in terms of income, wages, and employment opportunities. The urbanization and growth process are not only exclusionary in the regional sense but also social and spatial processes within the city (Bhagat, 2011). Therefore, it would be perilous to overlook the contribution of migration and the conditions of migrant workers in the cities.

Migration has numerous positive impacts on society. Especially the back home remittances by the migrants are extremely important for improving the living conditions of the millions of people in the countryside. These remittances are used mainly for food items (76 per cent), health care (38 per cent), and education (31 per cent) (Bhagat, 2011). Migration has proved to be beneficial for both the areas of origin and areas of destination. Notwithstanding, this migration is not viewed positively, and there has been a negative sentiment against the people migrating to cities in search of livelihood.

Consequently, social and economic exclusion and discrimination against migrants take place through administrative and political processes. The increasing role of the private players has led to exclusion from the welfare schemes. Migrant workers face severe difficulty in accessing basic amenities and exercising their political and cultural rights. They lack access to decent housing, water supply, sanitation, education, and health care services. Denial of political rights has led to the denial of the right to decent housing in the city. The children of migrants are denied education. Exclusion from health care services has been a very serious issue.

The contemporary city does not recognize everyone equally as opposed to the modern imagery of the city as a site for equal opportunities and freedom. It does not make available the benefits and civic services to all. We know that these services are not universally or invariably available to city dwellers, and the quality of these services varies dramatically. A range of factors that determines the availability of these services are type and location of settlement, income differences (class), social status (caste and community), migration status of the worker, activity status (casual, self-employed, or regular), age, gender, and skillset, etc. Most migrants work in cities predominantly in the informal sector, engaging in various activities such as construction, domestic work, security persons, mason, plumbers, electricians, etc. A significant proportion

of them are either casual workers or work as self-employed, lacking any social protection measures.

Vulnerability is not determined only by economic factors but also by taking into account the non-economic factors such as social and cultural life in the city and the political rights and legitimacy status of the migrants. Migration is an integral part of development that should be included in formulating and implementing urban policies. Democratization of the city and inclusion of migrants in the city planning process are markers of an inclusive city. Migration and migrant workers are at the center of the concept of the right to the city. It attempts to improve the condition of the migrants by providing an alternate viewpoint to negate the negative impact of neo-liberal policies (Bhagat, 2011). It advocates the right of everyone, including migrants, to access the city's resources.

2.3.4 Seasonal and Circular Migration: Mapping Vulnerability and Informality

The movement of the migrant workers from their place of origin could be permanent or permanent without a fixed abode, circular, short-term circular, or seasonal, as shown in figure 2.1 (Srivastava, 2020). Internal migration in India is under-documented, excluding short-term and seasonal migration in the informal sector. Despite an additional definition adopted by NSSO, the seasonal and temporary or circular migrants are not fully captured. This was mainly because most of the circular or seasonal migrants other than agriculture migrate for more than six months which was the upper limit for short-term migration. These workers work as casual, self-employed, or contractual workers.

Fig. 2.1- Internal Migrants: Documented and Under-Documented
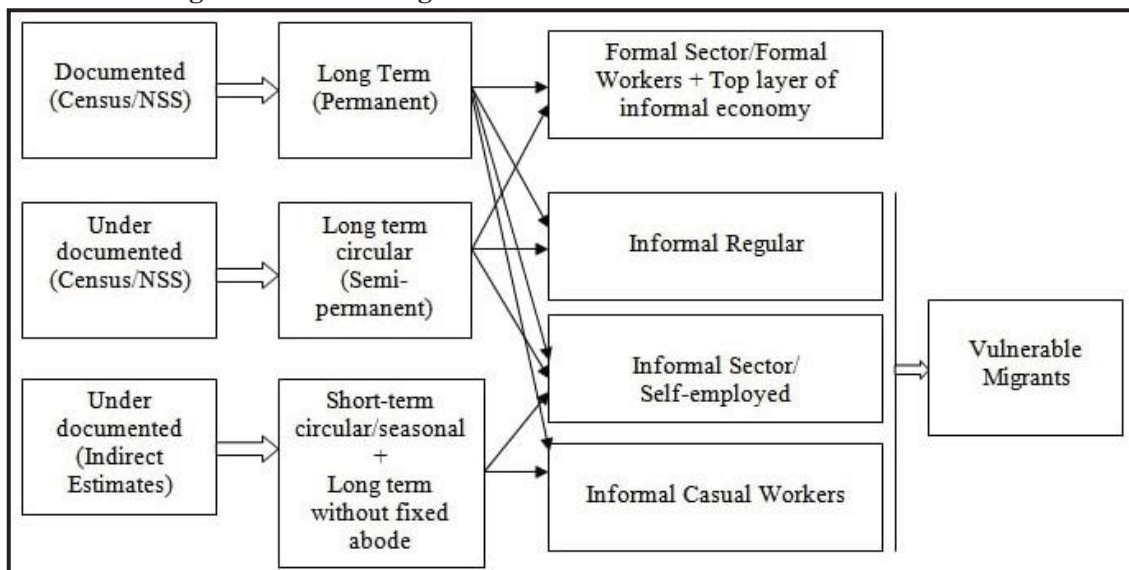
Source: Srivastava, 2020. IHD-ISLE Webinar on "Migrant Labour in the Shadow of the Pandemic".

The Census and NSS, to some extent, could enumerate long-term circular migrants who have obtained a foothold in the area of migration and maintain a foothold in their place of origin. Circular migrants who do not have a foothold are highly vulnerable, as two-thirds of the migrants live in makeshift arrangements at worksites and lack a fixed abode (Srivastava, 2020). The construction sector accounts for the highest proportion of seasonal migrants across industries. Figure 2.2 shows that the construction sector accounted for almost 40 per cent of the total seasonal migrants.

Fig. 2.2- Percentage Share of Seasonal Migrants by Industry of Employment
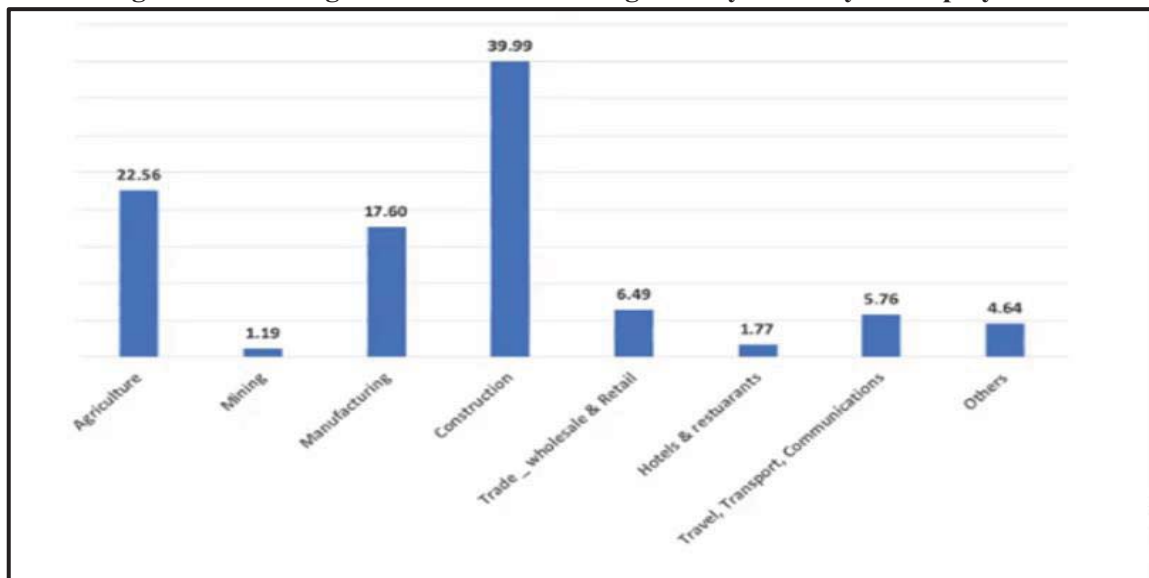
Source: Srivastava, 2020. IHD-ISLE Webinar on "Migrant Labour in the Shadow of the Pandemic".

The government has misread the vulnerable labour migration due to the high proportion of seasonal migrants, particularly in the construction sector. Based on NSS estimates, the migrant construction workers by destination are 27.5 million. However, the current workforce in the construction industry is 55 million. Estimates suggest that one-fourth of them are inter-state seasonal circular migrants who are enumerated at the place of their origin (Srivastava, 2020). About 50 to 60 per cent of them were short-term circular migrants, including within-state migrants (Srivastava, 2020, p.9).

The total number of migrant workers across the industry could range from 115 to 140 million compared to census figures of 60 to 80 million. The total number of circular migrants across the industry is estimated to be between 55 to 60 million. Extrapolating the census figures for 2011 till 2020 gives a projected figure of vulnerable migrant workers between 55.9 million to 69.1 million. Given the under-documentation, these workers could range from 60 to 80 million.

Therefore, the total number of vulnerable migrant workers across the industry could range from 115 million to 140 million.

Defining the vulnerability of the migrant workers according to their consumption and occupational status as bottom four quintiles and occupational group 4 to 9 (vulnerable) and 6 to 9 (very vulnerable) in 2007-08 these constituted 58.08 per cent as vulnerable and 44.24 as very vulnerable (Srivastava, 2020). The Hashim Committee Report proposed shifting the focus of urban policy from poverty to vulnerability. The committee emphasized distinguishing between poverty and vulnerability. While the former reflects the present state of deprivation, the latter is about the well-being prospects of a family. The Hashim Committee Report (2012) regarding the socially and economically disadvantaged group in urban India defined vulnerability as a critical aspect of poverty. Acknowledging that 'vulnerability' is multidimensional, which situated the poor in a susceptible situation, exposed to multiple risks and defenseless. It further identifies three critical areas of vulnerabilities that the urban poor are subjected to:

Residential Vulnerability: refers to that section of poor people who dwells in excessively poor condition under the open sky, overcoming unbeatable summer heat, the extreme cold winter of Northern India, and inexorable heavy monsoon seasons. It also includes inadequate access to water supply, sanitation, and drainage facility.

Occupational Vulnerability: refers to the large informal labour force in the city. It includes those people (men, women, and children) trapped in low-income jobs, especially in the informal sector. This is entirely a heterogeneous group comprising mainly of the daily wage workers in the construction sector, domestic workers, petty traders, hawkers, street children, sex workers, rickshaw pullers, etc.

Social Vulnerability: typifies those groups who routinely face severe 'social barriers' to fulfilling their daily living needs and secure livelihood. It highlights inequalities and exclusions due to social identity.

Personal Vulnerability: The Public Health Resource Network (PHRN) added another vulnerability category to the existing criteria. It includes people prone to violence, threat, and intimidation. This group comprises children, women, elderly people, the disabled, and the destitute. It also includes people belonging to lower caste, class, and minority groups who lack access to health care services and justice.

All the different categories of vulnerabilities listed by the committee, either in combination or individually, render a large number of workers working as daily wage labourers to multidimensional deprivations. While the long-term permanent migrants have access to some form of social protection and could also maintain a foothold in the urban areas. The short-term circular and seasonal migrants that mainly work as casual and self-employed are the least protected. Studies suggest that seasonal and temporary migration is prevalent among vulnerable social groups such as schedule caste and tribes, and landless households. Enterprises in the informal sector mainly prefer these migrants because they are desperately looking for work and prone to exploitation. They are pliable and are paid less. These people need to be protected by state social protection policies. Seasonal and circular migrants are vulnerable and prone to discrimination and exploitation.

The marginalization of the workers becomes particularly dramatic when they are migrants (Mantouvalou, 2013, p.369). Though migration in itself is not a risk factor, migrant workers who work as casual or self-employed workers are vulnerable due to the precarious nature of their work. Living and working conditions make them vulnerable to various occupational injuries, high prevalence of chronic back pain, chronic diseases, and poor health.

In the wake of the movement of people from their place of origin, it is imperative to protect their rights spatially and temporally as they become weak citizens in their native places and are considered non-citizens in their destination cities. It makes them excluded from the majority of the welfare schemes of the State. Therefore, the availability of social protection policies and their nature becomes fundamental in protecting these people from contingencies and structural shock. Generating opportunities for decent employment with adequate social protection and a rightful place for a living are key to improving urban livelihood and creating a just city. For better city planning, policymakers must better understand the relationship between a formal and informal economy.

2.4 Restructuring Delhi: Discrimination through Segregation

2.4.1 City, Informal Economy, and Urban Dwellers

The manner in which the big cities have been restructured due to the inflow of private capital has consequences for the livelihood of the city dwellers. The structural changes Indian cities have witnessed in the past two decades raise concerns regarding the informalization of labour, rising inequalities, and the quality and quantity of employment in the cities. The growth of

cities is plagued by fundamental contradictions where the share of informal employment has grown. Most of the employment generation is happening in the informal sector, sharpening the inequalities and creating urban distress in the Indian cities. The question of wages is pertinent as income inequalities are rising in urban India. Further, wage inequality is increasing between skilled and unskilled workers in the informal sector.

Indian cities are growing rapidly, and Indian urbanization has been accompanied by rapid economic growth and economic restructuring. Indian urbanization has been characterized by increasing concentration in the urban population and the city's economic activities. Many scholars have argued that the structural transformation has created urban distress in Indian cities (Dasgupta et al., 2022). Though migration has been one of the most significant factors for urban growth. However, the recent trends also suggest that the cities are becoming less welcoming to prospective migrants (Lama-Rewal et al., 2011). Amitabh Kundu (2011) raises concerns about the exclusionary urbanization and exclusivity of the cities with shrinking space for the migrants. He highlights the trends showing the declining growth rate of the urban population due to the exclusionary process of urbanization and changing nature of the cities (Kundu, 2017).

The city of Delhi is marked by Ecological succession and 'differentiation.' Differentiation refers to the increasing complexity and heterogeneity of the activities of the urban population. Delhi is undergoing a multiplicity of processes and redefining itself in the quest for a modern identity (Acharya et al., 2017). The post-1990s era has redefined the relationship between the city, the informal economy, and the urban poor in Delhi. The socialistic development pattern got replaced with a market-driven model where ample space has been provided to the private sector through deregulation and liberalization of the land markets.

Urban dwellers are the hardest hit by liberalizing the land market as they have been occupying the public land. This has resulted in some of them being relocated and resettled and the majority being evicted, leading to loss of shelter and livelihood. The aspirations of the middle class for a global and modern city have changed the dynamics between the state, city, and migrant workers. It has further pushed the poor out of the city to the peripheries. Casualization and informalization contribute to high growth rates, and the demolitions and evictions push the poor to the periphery. Even though the vulnerable section is not pushed out of the city's core areas, the state and middle class devise some strategies to isolate themselves from the urban poor. It is reflected in the form of gated colonies and residential complexes.

The urbanization pattern of the country has been largely market-driven despite the "socialistic pattern of development" model being adopted by the post-colonial state (Kundu, 2005, cited in Singh and Shukla, 2005, p.v forward). Though the urban poor could access the urban areas due to the democratic socio-political nature of the post-independence state, they were accorded the status of "illegal settlers." As the economy of the city of Delhi started expanding, including the services sector, construction sector, and trade and manufacturing, it required labour to run the economy and maintain the services. As a result, it allowed the poor entry to the city but only as "temporary settlers or slum dwellers," living under perpetual threat of eviction (ibid). Besides, their needs for civic amenities and basic facilities have never been legitimately acknowledged.

The strong economic base of the city of Delhi makes it a favorable destination for labour in the rural areas in desperation to get work. Large-scale commercial activities and rapid industrial growth have attracted labour from various parts of the country. As a result, despite the "hostile market scenario" and "passive state policy," a large portion of the poor manage to work and live in the city (Kundu, 2005, cited in Singh and Shukla, 2005, p.v Foreword). Many of them are engaged in the informal sector, prone to severe economic deprivations and exploitation. Regarding the shelter, they are forced to live in makeshift arrangements on encroached public land where severe physical congestion and a shortage of civic amenities have been reported.

Delhi, arguably India's richest city, is divided and marked by layers of social exclusion. The issue of Delhi becoming increasingly an "informal city" has been pertinent. A confluence of two factors primarily drives these activities. Firstly, economic factors are induced by the discourse of cities as engines of economic growth. It targets improving the cities' economic productivity to connect with the global economy. The underlying reasons are to intensify the capital accumulation process and connect Delhi with the global economy through establishing industries and promoting commercial activities.

Secondly, the city's collective imagination is shaped by a strong desire for modernity. The dream of Delhi as a modern and exclusive city is part of the global narrative surrounding cities rooted in western urban theory. The morphology is altered to fulfill the desire to emulate Western cities, representing modernity. The prevailing dominant discourse of the cities has led to the invisibilisation of the urban poor subdued in the imagination of the city. They are struggling to eke out a living in the city and are unable to contest space for their survival. The present pattern of urbanization influenced by the western model of growth and 'primitive

accumulation' only shows our desire to be global and modern by emulating outdated models of growth borrowed from the countries that have grown rich through questionable means (Khosla, 2017, p.92). This happens when the state allows a class of people to derive benefits and grow at the expense of depriving a large proportion of the population of the benefits of growth.

Delhi is often termed an "informal city" because a large part of the population resides in slums and other unauthorized settlements. The population of people living in slums in India is approximately 40 per cent (Kundu, 2005, cited in Singh and Shukla, 2005, p.v Foreword). In Delhi, nearly half of the population lives in slums and unauthorized settlements (Mahapatra, 2012). Only one-fourth of the residents live in planned or authorized colonies (Heller et al., 2015; Agarwal and Srivastava, 2007, p.14). The city offers different levels and quality of services to different sections of people determined by area and the type of settlement you live in, which is further affected by the varying degrees of legality, tenure, and formality (Heller et al., 2015, p.1).

Instead of addressing the issue of increasing slums and informal settlements by providing them with improved shelter, the state actions are mainly directed toward pushing the poor out of the city or to the periphery through various means, viz., resettlement, evictions, and demolitions. However, these "residual residents" do not simply depart the city but rather devise various means to be part of the "transnational process" and thrive on meeting their aspirations. The past three decades especially post-liberalization, have proved to be most harsh for the working poor as the city gears to be "systematically transformed" into a world-class city. It has led to attacks on the urban poor increasing manifold (Hazards Centre, 2007).

The "Indian transformation narrative" is a part of the global one (Srivastava, 2016, p. xxxv). While the motive of the State for urban development during colonial rule was to bring change to the population. Contrary to this, post-colonial state actions are rooted in the feeling of "national pride," asserting a sense of ownership over the public spaces, catering to the middle-class aspirations of an "aesthetic" and "world-class" city and cleansing the city by pushing the poor from the core to the periphery.

The global trends in Delhi are reflected in gated communities, clean, decorated streets, shopping malls, and the middle class's consumerist practices and leisure activities. Therefore, as Sanjay Srivastava says, the "post-colonial cities discourse of urban transformation manifests through the actions upon space" (ibid, p. xxxvi). This has been rooted in the split discourse of

'modernity' and 'development' originating from the western urban theory. He further describes the post-colonial urban experience as a twinned discourse of modernity and development.

Despite the significant contribution of the migrants in building the 'modern' city Delhi and contributing immensely to the economy, the State has been carrying out the sanitization process through various instruments, viz. environmental pollution, beautification of the city, master plan 2021, slum clearance and rehabilitation projects. These two parallel ongoing processes have been referred to as "parallel histories" where:

"The social life of the settlements referred to as slums is an intrinsic part of the making of Indian urban and national life. They are not the product of aberrant urbanism or city planning gone wrong; rather, they constitute parallel histories- sitting alongside the national monuments and middle-class housing- of the relationship between the state, the markets, and different forms of entitlements that are otherwise homogenized under citizenship."

(Srivastava, 2014, p.xxxviii)

The policymakers and planners most often cite the issue of resource crunch and availability of resources. Paradoxically the availability of the resources has never been the issue; instead, the distribution of it and who gets how much access. Land, the state's most important asset for livelihood and capital accumulation, has increasingly gained importance in recent times.

The existing Delhi Development Authority (DDA) and the emergence of the real estate industry's private players favored by both the state and the market have intensified the land accumulation from the poor for developing a globalized capitalist economy. Besides, basic services, which were the state's responsibility and fell under the purview of the state's social welfare services, have been privatized, and resources are being outsourced to the private agencies for efficient distribution. The urban bodies are relying on measures like public-private partnerships and privatization policies to reduce the pressure on public budgetary resources (Kundu, 2011, p.50). State actions have been directed toward transforming the city into a world-class global city. This essentially fulfills the aspiration of a new middle class and elite of the city.

2.4.2 The Emergence of the New Middle Class and Segregation of Urban Space

Land control issues have always been the key to understanding the dynamics of power relations between different communities and classes. Reshaping the urban spaces through new frontiers of land control is also linked with livelihoods, revenue production, and exercise of power. The

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issue of land control is directly linked to the patterns of land use, working and living conditions of labour, and the notion of urban modernity in the backdrop of penetration of global markets and privatization. Therefore, the underlying spatial strategies and social processes become important to delineate the relationship between development and urban modernity. New frontiers of land control have been devised in addition to the traditionally employed means for efficient land use. Besides, relocating a particular class of people occupying the prime land of the cities whose economic importance has been realized by the State in the past three decades, if not more than that.

Informal settlements have always existed in Delhi, and so have the evictions; however, the nature of eviction and their political economy tell us a different story compared to the traditional phase (pre-reforms era). In comparison, the pre- reforms urbanization could be characterized as 'humane urbanism' with middle-class sympathies for the slum dwellers. The post-reform period has seen some aggressive and intensified demolitions and evictions. The Yamuna riverfront eviction in the year 2004 and subsequently in the year 2006 marks one of the most vicious evictions where bulldozers were used to demolish the hutments that too during the daytime when most of the families were away and gone for work, leaving their children and infants at home (Baviskar, 2006, p.N.A). Most of the inhabitants were daily wage earners, including construction workers, domestic workers, rickshaw pullers, rag pickers, etc.

There are no concrete figures to show the demolitions and evictions being carried out during the past two decades. Different researchers and data sources have quoted varying numbers; however, studies suggest that between 1999 and 2007 1, 00,000 shanties have been demolished (Batra and Mehra, 2008 cited in Srivastava, 2014, p.59). In Delhi, 51,461 houses were demolished between 1990 and 2003 under "slum clearance" schemes. Further during 2004 and 2007, approximately 45,000 homes were demolished. Besides, three other large settlements were given notice in 2007. Less than 25 per cent of the households evicted during 2004-07 received any resettlement benefits (Bhan, 2009, p.128). Figure 2.3 gives a yearly basis account of the number of demolitions being carried out since 1990 and families relocated.

Fig. 2.3- Demolished Sites and Relocated Families per Year from 1990-2007

Figure: Demolished Sites and Relocated Families Per Year: 1990-2007
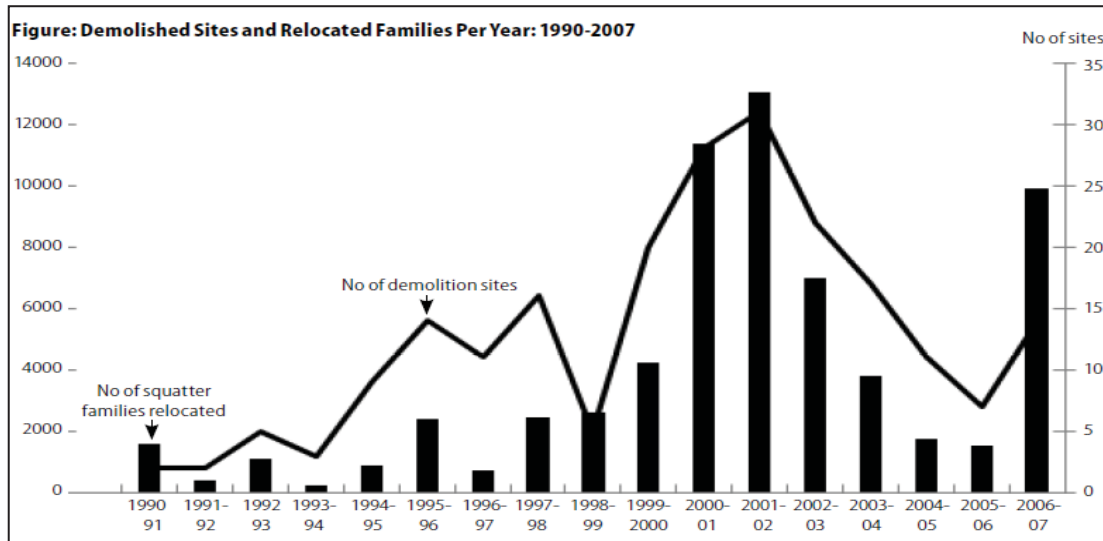
Source- Slum and *JJ* Department, Municipal Corporation of Delhi cited in Dupont, 2008.

These demolitions and evictions have been conducted under the garb of "larger public interest" rooted in the "Green Agenda," which is reflected in the government slogan of "Clean Delhi-Green Delhi" (Dupont, 2008). The housing societies and residential complexes manifest the popular imagination of a modern city and some sort of claim over the city.

Globalization and liberalization have induced profound social and economic restructuring of society. The social and economic transition accompanied by economic reforms has created the structures that have given rise to new forms of inequalities. The structural transformation of the city mainly has twin objectives. One is to sustain the momentum of the growth rates, and the second is to improve the city's infrastructure. It is essential to understand the emergence of a new middle class to understand the consequences of structural transformation and the subsequent growth of the Indian cities. It marks an important phase in the post-liberalization period.

The emergence of the "New Middle Class" also marks the beginning of many new processes and changing class dynamics. It is a new social group that has derived maximum benefits from the state's urban policies and strategies, including land control policies and segregation of urban space. Unfortunately, the slum dwellers and squatters have been hardest hit by the post-liberalization state policies and measures. The present state's actions continue to do so. Consequently, the "concomitant polarization and underlying social exclusion" is what Fernandes refers to as the "politics of forgetting marginalized social groups" (Fernandes, 2011, p.534). The rise of a social group, the "New Middle Class," has further led to fragmentation and given rise to new socio-spatial inequalities.

The new middle class is characterized by "strategies and mechanisms of capital conversion", and the "exclusionary social practices" are the distinguishing feature of the class (Fernandes and Heller, 2011, p.499). They can also be described as an "amorphous mass characterized by their own world view, attitude, lifestyle, and consumption pattern made available in the liberalizing India" (ibid, p.496).

The middle class as a social category mainly emerged in the mid-1970s. Since then, it has always existed in the country but in different forms. It is challenging to devise a proper definition or boundary as it has never existed in the bourgeoisie or working-class binaries. However, post-reforms, a new middle class emerged strongly shaped by socioeconomic inequalities and exclusionary practices. The 'new' is not in relation to its social composition or structural sense but in the 'cultural characteristics. The benefits derived from liberalization and the virtues possessed by it in terms of changing consumption practices and lifestyles. The understanding that class boundaries are constructed and contested is evident from Delhi's evolution trajectory, especially post-liberalization.

Two crucial aspects shape the politics of the middle class. The dominant faction of the class plays an important role in the "politics of hegemony" (ibid). Second, "contours of New Middle Class are manifested in everyday politics and practices through which it reproduces its privileged position" and "socio-cultural inequalities are an integral part of the formation of the middle class" (ibid, p.495). Therefore, it is a "class in practice" which derives its power from cultural and educational capital. As a result, its fate depends on what Bourdieu describes 'classification struggle' (Fernandes, 2011, p.500).

The rise of the new middle class also marks a discursive shift from 'state socialism' to a political culture centered around a class based on consumption (Fernandes, 2004). It is also linked to the process of 'spatial purification' where the middle class has a firm assertion of the claims over public places and cleanses the space of the poor and working classes. Rajini Kothari (1993) termed it a "growing amnesia" towards poverty and the poor in liberalizing India (ibid, p.2416). Further augmenting the argument, Fernandes terms this as politics of forgetting, which refers to "a political discursive process in which specific marginalized social groups are rendered invisible and forgotten within the dominant national political culture" (ibid). This production of new citizenship based on culture illuminates the changing relationship between the state and its citizens.

The right to decent housing and basic amenities is an indispensable part of the right to live and work in the city. It is also one of the fundamental rights of the urban poor. Notwithstanding this, the magnitude of evictions and resettlement process highlights a different discourse and narrative altogether vis-à-vis development.

Globalization and economic restructuring have resulted in the marginalization of the poor. A paradigm shift is evident where Delhi's political economy has been completely reshaped by the ongoing discursive portrayal of slums and urban dwellers. It also highlights the changing relationship between state, market, and civil society and how urban identities are formed. The urbanization process in Delhi is driven by the notion of 'modernity,' citizenship, and aspirations of the middle class and is an intertwined discourse of modernity and development. This could have severe implications for the future growth pattern, which is quite apparent from the contemporary situation of the city.

2.5 Globalization and Changing Nature of Employment

Globalization is defined as "policy and technological changes that have significantly altered international economic relationships and have been accompanied by important changes in the nature of work and worker's access to social protection" (Lund and Nicholson, 2003, p.13). The key discourse driving the process of globalization is cities primarily being viewed as engines of economic growth. We are living in a rapidly globalizing and urbanizing world. Globalization driven by demographic and economic transition has completely altered the lives of labour by restructuring the world of work and the labour market.

Globalization has given rise to in-formalization and has altered the existing employment structures. The demographic factors pose a challenge in the form of an ageing population and the entry of women into paid jobs. All of these affect the dynamics of labour supply. The economic angle relates to the issue of outsourcing, sub-contracting, and the flexible nature of jobs. It is also associated with flexible work and precarious and insecure employment. All these changes have consequences for the health and well-being of labour. Health and work are inextricably linked and are dependent on each other. Providing proper working conditions is one of the crucial aspects of securing the health of workers. It is also an indispensable part of the poverty alleviation programs. A significant proportion of workers working in the informal sector face many health and safety-related problems because of their working, living, and environmental conditions.

2.5.1 Emerging Health Challenges in the Construction Sector

The health problems faced by the informal workers are numerous, and it also varies according to the sector and the worker's employment status, viz. casual, regular, self-employed, etc. Workers in the construction sector particularly constitute one of the most vulnerable groups of people in the country. The very nature of their work makes the people working in this sector vulnerable. The health-related challenges faced by the workers in the construction industry could be categorized mainly into three broad categories: occupational health and safety, environmental health, and social protection.

A. Occupational Health

There are 110 million construction workers worldwide, and estimates suggest that an equivalent number of workers work in the informal sector (Comaru and Werna, 2013, p.4). Construction is one of the most hazardous occupations in the informal sector. Data from developed countries shows construction workers are 3-4 times more likely to die from occupational accidents than other workers. Most of them die due to back injuries and carrying heavy loads. They also suffer musculoskeletal disorders, respiratory diseases, skin diseases, and noise-induced hearing loss (Comaru and Werna, 2013, p.4). On the other hand, in developing countries, the risks associated with construction work are 3-6 times higher than those in developed countries. Further, the casual worker is at three times higher risk of suffering an occupational accident than a permanent worker.

B. Environmental Health

Construction workers are exposed to various environmental risks due to their occupation and living conditions. They often live close to the construction sites or the squatters and slums in make-shift arrangements. They do not have access to basic amenities and any public utilities. In addition, they face numerous environmental problems, as discussed:

- Lack of access to safe water and sanitation facilities is a prime contributor to ill health, leading to diseases like cholera, diarrhea, and water-borne diseases.
- Lack of proper drainage systems has made them prone to various water-borne diseases and fatal accidents.
- Overcrowded residence- Most often, the construction workers are provided with accommodation at the construction sites in a makeshift arrangement, and these

accommodations have been overcrowded. This facilitates the spread of diseases among the workers.

- Noise pollution and extreme thermal conditions also give rise to many health conditions.

Figure 2.4 gives an overview of the differential health problems faced by workers engaged in different categories of work in the informal sector globally. It also illuminates construction workers' health vulnerabilities and susceptibility to illness and injury. It shows construction workers are highly prone to serious health issues and very high severity of health risks among them. While most of them are migrants, very few are enrolled in social protection schemes.

Fig. 2.4- Informal Sector Workers Differential Health Related Issues
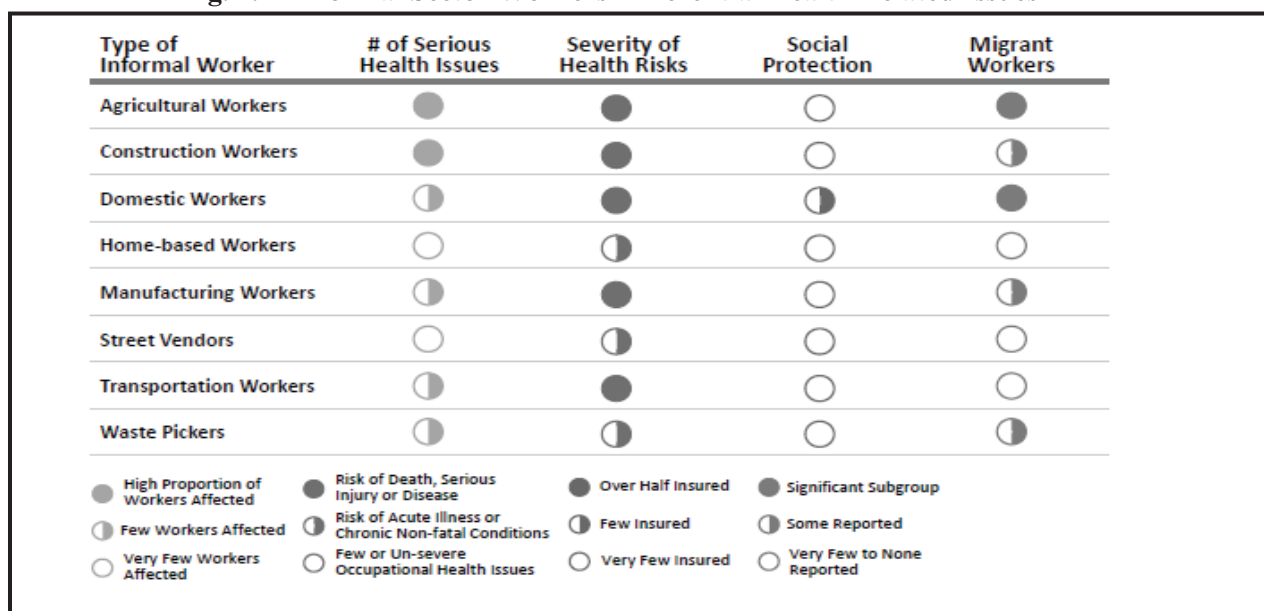
Source: ILO, 2016.

The rising injuries and the changing pattern and severity of occupational risks are linked with the changing form of work and employment structure in the global economy. It is further linked with the changes in work organization and control of labour process. The control of the labour process has heightened workers' insecurity and anxiety.

C. Social Protection

The health problems faced by informal workers in the construction sector have been numerous. Contrary to this, very few of them are enrolled in social protection schemes that provide proper health care services, protection against illness and injuries, and old age. In such circumstances, any injury or disease to the workers could have a detrimental impact on the health and well-

being of the entire household. This could push them into debt, face a health shock, and fall into destitution.

The terms social security and social protection are widely used in the literature on labour welfare. These terms are most often used interchangeably. However, conceptually the terms are different and have originated in different contexts. Social security was conventionally used to represent the entitlements and rights of the workers provided by the State and the employer. Social protection is a more recently used term that describes a more expansive form of social security. Social protection has replaced the concept of social security because of the changing world of work and its inadequacy to address the rising insecurities and fundamental causes of vulnerabilities in the present labouring landscape.

2.6 Conceptualizing Social Security: Understanding Conceptual Issues, Coverage, and Shortfall

2.6.1 Social Security to Protection

India has a large informal sector that needs social protection to secure the basic needs of workers and insulate them against economic insecurities. Poor quality of employment on a large scale would mean that economic growth has not addressed the needs of a significant proportion of people working in the informal sector. It is mainly because of two reasons. One is the gross under-documentation of seasonal and circular migrants leading to their exclusion from the social protection policies. Second, the conceptual flaws pertaining to the traditional and obsolete conception of social security that only covered the contingencies. These are no longer sufficient in the present era of globalization, where workers are faced with multidimensional deprivations. Therefore, conceptualizing the difference between social security and social protection based on the workers' insecurities would provide a framework to understand the multidimensional deprivations faced by the workers in this rapidly changing world of work.

The first aspect is that it has both micro and macro dimensions. The macro dimension refers to the security at the national level or the level of a region. In contrast, the micro dimension means that individuals and households are secure. For instance, food security at the macro level shows the self-sufficiency of food grains at the country level, utterly different from the food security of individuals and households. Food security at the country level does not mean that individuals and families are free from hunger (Unni and Rani, 2003).

Similarly, the macroeconomic labour market security refers to the availability of employment opportunities at the national level for people seeking employment. However, it has an entirely different meaning from an individual worker's perspective. The unemployment rate can give us a country's labour market security. It is mainly measured through the number of days of income-generating work available to a worker. It may not illuminate the other dimensions associated with employment in the informal sector. Therefore, we must consider macro and micro perspectives while conceptualizing social protection.

Social protection is a broader concept compared to the most often used social security term. While social protection focuses on deficiencies and vulnerabilities, social security attempts to prevent deprivations. Social protection has been recognized as a human right by ILO, and it also constitutes an indispensable part of decent work. It is defined as "the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle" (ILO, 2017, p.xxix). The concept of deprivation and vulnerability are intertwined and are crucial in the present context. In recent years, social protection has been used that covers social security and also includes non-statutory schemes.

Dreze and Sen (1991) developed a broader conception of social protection by distinguishing between its two aspects, ' protection' and 'promotion' (Unni and Rani, 2002). Protection refers to providing basic living conditions and protecting workers from sudden economic crises or recession. The promotional aspect is a more expansive dimension of social protection. It targets eradicating the issues such as poverty that have persisted for decades. Therefore, the promotional aspect of social security is "enhancing normal living conditions and dealing with regular, often persistent, deprivations" (Unni and Rani, 2002, p.2).

Growing income insecurity and vulnerability in the informal sector have invigorated the demand to expand the scope of social protection by including economic security and not just limited to basic security. Basic securities, including health, income, education, food, shelter, old age benefits, etc., have been the core concern post-1990s. While the basic securities are citizen-based, universal, and should be provided on the premise of human rights, economic securities are related to the employment structure and refer to income-generating productive work. Globalization and changing provisioning of services through the market mechanism have negatively impacted many workers in the informal economy.

The ILO and two other institutions World Bank and Women in Informal Employment: Globalizing and Organizing (WIEGO), shared a common concern that a significant proportion

of people in the informal sector do not have access to social security measures. All three organizations shared a common concern that a considerable proportion of people worldwide were losing access to social protection and emphasized that access to social security and basic income is paramount. Consequently, social security was first synthesized at the international labour conference in 1952. A comprehensive definition was proposed, which included contingencies related to sickness, employment injury, death, long-term medical care, unemployment, maternity benefits, and benefits related to families and children. Apart from social security and social protection, many different terms are used across countries and institutions, such as safety nets, social funds, social assistance, and social insurance, which denotes some form of social protection extended to the workers.

The definition proposed by ILO emphasizes mainly two types of social security. The first is social assistance which is mainly non-contributory and provided to people with disabilities, old age persons, etc. The second is social insurance which covers a different set of workers and is mainly contributory in nature. The workers contribute a portion of their earnings to secure their future. The term social here implies that the market alone cannot take care of such needs of the workers. The State and the employers have a responsibility towards the welfare of the workers and their families. Social safety is also often used in this context; however, it is a more recent one and was proposed to take care of the negative impact of the structural adjustment programs in the 1980s and 1990s.

Social protection has been used in contemporary discourse. It acts as an umbrella term to represent all related social security concepts. Social Protection= social security+ social insurance+ social assistance. It mainly targets reducing or alleviating poverty by considering the emergence of new forms and employment patterns and control of the labour process that has heightened workers' insecurity and anxiety. The traditional measures are inadequate to tackle these insecurities.

2.6.2 Insecurities of Informal Workers

The insecurities of work and at work of the informal workers are of two types. First is the random shock that denotes any illness or premature mortality. It could also lead to health shock, catastrophic health expenditure, and job loss, affecting workers and their families. Random shock could also include natural calamities such as epidemics or earthquakes. Conventional social security measures were envisioned to deal with this kind of insecurity.

Secondly, the insecurities that arise from the structural features of the households remain constant to a large extent throughout their lives. These are age, gender, caste, marital status, and ownership of assets. Besides, the migrant status and the activity status of the worker are the most important structural features in the informal economy, which is an entirely heterogeneous group. It determines whether a worker is salaried, casual, or self-employed. The random shock and structural insecurities influence both the basic and economic insecurities. However, the latter is particularly pertinent to address economic insecurities as the structural features determine the economic insecurities among informal workers. The point is that any social protection scheme should address both types of insecurities.

2.6.3 Limitations of Social Security

The needs to be covered in social protection can be differentiated broadly into basic securities and economic securities. A diagrammatic representation of which is depicted in figure 2.5. Basic securities refer to core needs that entail income security, food, shelter, education, health security, and household and family-related benefits. Economic securities include employment structure, legal status, entitlements, capital access, etc. The distinction between basic and economic securities provides a framework to visualize social protection.

Fig. 2.5- Components of Social Protection
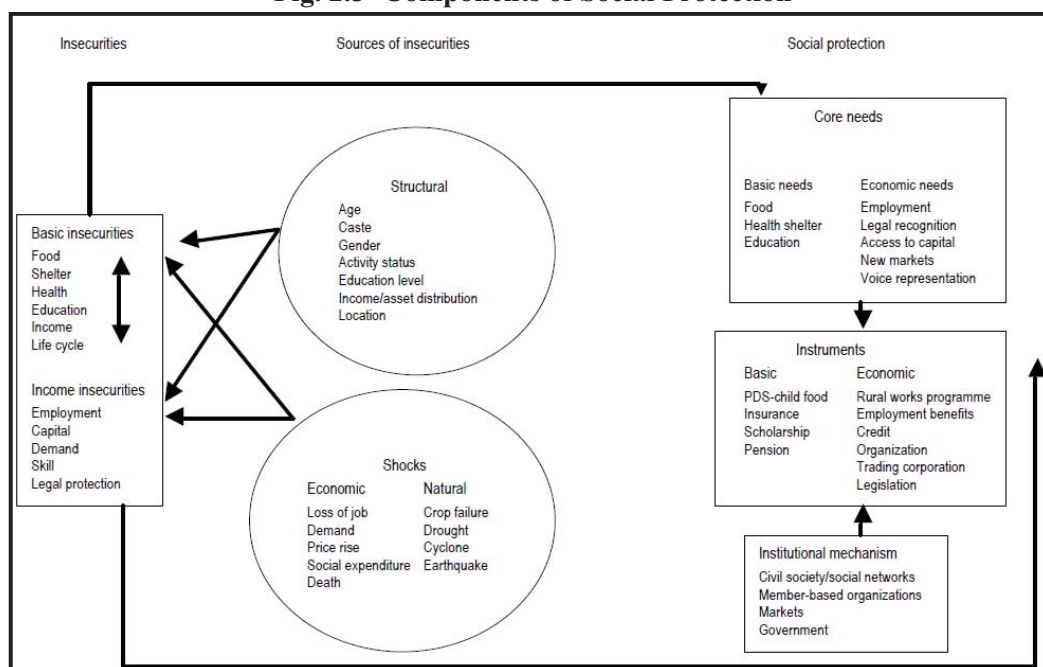
Source: Unni and Rani, 2003, p.131.

The key concern is that the traditional social security measures that only cover contingencies have failed to address the fundamental causes of vulnerability and income insecurity.

Consequently, the approach toward social protection should be comprehensive and not limited to coping with the risks but also promoting income security and eliminating risks. It requires a complete shift in the prevailing strategy from risk minimization to prevention of fall in income to raising the income of the informal workers. Therefore, social protection should have two main objectives; one is to provide protective security that negates the effect of random shocks, and the second is the promotional security that deals with the issues of fear and insecurity due to calamity.

2.7 Social Security Coverage in India

Social security coverage is mainly extended to the formal and regular workers in India. The 61st NSS survey was conducted to inquire into the social and employment security of a particular segment of wage workers. It reveals that almost 32 million were eligible for social security benefits of the total workers interviewed. Among these, 16.6 per cent of workers availed of benefits related to provident fund (PF)/Pension, gratuity, maternity benefits, and health care (Srivastava, 2008, p.117). Only 5.7 per cent availed PF/pension, and 1.6 per cent availed either PF/Pension, gratuity, or PF/Pension and maternity benefits and health care. All of the casual workers were ineligible for social security benefits. In contrast, 55 per cent of the regular workers utilized at least one of the three benefits, and almost 25 per cent of the regular workers could avail all three benefits.

In the informal sector, wage workers are almost entirely excluded from social security benefits. During 2004-05, only 27.8 per cent of the wage workers of a select segment had any social security benefits. Only one per cent of them availed of PF/pension benefits. A higher coverage was in the government sector, followed by the public limited companies.

In addition to central government and state government-specific schemes, some NGOs are working to provide security to the informal workers. International Labour Organization has been tasked with compiling the social insurance or social assistance measures extended by NGOs across India. The analysis showed that the total coverage under these schemes was not more than 2 to 3 per cent of the total workforce in the informal sector. The most extensive coverage was provided under health security, followed by disability and life insurance. The NCEUS further estimates that legal entitlements for workers in the informal sector are very few that cover a small proportion of workers. Taking together all of the statutory and non-statutory schemes of both State and central government and social assistance provided by the

NGO sector, only 8 per cent of the country's workforce in the informal sector is covered through the existing models of social security.

Consequently, a shock impacts these workers not covered under any of the protection measures. It can further push families into poverty with a marginal fall in their incomes. As a result, India's present social security measures are woefully inadequate and conceptually flawed in protecting a significant proportion of people working in the informal sector.

2.7.1 Social Security Coverage among the Construction Workers

Data shows that 97 per cent of the workers in the construction sector had no formal contract with the employer (Jha, 2021). There was not much difference between formal and informal workers vis. a. vis. receiving social security measures. Table 2.1 shows that only 2.5 per cent of the workers in the construction sector received any social security benefits.

Table 2.1- Social Security Benefits among Informal Workers

Social security	All sectors		Construction	
	Total workers	Informal workers	Total workers	Informal workers
Any benefits	26.5	12.1	2.5	1.4
No benefits	65.9	78.9	87.5	88.1
Not known	7.6	9.1	10.0	10.4
Total	100.0	100.0	100.0	100.0

Source: PLFS, 2018-2019 cited in Jha, 2021, p.1048.

The coverage of social protection schemes among the informal workers, particularly the construction workers, is dismal. The perceived constraints in providing comprehensive social protection in India are the employment structure, which is mainly temporary in nature. The level of development could be a major constraint for public spending on such a large proportion of the population. And third is the globalization and liberalization of the economy and labour markets that impact the first two and influence the State's willingness to provide social protection directly. However, none of the above-discussed issues are insurmountable, and universal social protection is entirely feasible in the current economic conditions (Srivastava, 2008, p.114). The lack of protective social security mainly affects the groups with lower levels of economic well-being. Evidence suggests that women and deprived social groups show a higher level of deficiency than other economic and social groups.

2.8 Final Thoughts

Indian labouring landscape is characterized by increasing casualization, marginalization, and flexible labour markets. Due to this, various indicators that reflect the health and well-being of labour have come under severe pressure. The flexible labour markets have given way to casual work and short-term contracts doing away with the regular or permanent forms of employment. These further paves the way for easing the job termination norms, diluting the labour standards and further weakening the concept of 'decent work.' Dilution of workers' rights has taken place along with subcontracting and outsourcing work, which has maximized benefits and reduced social security expenditures.

Economic inequalities have been on the rise, and the changing world of work negatively affects many workers. Disempowerment of labour is one of the prominent features of the growth of the informal sector in India. Besides, feminization of labour has been providing cheap and more flexible labour. Therefore, to comprehend the factors shaping the health and well-being of labour in contemporary India, one has to consider various structural factors and contemplate them from the pervasive neo-liberal framework.

Insecurity of employment is a significant issue faced by informal workers in the construction sector. There has been a greater emphasis on flexibility in the construction sector. Flexibility denotes outsourcing goods and services to pretty contractors or sub-contractors. Sub-contractors provide specialized services, and the labor agents supply labour. Therefore, employment insecurity is one of the major issues construction workers faces. As a result, a constant tussle goes on between employers' need for flexibility and workers' need for a secure job. It has become a standard for construction workers to be engaged on a short-term basis. Consequently, the number of informal and casual workers has increased in the construction industry. Indeed, it accounts for the largest proportion of casual workers.

The large-scale recruitment of the workers based on piece-rated work or informal basis lacks access to social security measures. Most of them are casual workers or self-employed workers who do not pay into the social security funds due to their inability to meet their immediate needs. This phenomenon is pervasive in the construction industry (Comaru and Werna, 2013, p.14). The construction sector reflects various forms of employment that co-exist with multiple contractors, employers, and principal employers. The construction sector accounted for 7.7 per cent of the GDP in 2015-16 (Roy and Naik, 2017, p.1). It is one of the fastest-growing sectors and reflects the advances made through globalization.

The central concern is that globalization has affected labour welfare and social protection provisions. The emergence of new forms and employment patterns means that the traditional health and safety regulation measures and social security measures may no longer hold. Declining state spending, a greater emphasis on private provisioning, and weakened labour organization are some of the factors that have adversely affected access to social protection.

Liberalization of trade and increase in competition has given rise to volatility and risk at the macro level. At the micro-level, these risks are transferred to workers that are reflected in precarious and informal employment. Delhi's urbanization pattern and construction sector are good examples of this. The urbanization pattern of Delhi can broadly be divided into two strands. First is transforming Delhi into an aesthetic and world-class city. The second is making Delhi the economic capital of the country. These actions are intertwined and complement each other. For instance, while cleansing the city of the poor by pushing them from core areas to the periphery takes care of the aesthetic needs, it also makes available a large portion of land that can be used for commercial activities. The expanding informal sector also contributes to the high growth rates with minimum input cost and regulatory mechanisms. Delhi is becoming increasingly an informal city, with the capital accumulation process and cost-cutting measures giving rise to informal work. More and more people are living in slums and informal settlements.

The central argument is that disparities have increased in the process of globalization and the growth of cities, leading to exclusion, marginalization, and discrimination along various social gradients. The development of the city Delhi shows peripheralization of social vulnerabilities because of the change in land use pattern, changing livelihood pattern and landscapes of provisioning services and access to resources (Acharya et al., 2017). The city's land use pattern and restructuring have resulted in social segregation of different classes, with the rich being located at the center and the poor towards the periphery.

Globalization is now building and rebuilding cities. Most countries give primacy to growth rather than development as we understand it. Consequently, the state's role also changes from regulator to facilitator, responsible for providing the space and mechanism for the markets to operate efficiently. The declining role of the state as a regulator has been consistent and inevitable with neo-liberal policies. There has been a more significant role of the private players and the corporate sector not only in providing consumer goods but also in the provisioning of the basic goods and services such as health and education. Health is a paramount development

concern. Health and well-being are considered important indicators to measure the achievements and enhancement of individuals' and communities' elementary and instrumental capabilities.

Chapter 3

Conceptualizing the Concept of Health and Well-being

3.1 Introduction and Background

To understand and capture the issues pertaining to the health and well-being of workers in the construction sector, a framework and understanding of the terms health and well-being needs to be put in place first. People's health can be measured in numerous ways, and there is different understanding of health among different stakeholders. Therefore, developing an understanding of the health that derives the study and then using the framework to analyze the health status is imperative.

The current chapter attempts to weave an interdisciplinary understanding of health by taking into account the biomedical understanding and the myriad perspectives within the social sciences discipline that has been used in the study. It retrospectively traces the evolution of public health literature and various health models that have shaped our understanding of public health as a discipline and the concept of health. It also highlights the shortcomings of earlier models to gauge people's health and emphasizes the role of social context, lived realities, life histories, and illness narratives in understanding health.

3.2 What is Health?

There are many ways to develop an understanding of health and well-being. One is an analysis of the historical evolution of the societies and improvement of the health status of population provides us a fair understanding of the meanings of health and well-being. Some of the achievements and evolution of various definitions of public health also gives a broad overview to understand health at an individual level and societal level. The decline in mortality due to infectious diseases, rise in life expectancy, and improvement in environmental health are some of the glaring indicators of public health achievements at the global level. Looking at some of the definitions, Vickers defined public health as a "successful redefining of the unacceptable". Turshen described it as "what we as a society do to assure conditions in which people can be healthy" (Turnock, 2011, p.8). Both the definitions emphasize on the collective responsibility of the society. The former focuses on issues that are unacceptable to us as a society. The latter accentuates assuring the conditions or vigilantly promoting and protecting everyone's health and well-being in the society.

The terms health and well-being may be conceived differently by people from different disciplines and walks of life. Doctors or medical professionals view it differently compared to people across other disciplines. Notwithstanding this, one of the most pervasive understandings of health is the notion of normality and illness being a deviation from the normal. Therefore, it is imperative to dwell upon what is normal and abnormality. The understanding of disease as abnormality or damage in terms of physiological, biochemical, and psychological aspects has dominated the health discourse in the past century. It is also reflected in the thoughts of people who define health as not having a disease or not being ill. It refers to a state free of any morbid conditions as defined by biomedicine. In biomedicine, we have a range of tests and standards to measure the normal functioning of the body and each of its parts. However, this understanding raises many issues, such as what is normal and normal for whom and for what. Normal can have a wide range of meanings: average, most common, or most representative. Sometimes normal may not be what is desired or perfectly healthy.

This idea of health mainly dominated the mid-twentieth century as an absence of disease or illness. The disease was viewed as deviance from normal. It was also seen as a phenomenon that puts a body at a biological disadvantage. Therefore, those who are not biologically disadvantaged were mainly considered healthy (Blaxter, 2010, p.5). This definition deviates from the notion of normality as being healthy. Health as being normal has not been able to consider many of the illnesses that do not have to do with physiological abnormalities or do not put an individual at a biological disadvantage, such as mental disorders.

Disease as deviance is derived from the conception of the sick role proposed by Talcott Parson. Society designates a person as sick, legitimizes his or her illness, and allows taking up a sick role according to society's norms. The notion of health as function defines health as being able to work and do things. Therefore, functional health can be thought of as a body free of any kind of restrictions and being able to do things one needs to do. It refers to natural functions of life being performed without any limitations and pain (Blaxter, 2010). On the other hand, ill-health is incapacity due to various factors such as disease, degeneration, or any accident. Another definition of health is the "ability to reach desired goals" (Blaxter, 2010, p.9). The notion of health as function poses many pertinent questions about those with physical and mental disabilities. The above discussion on health and well-being can further be understood from two schools of thought the medical model and the social model.

a. Medical Model

While the biomedical model considers health an objective and scientific concept, the social model argues that health is socially constructed. Since the origin of the germ theory, the basic paradigm of medicine has been known as the biomedical model that is completely dominated by the methods and principles of biological sciences. This model completely relies on disease and the role of medicine in treating the diseased. It looks at all conditions having an etiology identifiable in the form of an agent.

Contemporary biomedicine has all the principles of the biomedical model; however, now, it acknowledges the multiple and interactive causes of a disease or condition. This is due to the rise of many disciplines that have been contesting the biomedical understanding of health. However, this is merely an elaboration of the biomedical model rather than its revision. Stress and life events that constitute social and psychological conditions of ill health are understood as agents of ill health and not as ill health (Blaxter, 2010, p.15).

b. The Social Model

The mid of the twentieth century, we saw a growing resistance to the understanding of health dominated by biomedicine. Understanding health as simply the absence of disease clearly proposed two distinct categories: the healthy and the diseased. The concept of health proposed by the social model has many differences from the understanding proposed by the biomedical model; however, these differences should not be reduced to the social factors such as poverty and behaviour to be included in the model of ill health. The social model is about locating the biological processes within the social context and the person being seen as a whole rather than a congregation of different body parts (Blaxter, 2010, p.17).

Therefore, to summarize the key differences, the biomedical model sees health as absence of disease while it is also compatible with the 'normal functioning' perspective of health. In the social model, "health is a positive state of wholeness and well-being associated with but not entirely explained by the absence of disease, illness or physical and mental impairment (Blaxter, 2010, p.19). In contrast, the concepts of health and disease are asymmetrical but not opposites. The absence of disease may be one of the conditions of being healthy but not as healthy in itself. Health is more than just the absence of disease.

3.3 Health as Social Construction

Social constructivism is a sociological thought that has influenced the understanding of health. It proposes that human action constructs reality and does not exist independent of it. Therefore, health or disease is also a product of human social activity. The social body determines the way the physical body is perceived (Blaxter, 2010, p.29). The sociological theory states that the interaction of the individuals constructs the social reality based on some shared symbolic meanings. Human behaviour, institutions, and their relationships are according to the interpretation and definitions of these shared symbolic meanings. Therefore, health and health institutions are what people define through these interactions similar to those of medicine and are a creation of the public discourse and definitions.

The contradiction between health as an objective reality and a subjective social construct is apparent from these debates. However, a more subtle approach that medical sociology adopts is that while the world is objectively real, it is socially constructed. Further health, disease, and illness are social constructs and every other human experience that have been categorized and codified by the human beings is based on their lived experiences.

Health is also understood and constructed through historical processes and advances in knowledge. How we define health and illness today has been shaped by history and has differed from time to time. The concepts of disease, health, and well-being are constantly changing. In addition, cultural and moral values are key determinants of health produced through interaction with other individuals and influenced by culture-specific beliefs (Blaxter, 2010, p.36). While western medicine provides only one of the sets of definitions and categorization, there exist multiple understandings shaped by the culture and social norms of the different societies.

3.4 Embodiment and Experiences of Health

Embodiment is defined as "the physical and mental experiences of living" (Blaxter, 2010, p.48). Most of the health and illnesses have social causes. As discussed in the preceding section, diseases are constructed by professional activity, history, and culture; however, this is not to undermine the fact that illness manifests within the bodies. People are social beings, but they function through their physicality. Lay perceptions of health, illness, and embodiment have always been a focus of research and discussion. To deconstruct the concepts of health and illness, the lay perceptions and narratives become indispensable. As Crawford (1984:60) states:

"Health, like illness, is a concept grounded in the experiences and concerns of everyday life. While there is not the same urgency to explain health as there is to account for serious illness, thoughts about health easily evoke reflections about the quality of physical, emotional, and social existence. Like illness, it is a category of experience that reveals tacit assumptions about individual and social reality. Talking about health is a way people give expression to our culture's notions of well-being and quality of life. Health is a 'key word', a generative concept, a value attached to or suggestive of other cardinal values. 'Health provides a means for personal and social evaluation". (Blaxter, 2010, p.50).

Earlier lay perceptions mainly focused on finding out why people behaved in a particular way or understanding health-related lifestyles. However, research on lay narratives and concepts goes beyond this notional aspect and folk ideas. It covers a broad range of essentially different dimensions of health. It emphasizes the different causes of ill health and factors that people acknowledge that shape their health. It also considers the illness experiences of people at a particular time or illness episodes throughout their lifetimes.

3.5 Life Histories and Illness Narratives

Kleinman (1980) has categorized knowledge into three broad strands. One is the professional (it is also seen as orthodox, scientific, and western), alternate in the form of folk, traditional and complementary, and lay, which is popular and informal (Blaxter, 2010, p.50). Health, in general, is not easy to understand unless due importance is given to people's life histories and the subjective dimension. Because illness and the causes of illness are easy to talk about rather than an abstract concept like health, which most individuals find difficult to explain. However, when we ask people to talk about their health and share their health histories, we can make sense of their notions and perceptions of health and illness. These health histories and illness narratives accentuate that causes are not simple, and the dichotomy between the material conditions and individual behaviour is not sustainable. The material conditions (context) and how an individual behaves are not mutually exclusive and contradictory. These are influenced and determined by each other.

Much of our identity and health beliefs come from life narratives. These could be documented through semi-structured surveys or literary biographical accounts, or some of the specific health-related incidents or life histories. These are not just narratives but tools to make sense of life. These narratives are the means through which people rearrange their experiences, justify

their actions and articulate their situation in the social world. Illness provides a frame or context that allows individuals to evaluate their lives.

Methodological individualism, positivism and extreme rationalism continue to dominate epidemiology and various disciplines of social sciences. However, the emergence of more subjective sociology has emphasized on the lived experiences of ill health. Bury points out that the increased emphasis on the lay narratives arose because of the emergence of the degenerative and chronic illnesses where "the contingencies of everyday life assert themselves, and the subjective patient view becomes audible once more" (Bury, 2001 cited in Blaxter, 2004, p.170). Different scholars have proposed different types of narratives genres. Bury identified three types of narratives forms as:

- Contingent narratives- capture the impact of an illness episode on everyday life.
- Moral narratives- document changes in an individual's social identity and moral status.
- Core narratives- establish a connection between people's lay narratives and the deeper cultural meanings attached to health.

Frank argued that acute illnesses pave the way for chronic diseases. Therefore, individuals need to make sense of their experiences, learn from them, and tell their stories. The narratives are not just stories but an attempt to create a new self. Illness narratives are also a means to understand the cumulative changes in the self-looking over the life histories. While analyzing the published illness narratives, he distinguished three basic plots (Frank, 1995 cited in Blaxter 2004, p.171):

- Restitution- an effort towards restoration of the self and cure.
- Quest- self-transformation into a new self.
- Chaos- description of a life that cannot get better.

Hyden notes that through narratives, we make sense of the social world. Therefore, apart from focusing on the accuracy of what people say and the temporal world, we should also pay attention to how they say it and how they construct this world in their own way. Despite narratives being mainly about the illness and disease, they provide us evidence of lay concepts of health.

3.6 Life Narratives, Health and Identity: Understanding Conceptual Linkages

There has been a considerable increase in the study of identity in the sub-discipline of medical sociology, bringing back the focus on patients and their experiences. One of the significant contributions of medical sociology has been that it has provided a platform for articulation of the 'authenticity' of experiences of illness. It has further allowed the researcher to explore the questions like "what it feels to have a particular condition" its impact in social and personal terms, the ways it impacts the everyday life, and its implications for the future and the past (Strauss and colleagues (1984), Bury (1982), Williams (1984), Pinder (1990), Kelleher (1988) cited in Kelly and Millward, 2004, p.5). This documentation is done through the sufferers' narratives, life histories, and everyday stories.

There is a difference between the sociological description of identity and mainstream social psychological work. General social psychological accounts of identity range from an individual cognitive sense of identity formation to a much wider group level where various aspects of identity have been interpreted by using the occupational status as an anchor of identity (Laliberte-Rudman, 2002 cited in Kelly and Millward, 2004, p.4). The social-psychological model focuses on perceptions and motivations that influence various types of identity (Salazar, 1999 cited in Kelly and Millward, 2004).

Kelly and Millward have differentiated between mainly two types of identity; an identity that relates to self is referred to as personal identity, and an identity that relates to others is social or public identity (Kelleher and Leavey, 2004, p.vi). While there has been an interplay between the two, identity is always located in the social. Public identity describes how an individual is defined, known, or constructed as a social being while interacting with others. Private identity or self is how individuals are known, defined, or constructed by themselves.

Personal identity, also referred to as 'self', is not a physical location but a cognitive understanding of oneself and reflexively knowing oneself as seen by others (Kelly and Millward, 2004, p.2). Social identity is an individual's identity as perceived by others. Therefore, personal identity concerns the self, and social identity is an external appraisal that is a part of the self.

Kelly and Millward state that medical sociology, by studying identity and illness, has provided a conduit for articulating suffering and challenges the medical understanding of health and subsequent need for change within the healthcare system. Erving Goffman (1961) views

suffering as not just a 'product of illness,' but it reflects something more profoundly emanating from the 'sheer awfulness of human conditions' (Kelleher and Leavey, 2004, p.vii). Suffering is one of the ways to grasp the state of being of an individual or community.

Hillier and Kelleher further note that people's needs, and the meanings they ascribe, can better be understood by listening to what they say about their own health (Kelly and Millward, 2004, p.4). Similarly, Kihlstrom and Kihlstrom (1999) suggest that narratives or interactions with individuals who experience somatization could be improved by embracing the self-concept of these individuals (Kelly and Millward, 2004).

Life narratives form a significant part of the knowledge that explores the relationship between identity and health (Blaxter, 2004). These narratives or sub-narratives could be health and illness narratives, life histories and narratives of everyday lives, and notions of health and well-being. It could be documented through a semi-structured questionnaire, an in-depth interview schedule, or group discussions.

Blaxter describes that when people, whether individuals or in a group, are allowed to frame their histories or narratives, they rearrange their experiences, explain their actions, and contemplate their situation in the social world they live (Blaxter, 2004, p.170). Therefore, "identity is a life story: an internalized integration of past, present and anticipated future" (McAdams, 1989, p.161 cited in Blaxter, 2004, p.170). She explains that narratives evoke a revision of histories and identities. It further describes how the self undergoes change within some basic continuity. This is particularly true for narratives of fatal injuries and chronic illness that pose a permanent challenge to the identity. The illness or injury episodes provide a context or framework to evaluate the rest of the life (Radley, 1993 cited in Blaxter, 2004).

3.7 Understanding Health through Collective Memory of Community

The focus on exploring the relationship between health and community has increased recently, particularly among those studying the social construction of health disparities. While the definition of 'community' continues to differ within the health services literature (Jewkes and Murkott 1996, Wayland and Crowder 2002 cited in Salant and Gehlert, 2008, p.600). However, much of the research in this domain defines and operationalizes community in its structural, visible, and measurable features. "Community is an idea collectively shared by the individuals it purportedly circumscribes that ultimately produces and explains a particular health behaviour observed at the sociological level of a community" (Salant and Gehlert, 2008, p.601). These

collectively negotiated ideas of a community help the researcher explore the relationship between socio-political and socio-economic conditions that determine members lived realities and their everyday engagement with that reality.

The shared reality of a community rests in part on the collective memories held by members of that community (Hirst and Coman, 2018, p.3). The community could be as small as a family or as large as a country; however, what its individual members share will be grounded in the memories held across the community. Therefore, collective memories are personal memories shared across a community. Collective memory also needs to be community-specific if they were to have a community-distinctive impact on community identity and action.

Benedict Anderson (1991) describes how 'imagined communities' can generate collective action and socio-political structures even in the absence of geographic boundaries. However, the importance of imagined communities has been largely overlooked in the health disparities research that can provide us with the interpretive functions of how individuals navigate the landscape of health.

Just as autobiographical memory serves a primary function of defining the individual self (Baddeley 1988, Bluck, 2003), collective memory, by sustaining the community's very own identity, makes possible the continuity of its social life and cultural cohesion (Assmann, 1995; Bakhurst, 2005; Phillips, 2004 cited Wang, 2008, p.307). Collective memory has been central to creating communities throughout history, whether a family or a nation-state. Collective memory also provides us with a sense of a "common fate" shared by the members of a community which is critically important to recall the past and explore the potential to secure continuation. Collectively shared community ideas are equally relevant for studying determinants of health and suffering and further exploring the relationship between the community structures and health (Salant and Gehlert, 2008).

3.8 Health in a Post-modern Era of Technology

We live in an era of change and development in medical sciences and technology. Technological development refers to the development in the form of scientific developments, new procedures, and machines (Blaxter, 2010, p.129). The emerging technologies and knowledge in the medical sciences offer longer life and more control over the bodies. In the age of post-modernity, the new technology has changed the boundaries between the self and body, ill and not ill, and life and death. The new genetics completely alter the earlier

understanding of disease and health and offers a new understanding by predicting health risk based on the genetic makeup. While it has some advantages, the problematic aspect is that when this body of knowledge becomes the dominant idea shaping the understanding of health, genetics becomes privileged over other factors that determine health. This unprecedented rise in technology and knowledge has been followed by the emergence of new discourses on health and new ideas about disease and illness.

The traditional idea of health as deviation from normality and the role of medicine to induce or restore normality has been an unsettling idea. The more positive definitions of health as a 'positive state' rather than just the absence of disease and illness also become a complex concept. Therefore, it alludes to the understanding that emphasizes on the interaction between individuals and their environment. This augments the concept that health is both inside and outside of the self. Contrary to this, the new genetics individualizes the disease and places it within the individuals.

In this age of new technologies, the ideas of risk are pervasive. In modern times risk was one of the basic premises of social epidemiology. The focus was mainly on identifying the pathway and the risk factors that lead to certain diseases and make some individuals more prone to certain diseases and mortality. This is also known as relative risk or risk ratio. Risk was seen as a technical matter which could be tackled with the help of science and technology. The basic premise of this approach was that all risks are measurable and could be controlled. The post-modern world has given rise to a risk society marked by the process of individualization. When we account for the risk factors of a disease, individualized risk factors such as smoking, weight, and sedentary lifestyle account for a substantial proportion of the disease risk. Therefore, death becomes a matter of private risk with a sense of ultimate avoidability that lies in the individual's hands. There are also certain population risk factors that come into play. Besides, the individual risk factors listed are not entirely independent of the social factors. Therefore, managing and perceiving the risks, environmental and socially imposed risk, and individualized lifestyle factors become central to health promotion and public health. Further advances in technology produce new forms of risks that must be continually managed and responded to by changing the prevailing societal and economic structures.

As the limitation of the individualized epidemiological approach became evident, the concept of the 'risk society' became influential. Beck (1992) suggested that we live in a society that is interdependent and vulnerable to local and international catastrophes. The management of the

risk lies in the hand of those organizations we do not have any idea about. It is not only the health risks but also the economic risks, management of which lies in the hands of expert that we may not even understand. As a result, the role of the government has been to take preventive steps not to minimize risk but how people should accommodate the risks, and people on their part should be vigilant about the potential risks.

However, the health risks associated with individuals and the control measures are not evenly distributed in the population. Consequently, they give rise to new forms of inequality vis. a. vis. dealing with insecurity and reflexivity (Blaxter, 2010, p.156). This has led to the increasing prominence of the social epidemiology and life course approach in the field of public health. They use a holistic model to understand the health of the population by taking into account the organization of the society and the distribution of its resources and risk factors. The life course approach looks at the interaction of both the biological and social factors over a period of time to understand health.

3.9 Social and Life Course Epidemiological Approach

Epidemiology is the study of distribution and determinants of disease and health-related states in a population. The concept that health is related to social conditions and is an important determinant of health is not a latest development. However, this understanding of health was accentuated by the emergence of the discipline of social epidemiology, which explores how institutions and social structures and their relationship influence health.

Social epidemiology is the branch of epidemiology that studies the social distribution and social determinants of states of health (Berkman, Kawachi and Glymour, 2014, p.5). Social epidemiologists are concerned with how the organization of society and its resources determine the health and development of people. Social epidemiology shares many approaches that are common to other disciplines, such as social and behavioural sciences, and these disciplines merge to formulate some of the common objectives of the discipline as follows (Berkman, Kawachi and Glymour, 2014, p.2):

- To understand how social experiences determine physiologic stress response.
- Evaluating the health impact of social and economic policies.
- To understand the distribution of population health deriving from Rose's original paradigm.

Life Course Perspective

The introduction of life course epidemiology has improved the overall quality of epidemiologic inquiries in general and social epidemiology in particular. There are three main life course trajectories.

a. First is how the early life exposures in childhood impact cognition and brain function.

b. Second is that many epidemiologists hypothesize that many of the adult diseases are not just due to the early life exposures, but these are due to the accumulation of the exposures throughout the life of the individuals.

c. Third is the social trajectory model of health and disease. It states that early life exposures impact adult exposures, which further directly influences disease risk (Berkman, Kawachi and Glymour, 2014, p.10). This model states that early life exposures do not impact adult health directly but determine adult social conditions that influence their health.

The risk model trajectories that emerge from the life course approach are a robust approach theoretically but difficult to test empirically. However, there is enough evidence that shows the approach could yield invaluable inputs. Cassel Syme and Berkman have noted that "social factors influence the disease process by creating vulnerability and susceptibility to disease rather than to any specific disorder" (Berkman, Kawachi and Glymour, 2014, p.11). The socially stressful conditions determine whether an individual becomes ill or dies prematurely or his vulnerability and susceptibility to disease. The three life course approach models discussed above provide a framework to examine the ways in which social and economic conditions determine health throughout life. The life course approach augments the need to adopt an integrative approach between social and biological factors as an "embodiment of social phenomena in the biological" (Ben-Shlomo and Kuh, 2002, p.288). The approach has also allowed bridging the social, psychological, and biological models of disease causation.

3.10 Relationship between Health and Well-Being

The concepts of health and well-being are connected but these are two distinct concepts. There is a two-way relationship between health and well-being and each one influences the other. Health defined by WHO as physical, mental, social and emotional well-being and not just absence of disease or infirmity. Well-being is referred to an overall quality of life and maintaining a balance between these four dimensions of health. Well-being is used in the public

health literature and development discourse in a way to link health to the overall life context. Well-being refers to individual experiences of life and comparison of life circumstances with social norms and values. Therefore, well-being is overall state of being and takes into account the contingencies of everyday life. It has objective and subjective dimensions[2].

Fig. 3.1 The Two-Way Relationship Between Health and Well-Being
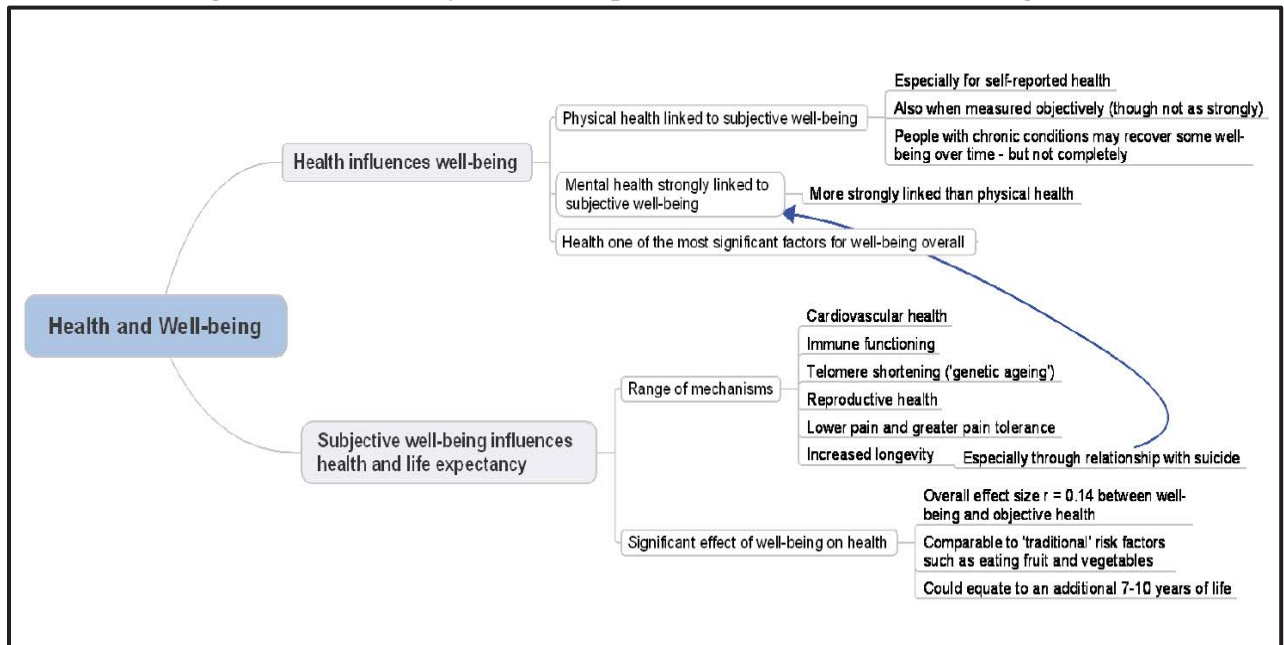
Source: Well-being evidence for policy: a review, new economics foundation, London and has been developed for inclusion in a working paper produced for the WHO Expert Group on Wellbeing, October 2012.

The objective dimension refers to the economic development and living conditions of people. It includes basic human needs such as food, health, education, housing, social relationships, and work life balance. The objective dimension is determined and influenced by social, economic, political and cultural factors. The subjective dimension includes perceptions of people about their overall sense of well-being. It includes fewer tangible measures such as satisfaction level, happiness, social well-being and a sense of meaning of life (Wooll, 2021).

Well-being starts taking a concrete shape and meaning when we allow people to describe their everyday lives, share their illness narratives and injury episodes and the resulting loss of work and its impact on their social life. These narratives also allow us to gauge suffering which is an individual expression of subjectivity. It is an alternate way of problematization. Suffering is

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/295474/The_relationship_between_wellbeing_and_health.pdf#:~:text=The%20relationship%20between%20health%20and%20wellbeing%20is%20not,progression%20and%20reproductive%20health%20%28see%20Figure%201%295%206.

one of ways to grasp the state of being of a person or a community. It poses a threat to the intactness of personhood. The concept of suffering and its manifestation comes out vividly when people are allowed to frame their life histories and their lay perceptions of health.

3.11 Understanding Health and Well-Being Through Suffering

Despite the enormous growth and technological progress, more people are suffering from curable diseases, malnutrition and avoidable morbidity and mortality due to their working and living conditions. Further, suffering has not only increased in objective terms, but the individual and social perception of suffering have shifted from suffering as an integral part of human life to suffering as a condition that produces moral outrage (Herzog, 2019).

Suffering can be defined as a state of severe distress associated with events that threaten the intactness of a person (Beckwith, 2014). While distress is a set of bodily events that we can attempt to observe and measure. However, suffering is purely subjective. Suffering is affliction of person, not the body (Cassell, 2004 cited in Beckwith, 2014).

Illness can be understood as a personal and interpersonal manifestation of suffering and an individual's response to it (Beckwith, 2014). Suffering poses a threat or damage to personhood and illness or injury is a manifestation of it. Illness and distress are "not simply individual experiences, which arise, out of the contingency of life and threaten to disrupt a known world. These may also be experiences which are actively created and distributed by the social order itself" (Das, 1994 cited in Baru, 2005, p.45).

Suffering is universally familiar and experienced directly and emphatically (Beckwith, 2014). Suffering occupies a fundamental role in our sense of living, purpose and morality. The phenomenon of suffering is omnipresent and has become crucial to understanding modern societies. It is present in the everyday lives of people. A sociological conceptualization of suffering would lead us to explore the questions like why suffering is an integral part of modern societies and why it is present in people's everyday lives. Eva Illouz suggests that:

"Suffering […] is one of the thickest texts in contemporary culture because it contains and condenses the stories about the self that at once reflects the objective difficult conditions of selfhood and bestow meaning on these conditions" (Illouz 2003:112, cited in Herzog, 2019, p.2).

Suffering is a thick concept that combines and condenses various aspects of life. Through narrating suffering, the individuals and communities attempt to connect the experiences of modern societies and relate these aspects to their own experiences. Therefore, suffering contains a social narrative and a psychological insight (Herzog, 2019, p.2). It connects the bodily vulnerabilities and personal identity (self) to the State of the world. Suffering has the elements of pain; however, it is more than that. Suffering is also present in "experiences of bereavement and loss, social isolation and personal estrangement" (Wilkinson, 2004, p.16). Suffering has a psychological component leading to "uncertainty, anxiety, depression, guilt, humiliation and distress" (ibid).

Suffering is seen as subjective and unfathomable that entails physiological, psychological, and social events compared to the physical and medical understanding of pain. While physical pain can induce suffering, it has numerous independent sources. Suffering is pre-rational and democratic. Suffering can be understood from lived experiences, and no arguments or evidence is required to support or establish suffering.

The question that looms more prominent is why suffering is a key concept of modernity. The modern State and its institutions like bureaucracy, social and economic system, education, and health institutions are meant to alleviate suffering and ameliorate human lives. The concept of modernity promises happiness and a life without suffering. However, this modernity has enhanced the suffering to a level never seen before or experienced. "Modernity is characterized by social exclusion, alienation, social anomie, inner loneliness, disenchantment and estrangement" (Herzog, 2019, p.3). These are descriptors of suffering and are features of modern and not traditional societies. There has been a rise in mental and psychological issues like depression, anxiety, and neurotic disorders.

Further suffering as a concept of modernity can also be understood from the liberal culture and liberal individualization that reconfigures the relationship between the individual and society. Society is no longer the collective good that individuals make sacrifices for; instead, it becomes the framework for individuals to become as autonomous and free as possible.

However, individuals still depend on communities and societies. No development of individuals outside the society or community is possible. Whatever we aim for individually or socially, using the values such as freedom and autonomy, we can only achieve these goals in relation to society. Suffering as a concept transgresses the binaries of public and private. Modern society attempts to depoliticize the social order by aiming at the individual and making

the suffering as something private and individual. Thus, keeping the debate away from the political arena.

However, the concept of suffering is not privatization of the social and political but rather socialization and politicization of the private. By accentuating individual suffering in the public arena, we can understand that suffering is not always personal and intimate but is commonly shared in a larger society and stems from patterns of social injustices.

As public health researchers, we can become complicit in perpetuating these injustices by excluding the alternative source of knowledge and excluding certain social groups and their experiences by not considering the suffering for study as social phenomenon. Therefore, suffering can never be too individual and psychological. If it happens, the social sciences as a discipline would "Indirectly participates in the technocratic discourse that leaves aside the question of experienced injustice and domination because these cannot be made the object of scientific scrutiny" (Renault, 2017, cited in Herzog, 2019, p.5).

Documenting and analyzing suffering always provide us an alternative way of problematization by considering the social and individual, public and the private, the cultural and psychological, and the objective loss and the subjective response to it. The attempt is to balance the individual and the social by being cognizant of the fact that modern and liberal society is not a homogeneous monolith impervious to any change in its structures. We have witnessed liberal societies coexisting with strong local communities and strong welfare societies bonding with a welfare state. We have modern capitalist societies working in tandem with strong family ties and tribal societies. "All of these structures could be read as possible ways to balance individuals' claim to freedom and autonomy with the human need to live in community and the understanding that freedom cannot be reached *against* but only *in* society as a way of "social freedom" (Honneth, cited in Herzog, 2019, p.6).

It is mainly the thickness that makes the analysis of suffering challenging from a single disciplinary perspective. Suffering challenges traditional disciplinary boundaries. Every disciplinary lens has some specific vocabulary that defines some aspects of the suffering but falls short of describing suffering as a whole. However, every discipline with specific strengths and insights contributes to understanding suffering. In a way, the disciplinary boundaries by attempting to analyze suffering from an epistemological perspective also led to the invisibilisation of suffering. Therefore, through its technical and rationalized standards, the disciplinary lens also becomes a barrier to documenting and comprehending suffering.

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Foucault described these disciplines as part of the "order of discourse" that serves as fencing between the documentation and expression of suffering (Foucault, 1981).

Therefore, not considering suffering as a social and political phenomenon is also a way of invisibilizing a specific set of social phenomena that entails suffering. While physical pain can be experienced directly and unmediated, suffering requires narratives and interpretations to make sense of it and describe the situation. Therefore, analyzing suffering means analyzing narratives that describe and evaluate the context. Although the WHO definition of health calls for social well-being of an individual, unfortunately it is not in the purview of biomedicine because of the way it is practiced. Therefore, it is imperative to understand the epistemological priority of suffering and differentiate it from the concept of disease.

3.12 Final Thoughts

The study drives from this understanding of the health and well-being that deviates from the dominant understanding of it as an absence of disease and illness. It deviates from the reductionist understanding of health, which focuses on health as the availability of healthcare services and access to these services as sole determinant of health. Public health is not healthcare and health care is not public health. In contrast, these services are one of the determinants of health; however, not health as a whole. Within this approach there is a scope for biomedicine to understand and treat physical pain and discomfort in an individual. It is a part of the realm of health.

The study provides a broad ontological understanding of health as social construct by taking into account workers' everyday lives and life histories. It attempts to weave an understanding of health by documenting the lay perceptions of the workers regarding their understanding of health and well-being. It takes into account the illness narratives, injury episodes, life histories, and collective memory of a community to understand the meaning of health and well-being. The study also attempts to understand health and well-being of workers as a form of social suffering which is a complex interplay of socioeconomic, biological, institutional and political factors (Baru, 2005).

Chapter 4 Methodology

4.1 Aim and Objectives of the Study

Following the conceptual and theoretical perspectives discussed in the first three chapters, we view that the rights discourse has suffered a setback in the present era of neo-liberalism and globalization. The dominant discourse of cities being portrayed as new engines of economic growth and globalization is the driving force behind the rapidly changing work landscape. The declining wages and shrinking expenditure on labour welfare are associated with the health and well-being of a significant proportion of workers working in the informal sector. Driven by this conceptualization and theoretical framework, the overall aim of the study is to understand the social determinants of health and well-being of construction workers through their everyday life experiences and illness narratives, and life histories. With this being the broad objective, the study has some specific objectives as follows:

- To critically appraise the terms of work and working and living conditions of construction workers vis-à-vis the framework of decent work and unacceptable forms of work.

- To understand how multiple layers of deprivations and their transmission across generations determine the health and well-being of construction workers.

- To study the pathways of the social transmission of risk that shapes workers' health and well-being conditions.

- To explore the perception of workers and local authorities regarding the relationship between terms of work, working, and living conditions and health and well-being.

4.2 Research Questions

To achieve the objectives of the study, the researcher attempts to explore some specific questions as discussed:

1. What are the various dimensions of unacceptable forms of work prevalent in the construction sector in Delhi?

2. How do the different forms of work (decent work and UFW) shape the health trajectory of workers in the construction sector?

3. What is the intersection of vulnerability, precarious work, informality, and forced labour and its impact on the well-being of workers and families?

4. What are the social risk factors, health vulnerabilities, and insecurities of workers and their families in the construction sector?

5. What is the understanding of decent work among the local authorities and their role and measures to promote decent work in the construction sector?

Given the objectives and the research questions of the study, it is imperative that the study requires a comprehensive research design so that multidimensional aspects affecting the health of the workers working in the construction sector are documented and analyzed. Consequently, the study adopted a primarily cross-sectional design with case study elements. The study's design was most compatible with a mixed-method approach requiring quantitative and qualitative data collection.

Therefore, the study employed a mixed-method approach. It used a researcher-administered semi-structured questionnaire to examine the prevalence of unacceptable forms of work and decent work in the construction sector. It also documented the everyday life of the workers, their illness narratives, and life histories to understand their occupational, environmental, psychosocial, and socio-economic vulnerabilities. These narratives allowed the researcher to weave an understanding of the multiple and intersecting layers of deprivations transmitted across generations among the workers in the construction sector.

The following components of the research design are discussed in detail in the subsequent section of the chapter: philosophical worldview, research design, geographical location, sampling framework, data collection tools and techniques, pilot study, the process of data collection, and plan of analysis and ethical considerations.

4.3 Philosophical Worldview- The Epistemological and Ontological Considerations

The interpretive and social constructivist worldview is a typical feature of a qualitative approach to an inquiry. The assumptions that shape social constructivism are that individuals make sense of the social reality based on the world they live and work. They attribute subjective meaning to their experiences. These attributed meanings are multiple and vary across individuals; therefore, the researchers focus on understanding the complexity of the experiences rather than dividing them into certain broad categories.

The researcher emphasized capturing the individual's view of the situation by posing some broad and general questions and allowing the individuals to frame and construct the meaning of the situation and make sense of it. The open-ended questions allow both the individuals and

researchers to understand people's experiences in their natural life settings. The subjective and lived experiences are often negotiated socially and historically as individuals interact with others through the cultural and historical norms associated with their lives. Therefore, the constructivist focuses on the process of interaction among the individuals and with the agencies and institutions. Besides, they also focus on the social context in which people live and work to understand the cultural and historical setting of the participant. Researchers acknowledge that people's background influences their interpretation and focuses on how their personal and historical experiences shape the understanding of their present situation.

4.4 Research Design and Approach of the Study

The study's first objective is to understand the terms of work and working and living conditions of the worker's vis-à-vis. the framework of unacceptable forms of work and decent work. Besides, the other objectives look at the issues of multiple layers of deprivation and transmitted deprivation and pathways of transmission of risk factors. This made it imperative to have an approach that would be in-depth and wide-ranging and requires collecting both qualitative and quantitative data. Further, it also explores the perception of workers and some officials regarding their knowledge about decent work and their perceptions of health. It also requires an in-depth and systematic approach that encompasses all the components that determine health.

The research design used in the study captures the components and elements of unacceptable forms of work and their manifestation in multiple forms. The case studies allow an in-depth understanding of the issue by using a life cycle approach that considers everyday life, occupational hazard, illness narratives, dietary intake, nutritional patterns, and psychosocial factors to untangle the determinants and the perceptions of health and well-being. The baseline survey provided the basis on which representative case studies were selected. Some critical and exemplifying cases were chosen for in-depth interviews, and their life histories were documented. These case studies and group discussions served to triangulate the quantitative findings. The respondents were allowed to frame their life histories in their own words to understand how transmitted deprivations and multiple layers of deprivations shape their present health condition. The study further aims to understand how different dimensions of their work influence their health condition and find out the determinants and pathways that shape the health trajectory of the workers.

The study used surveys and in-depth case studies that fulfilled the data required to achieve the study's objectives. Semi-structured surveys were used to map out the elements of unacceptable forms of work prevailing in the construction sites and the social security and institutional welfare measures available to the workers. The documented narratives were mainly in the form of core and contingent narratives. While the core narratives establish a connection between people's lay narratives and meanings attached to health, contingent narratives focus on the impact of an illness or injury episode on people's everyday lives. The holistic and multidimensional approach of the study allowed us to study the components indispensable to understanding workers' health and set limits wherever necessary.

4.5 Strategies of Inquiry- Mixed Method Approach

4.5.1 Quantitative Methods

It is used to measure a variable or test some of the objectives. The present study uses quantitative data tools to measure the magnitude of the prevalence of different forms of unacceptable forms of work and associated elements that further lead us to a detailed qualitative inquiry of some of the cases. The quantitative figure provides a baseline of the issues of the study. However, it is not always meaningful in itself, especially when we are trying to understand health from the social, economic, and life course perspective. Some of the quantitative data collection tools used in the study are a researcher-administered semi-structured questionnaire and an observation checklist.

4.5.2 Qualitative Methods

Qualitative methods were used to explore and understand how people explain their everyday lives and connect their present condition with their past lives and make sense of it when they frame their life histories. In addition, how they make sense of these everyday activities and past events to explain their health and well-being. The data collection process emphasizes the individuals' understanding of their lives in their social context and how they explain the complexity of the situation. To give wholeness to the data, a more detailed inquiry with detailed elaboration and lucid description of the situation with the help of case studies is immensely helpful. Qualitative data gives a valid, rich, and thick description of the situation. Primary qualitative data collection tools used in the study were non-participant observation, in-depth and intensive interviews, group discussion, anecdotes, and detailed discussion documenting life histories and illness narratives. The researcher used observation as a tool to understand

various aspects of workers working and living condition that was difficult to elicit with interviews and discussions.

4.6 Mode of Data Collection

Modes of data collection should be compatible with the nature of work and the cultural setting of the people involved in the study. A completely structured paper and pencil type test may not provide a meaningful discussion as an informal discussion involving sensitive probing and eliciting information on life histories, family background, everyday lives, and routine activities.

Notwithstanding the design, biases are bound to be present in any study in selecting tools and techniques and conducting interviews and observations. It is crucial for the researcher to be aware of these biases and adopt an open attitude to understand the situation as they are presented and get to an in-depth analysis of the phenomena. The researcher adopted an open and flexible attitude and always being empathetic while interacting with and observing the people involved in the study. While refraining from using any prompts, the researcher used probes while being sensitive to the situation and people.

A hard copy of the semi-structured survey was carried to the sites to conduct face-to-face interview and record the workers' responses. The researcher asked these questions in person and recorded the responses simultaneously at the site. The study also used an in-depth interview schedule to document their everyday lives, illness narratives, and life histories. In-depth interviews were conducted either at the construction sites or, in some cases, by visiting their residential places, asking the interview schedule questions in person, and documenting their responses in a register.

The researcher visited the construction sites and identified key informants among the management, administration, and workers. Subsequently, face-to-face interviews were conducted with them. A key informant interview schedule was used to record the responses of contractors, supervisors, and officials of the organization vis-à-vis their knowledge about decent work. The researcher met the key respondents at the site or in their offices and recorded their responses accordingly. Besides, a non-participant observation schedule was also carried to the sites, and the general and specific observations were documented simultaneously. It was used to document workers' living and working conditions and other facilities available to them at the construction sites and residential areas.

4.7 Rationale for Selection of Geographical Location and Study Population

4.7.1 Geographical Location

Delhi National Capital Region (NCR) was chosen as the study area, and the workers working in the construction sector in Delhi constituted the universe of the study population. The present section discusses the rationale and various factors taken into consideration before selecting the location of the study and, subsequently, the people.

The construction sector and real estate have served as a source of capital investment and capital accumulation. There has been an unprecedented expansion of construction companies and real estate agencies in the past two and half decades. The construction sector and real estate have been the most significant contributors to GDP. The construction sector grew at 10.6 per cent from 2000-01 to 2011-12 (Srivastava and Jha, 2016, p.2). As per Central Statistical Organization (CSO) estimates, the construction sector grew from 5 per cent in the 1950s to 8 percent of the GDP in the year 2011-12 (Srivastava and Jha, 2016, p.2). Besides, real estate contributed 9 per cent of the GDP in 2011-12 (ibid). Therefore, these industries become a destination for investments for global financial institutions. Figure 4.1 shows the growth of the industries in the post-independence period.

Fig. 4.1- Share of Construction and Real Estate in GDP
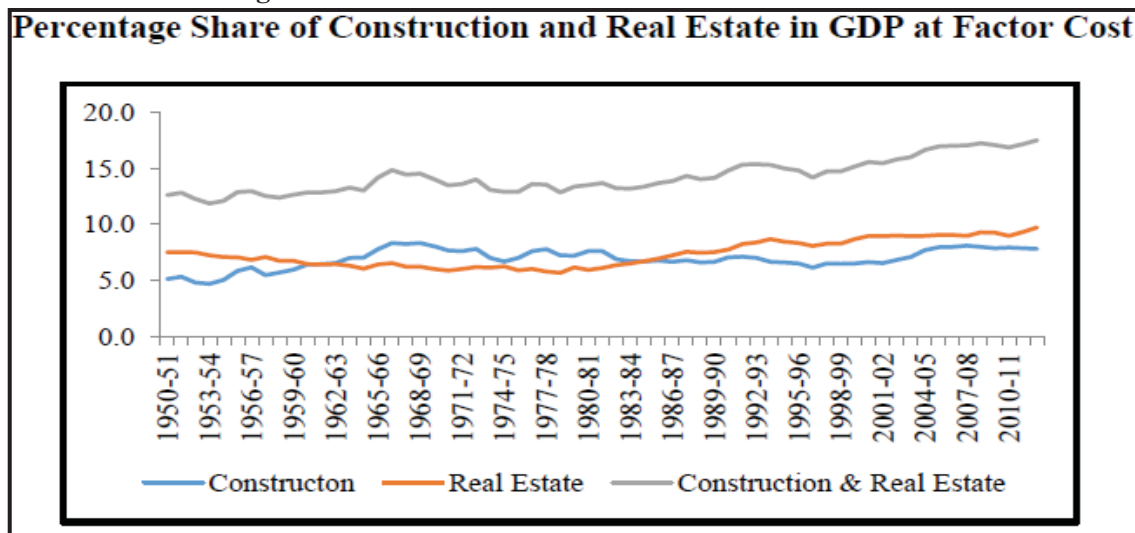
Source: Central Statistics Office cited in Srivastava and Jha, 2016, p.2.

The 12th five-year plan (2012-2017) stated that the construction sector would grow over 10 per cent annually against the overall GDP growth rate (Srivastava and Jha, 2016, p.5). According to some global estimates, the construction industry in India will register the third-highest growth rate among the major economies and will grow from the 9th largest industry in 2009 to

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the third-largest construction market by 2020. The sector's rapid expansion horizontally and vertically has been even more intense in the post-reform period. These expansions have been more pronounced in the large urban agglomerations. Among these, Delhi NCR has witnessed fast-paced growth in the construction industry and real estate in recent times.

The Delhi NCR region comprises of National Capital Territory (NCT) of Delhi and 11 districts in Uttar Pradesh, Haryana, and Rajasthan. The total area of the region is 33 578 sq. Kms. with a total population of 22.157 million in 2011. Therefore, in terms of size, Delhi-NCR is the largest agglomeration, and concerning population, it is the second largest. It is the largest agglomeration in India in terms of the construction industry. Besides, the construction sector is one of the leading providers of work in the informal sector in Delhi. It is the second-highest employment generating industry in India after agriculture. Due to the informal and migratory nature of the workers in the construction sector, exact estimates are not available about the construction workers. However, it engages approximately 3.2 Crores workers nationwide (Soundararajan, 2013). As per the NSS estimates, there are 164,000 workers in Delhi, 74,000 in Gurgaon, 78,000 in Faridabad, and 84,000 in NOIDA, or about 400,000 workers in all (Srivastava and Jha, 2016, p.15).

Delhi NCR has witnessed a fast-paced increase in construction activities due to several infrastructure projects in the last decade. Consequently, the expansion of the construction sector in Delhi has been accompanied by a high influx of migrant workers from the neighboring states in search of decent livelihood. In addition, Delhi has always been the destination for a significant proportion of migrant workers in the past. Specifically, it has a high influx of migrants from Bihar, Uttar Pradesh, Jharkhand, Rajasthan, Maharastra, and Madhya Pradesh in search of high wages and decent livelihood.

However, if we delve into the condition of labour and capital formation in the industry, they are not in sync. A stark contrast could be witnessed. Construction workers continue to be one of the most vulnerable people in the country. The unprecedented expansion of the construction companies in Delhi has absorbed a majority of unskilled labour from the rural areas due to their poor income in agriculture and inability to achieve subsistence levels. However, this has not resulted in better income and improved living conditions.

A significant proportion of workers working in this sector are migrants who lack accommodation. They often live close to the construction sites in makeshift arrangements or

the squatters and slums. They do not have access to any public utilities and struggle to survive. Further, they have the identity documents and registration in welfare schemes in their native states, where they become a weak citizen once they migrate to another place and become a non-citizen in the destination state. They are the ones who are excluded from both the state and central government welfare schemes. This is mainly due to their migrant status, lack of documents, and low duration of work at a specific site. The migrant status itself is an indicator of vulnerability. It leads to heightened insecurity and low quality of living and working conditions if not protected by the social protection policies of the State and the principal employer.

In addition to all the factors discussed in the section, Delhi NCR provided an added advantage to the researcher in terms of familiarity with the state's geography, sociocultural setting, and political and health setup. Besides, the researcher also had the advantage of working on a project involving construction workers in Delhi. The researcher collected data by visiting the construction sites and conducting interviews and discussions with the workers across the state. It was a necessary research experience that allowed the researcher to understand the construction landscape in the city. It also provided a prior knowledge and experience of visiting construction sites and interviewing workers.

4.7.2 Rationale for Selection of Sites

The process of sub-contracting plays a major role in the entire production of the construction activity. There are three levels of subcontracting where a major construction firm sub-contracts the production process to other smaller firms and they further sub contract it to the subsequent firms according to their specialization in that particular domain. Labour sub-contracting occurs usually after the first and second stage.

The production task in the construction sector is done in different phases through sub-contracting process. The first stage of production involves earth digging and excavation for making structural preparation. The second stage is finishing and third is services. The employment of number of skilled and unskilled workers is based on the different stages of the production work. The ratio of skilled to unskilled workers are determined by the kind of construction activity. During the initial stages of earth digging 60-70 per cent of the workers are unskilled. During the structure preparation the ratio of skilled to unskilled worker could be 1:4 or even high if workers are required to carry material to the site. As a result, the number of

unskilled or casual workers employed at a particular construction site is determined by the stage of the production process and also the sub-contracting system.

Drawing form the work of labour economists and sociologists the informal work is a spectrum mediated by hierarchy and gender segregation. Therefore, the study adopted an approach to select sites which are in the organized segment of the construction sector and others operating in a completely unorganized environment. Besides, the study identified sites in which different types of construction activities was being carried out involving different set of workers. This was to understand the spectrum of informal work in the construction sector and also accordingly understand the risks, vulnerabilities and the protection mechanism.

The multinational or formal organization working in the construction field have both types of workers formal and informal. The workers including the supervisor level and the site managers and above are formal. And the construction workers working under them are informal. They sub-contract the production and labour recruitment process to pretty firms. Sometimes the sub-contracting firms hires workers directly which are kind of long-term circular migrants. On the other hand, the workers hired through the labour contractors are mainly unskilled and casual workers. These are mainly the seasonal and circular migrants. Most of them work for a fixed wage on monthly or per day basis.

Construction workers working at the metro construction site in Delhi were working under an organized multi-national company. They were supposed to get safety kits and access to health services and all the other welfare measures provided by both the company and the State. However, the workers in the Bhati Mines village who work as earth diggers at different sites on an everyday basis are highly prone and vulnerable to severe and fatal injuries. They are not protected by any social protection policy of the State or employer. Therefore, both categories of workers have a lot in common regarding vulnerability and occupational hazards however, were working in a completely different work environment under different protective mechanisms. While the workers working at the metro construction site may have the protective social net, the others are entirely on their own to face the uncertainty of occupational and health hazards. The workers from these two sites lie at different positions on the vulnerability continuum. They are differentiated by the nature of work, protective mechanism and access to health and welfare services. These two categories of workers provided a stark contrast and allowed to capture the spectrum and hierarchy of work within the informal sector. This allowed the researcher to understand how the risk and vulnerability are distributed in the spectrum and

mediated through this hierarchy. Besides, understand how it influences the other aspects of the workers lives.

The selection of the metro station as one of the sites for field work was purposively done. This was to map out workers working at the construction sites as informal workers and casual workers under these multi-national corporations. Besides, the metro station construction has been one of the predominant construction activities in the National capital. Furthermore, the metro construction involves one of the most labour-intensive works that also involves rigorous physical labour at different stages of the production. Workers must be trained and equipped with personal protection kits as there is a high degree of risk of occupational injuries involved. A preliminary study by visiting the sites by the researcher revealed that these sites are quite labour intensive and need at least 500-800 labour on an everyday basis. Out of these, only a small proportion of workers are engaged as regular workers. The rest of the workers work as informal or casual labour. These workers have been brought by labor contractors ranging from petty labour contractors with some 15-20 workers to contractors with some 100-200 workers. They work under these contractors who also serve as their supervisors at the sites and take care of their needs.

These multi-national organizations with huge global capital have received the contract to construct the metro stations under the supervision of DMRC, which is the principal employer. The researcher's objective was to understand informal workers within a large construction company engaged in a highly visible metro project and the other that feeds into one of the key processes within the construction sector- informal workers for the labour-intensive process of earth digging. The place of work and nature of employment relations are extremely important to understand the gradient of informal work.

The second site chosen was Bhati Mines village, a labour colony inhabited by the *Odh* Community people, mainly engaged in earth digging activities. The Bhati mines village has an approximate population of 60,000 people. The majority of the village residents are predominantly involved in earth digging work, which is required mainly when the foundation of a building is laid down. They do the work that cannot be done by machines or where machines cannot reach. These are the people who are specialized in these activities. They are mainly informal workers who work as daily wage labourers.

These people go to work across the country. Wherever there is mining work going on, they go there to work. The community has carried out most of the digging activities in Delhi post-

independence. They have worked to lay down cables, pipes, and electric wires in the national capital. Due to the nature of work and lack of safety measures, there is a very high occupational risk. Therefore, these workers get injured on an everyday basis. These injuries are sometimes fatal injuries that have led to the loss of life or bed rest and loss of work for at least four to six months. Another risk involved in this type of work is the falling of walls on the workers while carrying out the demolition work. When an old building is demolished, many workers have sustained severe injuries due to the falling off walls or the falling bricks on their legs, bodies, and heads.

The Bhati mines village was selected as second site for data collection mainly for two reasons. First, the processes of digging work are completely informal. To capture the spectrum and the hierarchy of informal work in the construction sector we selected the earth digging work. Informal sector in itself is mediated by hierarchy. Therefore, to understand the varying degrees of indecent work within the informal sector, workers from the Bhati mines village was selected. The risks and vulnerabilities are mediated by this hierarchy and the skill set. Therefore, it is imperative to understand its impact on health and well-being and its very impact on everyday lives of the workers.

Second, there was no women worker employed at the metro construction site. One of the key respondents working as general manager at the metro construction site informed that as an explicit policy of the organization, they do not employ women workers at the site. This was mainly because the metro construction work is rigorous and intense. Therefore, it is not appropriate to employ women workers at this site.

Besides, women are more likely to be engaged in the lower segments of the labour market. The responsibilities assigned at the worksites are also gender-segregated, with women carrying the load and performing mainly the low-skill jobs. As a result, they are paid considerably lower than their male counterparts. However, this in no way makes them less vulnerable to worksite injuries or long-term health issues in the form of musculoskeletal disorders and repetitive strain injuries. Due to this women worker working as earth diggers in the Bhati mines village were selected. Earth digging is also a caste-based and gender segregated work.

In addition, there is an epidemiological bias against women vis. a. vis. occupational health research. Because of the widespread prejudices that women's work is safe and easy, they are excluded from occupational health and safety research. This is also because of the prevalent

notion that jobs constitute only a minuscule part of women's lives and they are not prone to occupational injuries and risks.

On the contrary, evidence suggests that women experience higher injury and fatigue than their male counterparts. Women suffer musculoskeletal problems, which are mainly work-related. It is primarily because of heavy weight lifting on the back and head and repetitive nature of the tasks assigned to them at the worksites. Evidence also suggests a relationship between psychological stress and musculoskeletal problems (Bongers et al., 1993; Leino and Magni, 1993, cited in Messing, 1997). Women also experience a high workload and are susceptible to stress-related injuries. The demands of home and work are the two broad factors that give rise to anxiety, fatigue, and psychological problems like stress and mental fatigue.

The rationale for choosing the two sites provides insight into the continuum of indecent work and the extent of vulnerability within the construction sector. The informal work is a spectrum of work that determines the vulnerability and indecent work. Vulnerabilities within the informal sector are graded. Therefore, these two sites and set of workers provided the contrast to explore the spectrum of work and different set of vulnerabilities and associated risk.

Therefore, the study focused on these two completely different sets of workers in the construction sector to understand how the place of work, nature of work and nature of employment relations determine the well-being of workers. The nature of employment relations within the informal workers varies with nature of work. The data shows that the kind of work, place of work and nature of employment relations determine the well-being of workers in a much greater way.

4.8 Sampling Framework and Sample Size

4.8.1 Sampling Framework

The study involved a two-stage stratified simple random sampling framework to select an appropriate sample. The first stage involved classifying the type of construction activities in Delhi. Subsequently, preparing different strata according to the nature of work, agency, and workers employed at the work sites. To select the sites and subsequently the respondents from each of these sites, the first step requires partitioning the ongoing construction work in Delhi into different strata based on the nature of the agency (government and private) and the nature of work being done. The construction activities going on in the national capital can be broadly classified into four broad categories:

A. Residential- Construction of residential complexes.
B. Non-Residential - Construction of hospitals and schools.
C. Infrastructure- Construction of flyovers, metro tunnels, and metro stations, roads, and subways.
D. Construction workers working as earth diggers as informal workers on a daily basis.

Once the construction activities were segregated broadly into four different strata, the selection of strata was done purposively. Then respondents from each of the stratum were randomly selected for interviewing and were included in the study. Out of these four strata metro construction workers and workers working as earth diggers were selected for the study as discussed in the preceding section.

Once the broad categories were established, the next step involved looking for the metro construction sites where construction activities were going on, initiating the process of taking permission, and fulfilling the other criteria required to conduct the fieldwork. After that, select the workers working at the particular construction site of the metro station chosen.

A preliminary visit to both the sites was done to understand better the nature of work and the kind of workers involved. Once the site was chosen, and the formalities for seeking permission were completed, a pilot study was conducted at both sites before finalizing the fieldwork locations. Subsequently, the workers working at the metro construction site were selected randomly by visiting the construction site without seeking any prior information about them. The workers were interviewed at the construction sites itself.

The workers of Bhati Mines village were interviewed by visiting the village and randomly selecting the workers from the labour chowk. The bus stand in the village has been designated as a labour chowk where all the workers seeking work gather early in the morning by 7 am. After this, the labour contractors come and take people to different sites. The workers were interviewed at the labour chowk. Some of the workers were interviewed at their residences as per their preference and convenience. The worker's selection was also significantly determined by their availability. If they get work, then they would leave. Otherwise, for that particular day, if they do not get work, they agree to talk to the researcher at any place convenient to them. These aspects of the study are discussed in detail in the subsequent section of the chapter under the section on the process of data collection.

4.8.2 Sample Size

A total number of 117 respondents were included in the study across two construction sites in Delhi NCR. Out of the total 105 construction workers, 65 were men and 40 were women. In addition, 12 key respondents were interviewed including both the sites.

Table 4.1 gives a detailed description of the respondents at the metro construction site (Site-1). The researcher interacted with 70 respondents from the Metro construction site. All of them were male. No female workers were working at the site. As an implicit policy of the organization, they do not employ female workers for various reasons discussed in chapter five. Of these, 53 workers working at the site were interviewed using a researcher-administered semi-structured questionnaire and 7 workers were engaged in a group discussion. Out of these 8 workers were selected for in-depth interviews. The in-depth interview of the workers depended on the suitability of the case. Besides, it was also determined by whether the contractor allowed the researcher to have a detailed discussion with the worker after completing the semi-structured interview. It was challenging for the researcher to engage a worker beyond an hour and the semi-structured interviews took more than one hour to complete.

Seven respondents were engaged in a group discussion that was conducted during lunch break time in the resting shade provided at the site. Because of the non-availability of more than one worker at a time, it was not possible to conduct some more group discussions. In addition to this, ten key informant interviews were conducted using the key informant interview schedule at the metro construction site.

Table 4.1- Detailed Description of the Study Participants site 1-Metro Construction site

Total Respondents	Female	Male
70	0	70
Semi-Structured Interview- 53	0	53
Case Studies- 8	0	8
Group Discussions-1 (No. of Participants-7)	0	7 participants
Key Informants Interview-10	0	10

Table 4.2 gives a detailed description of the respondents in the Bhati Mines village (Site-2). The researcher interacted with 47 respondents from the Bhati mines village. Out of which 40

were female workers, and seven were male workers. Of these, 10 case studies were documented, and 35 respondents were engaged in 5 group discussions (GD1-8, GD2-13, GD3-5, GD4-5, GD5-4). Along with these, two key informants were also interviewed.

Table 4.2- Detailed Description of the Study Participants at site 2-Bhati Mines

Total Respondents	Female	Male
47	40	7
Case Studies- 10	9	1
Group Discussions-5 No. of Participants-35	4 (No.) • 8 participants • 13 participants • 5 participants • 5 participants	1 (No.) • 4 participants
Key Informants Interview-2	0	2

Along with the 10 case studies, the researcher interacted with 35 workers individually and in group discussions. The researcher also had informal and spontaneous interactions with the villagers. These interactions took place initially at the labour chowk of the village. Later, some of the workers who participated in the group discussions invited the researcher to their respective homes to discuss their personal life, family, and work. These conversations were sometimes constrained by the other members of the family who would intervene in between due to some domestic work. Therefore, the researcher tried to have these conversations where they could devote some time exclusively for the discussion and share their past and present experiences without being influenced by other members of the family.

4.9 Inclusion and Exclusion Criteria

4.9.1 Inclusion Criteria

The criteria followed by the researcher to select the participants of the study are as follows:

- Construction workers above 18 years of age working at the selected construction sites were interviewed.
- Only those workers engaged in construction activities (listed below) at the selected construction sites were interviewed.
- These include masonry work, electrician, plumber, carpenter, Tiles and Marble work, Painter and helper, etc.

- Those workers working as construction workers at the site for a minimum of 3 months were included in the study.
- The administration officials and welfare officers were interviewed under the category of key informants.

4.9.2 Exclusion Criteria

- The workers working as support staff or in administration as office assistants were not considered construction workers and, therefore, not included in the study.
- The timekeepers, labor contractors and security guards at the construction sites were not considered construction workers and were excluded from the study.
- The workers who had joined recently and have not completed at least three months at the site were not included in the study.

4.9.3 Minimizing Study Bias

The researcher maintained an objective approach while asking the questions during in-depth interviews and discussions with the respondents. The researcher also used sensitive probes wherever needed; however, strictly refrained from using prompts.

The researcher interviewed the workers working at the selected construction sites randomly without knowing or seeking any prior information about their social background, work status, native state, language, ethnicity, caste, or religion. This was done not to favour the study hypothesis or any prior assumptions.

4.10 Pilot Study

A pilot study was conducted at both the sites selected for the study before beginning the final data collection process. This was done to ensure that the data collection tools were suitable for the kind of workers working at these sites. Further, check for any modifications required for any specific location or any particular set of workers employed at the sites. It also entails visiting the construction sites for general observations and interviewing some of the workers made available at that point in time. This was done to ensure the effectiveness of the tools and make any required changes before the beginning of the data collection process. During the pilot study, the order of the data collection, storage and management, and analytical framework was decided. The pilot study was conducted during January 2020 to March 2020. During this period the researcher completed the formalities to carry out field work and explored the field area.

There was a disruption of nine months due to COVID-19 lockdown before the field work was resumed.

A. Field Site 1- Metro Station Construction Site

A visit was planned to the organization's head office in January 2020 and subsequently to the construction site after the concerned authority granted permission to conduct the fieldwork. These visits aimed to interview some of the organization's officials as key informants and get an overview of the organization's functioning and its role in the construction sector. During the visit, a conversation with the company's general manager and other key officials was done. The discussion with the general manager involved a range of topics. It started with a brief profile of the company, the number of workers and their demographic and social profile, social security benefits, health and medical care, working conditions, and accommodation-related issues. Apart from this, the researcher also briefed him about his Ph.D. work and his academic background.

After the interview with some of the key officials, the researcher visited the field site with hard copies of the tools, including questionnaires, in-depth interviews, an observation checklist, and a key informant's interview schedule. The main objective of conducting the pilot study was to check the study's feasibility and validity. It also intended to test the data collection tools for their precision and compatibility with the study's objectives and the work environment and culture of the workers employed at the construction sites.

B. Field Site-2- Bhati Mines Village

During the preliminary visit to the Bhati Mines village, a detailed discussion with KRBM-1 was done. He has been a resident of Bhati mines for the past 30 years. In the year 2009, he registered the construction workers union that works to register the workers in the BOCW act and other provisions available for the construction workers. He also helps workers if they face problems related to non-payment of wages, pending compensation, or any other grievances.

Social mapping of the village was done to understand the social composition and primary source of livelihood of the residents. The workers' work timings and availability for interviews were figured out, and tools were modified accordingly. A different approach was adopted according to the profile and nature of work of the workers of this village.

4.11 Process of Data Collection

The field work and data collection were conducted into 4 phases. Each phase has its specific purpose and objective, as discussed in the subsequent section. The data collection process started from January 2020 and completed by December 2021. There was a disruption of 9 months in the field work from (April 2020 to December 2020) after the first COVID-19 lockdown was announced. The field work was again resumed from January 2021 continued till March 2021 before the second COVID-19 lockdown was announced. Again, there was a disruption of two months from April 2021 to May 2021. The field work was again resumed from June 2021 and continued till the end of December 2021.

Phase-I of data collection (January 2020 to March 2020) it included preliminary visits to the field of study and exploring the field area. This phase was devoted to understanding and learning the area of study. Intensive observation of workers, their working conditions, and the amenities available at the worksite was documented. During this period, all the permission letters received from the university were submitted to the concerned authorities of the organization, and permission for conducting the fieldwork was sought. Subsequently, after the consent was granted, the researcher visited the construction sites to explore the field area and the feasibility and suitability of the study. It also includes meeting with some of the key officials of the organization in the Head office and at the construction sites. Besides, the researcher apprised the concerned officials of research objectives and the required sample size from that particular site. Multiple visits were made to the construction sites for some key observations, meeting construction workers, and exploring the possibility of conducting interviews and sample criteria. As discussed in the preceding section, the pilot study was conducted in the phase-I period, where all these modalities were checked and examined. Once the data collection tools were examined and the study area was evaluated, the researcher found the site compatible and feasible for the study. This was followed by the regular and systematic phase of data collection.

Phase-II of data collection (January 2021 to March 2021 and June 2021 to August 2021)- This phase marks the beginning of the regular data collection phase. The metro construction site where the fieldwork was conducted was approximately 30 Kms from the university campus where the researcher resides. The researcher visited the field site every alternate day to make time available to manage the collected data and transcribe the interviews conducted. It also allowed to make changes if required, take printouts, and keep sufficient copies of the

questionnaire for the next round of interviews. The researcher reached the construction site at around 10 am as a preliminary discussion with the workers revealed that they start working from 8:30 am and get a short break at around 11 am. Therefore, they suggested that if the researcher could come around that time and request the supervisors to conduct an interview, he could talk to some of the workers. And the next slot to conduct interviews would be around lunch time. The workers informed the researcher that reaching early morning would be futile for conducting the interviews. However, going early morning allowed the researcher to observe the safety training and other instruction given to the workers before they started their work and the instruction and training given to the new set of workers inducted at the site.

After reaching the construction site, the researcher would take a round of the site and observe the workers engaged in different activities. It would give a glimpse of the work that is going on. Besides, the researcher also looked for an opportunity to interact with some of the workers with the approval of their supervisors in between. So randomly walking across the site, the researcher would approach a worker. If he seemed interested in an interview, the researcher would take contractor approval for interviewing that particular worker. Once the researcher got the approval, the next step was to find a safe and suitable place to conduct the interview at the site to avoid any injury or accident and does not obstruct the working of other workers. The researcher also ensured not to take any preliminary information about the worker's social and cultural background before interviewing and not taking the interview in front of the labor contractor or supervisor. The presence of labour contractor would ultimately defeat the purpose of the discussion as there were questions that could never be answered in front of the contractor honestly. To elicit an honest, candid response, the researcher-built trust with the worker and ensured the worker of complete anonymity and non-sharing of the responses either with the company or the contractor. There were instances when some of the workers refused to be interviewed once they saw a questionnaire; in such cases, they were not forced or convinced to continue the interview. Before starting an interview or discussing with the workers, the researcher introduced himself, the institution he is coming from, and the clear and precise purpose of conducting interviews and fieldwork there. After a couple of days, most of the workers knew about the researcher, and they used to say that "there is no need for introduction, and you could talk to us regarding whatever you wanted". The workers were selected randomly at the construction site fulfilling the inclusion criteria; however, it was also dependent on the availability of the worker at that particular time and his willingness to participate in the study. The worker's right to not participate in the study was strictly observed throughout the study.

The interviews were conducted in a safe and private place where their responses could not be known or heard by the contractor or their fellow workers. This was ensured to get honest and unbiased responses from the workers.

Phase III of data collection (August 2021) started once the data collection at site-1 was completed. This data collection phase was devoted to understanding and learning about the Bhati Mines village and establishing familiarity with the people. The first day visit to the village involved meeting and discussion with KRBM-1. He works as a Labour contractor and runs a worker's union to register construction workers from his village. He provided the researcher with detailed information about the village, its social, cultural, and demographic composition, and a brief history of the settlement. The researcher also spent some time and walked through the village to get acquainted with the location, observe the type of houses and their organization, and get introduced to as many residents as possible. During this visit and a few more visits, the researcher talked to the village residents to learn more about the village. The researcher made multiple visits to understand and explore the village to check the feasibility and suitability of the site for study. Accordingly, the tools were modified and adjusted for the workers of the village after understanding their social, historical and cultural milieu. The majority of the questions of the semi-structured questionnaire did not apply to the workers of the village. Because they work in a completely different setup and live in a different environment than the construction workers working across the city. They have a different history of migration and different cultures. They have been doing the earth's digging work for two to three generations. It is their primary skill set, and most of the inhabitant males and females, have been doing the same job for ages. This required the researcher to make appropriate changes and adopt a different approach for data collection for this particular site.

Phase IV of data collection (September 2021 to December 2021)- During this phase the researcher regularly started visiting the village for data collection. The researcher would leave the university campus at around 6 am and reach the village labour chowk by about 7 am. This was when most of the village residents would be present at the labour chowk seeking work. There are two separate stands for males and females. The contractors select the workers as per their requirement. The contractors preferred the males, and they were the ones who were picked first. Therefore, there are fewer male available for the interview than the females from this particular site. Also, there were more female workers than male workers at the labour chowk. This was because most of the female workers looking for work had lost their husbands, or their husbands were not well or were recovering from a work-related injury. Due to these reasons,

there were more women workers at the chowk. Also, the few male workers present at the chowk would be picked up by the contractors early in the morning, and therefore they did not have time to interact with the researcher. However, the researcher managed to get some male workers for interviews and group discussions and learned about the issues they faced.

After reaching the labour chowk by, 7 am, the researcher would stand at the chowk and observe the workers leaving with the contractors. As time passed, the desperation among the workers waiting for the contractors was quite apparent. Because by 8 am, if you are not picked up by any of the contractors, your chances of getting work for that particular day are grim. The researcher stood along with the workers and talked with the people waiting at the chowk. There would be around 6-7 people who would form a circle and would start talking to the researcher. They would talk about the issues and difficulties in getting work every day. And then they would talk about the general problems of the village and other work-related problems. Meanwhile, they were also careful of the contractors searching for people. Sometimes the contractors would come in their vans shouting that one female worker is required. Ten female workers would be running after the van, and all of the females talking to me would leave and run after the contractor. One of them would get work, and the rest of the workers would come back and start talking to me. They would say that as their chances of getting work are over now for today, they would go back to their respective homes. At this time, the researcher would ask them if they want to have a group discussion regarding the issues they face vis. a. vis. their work, health, and family life. Subsequently, the researcher would look for a suitable place nearby the chowk for discussion. So, this was broadly the approach used to conduct the group discussions. Once the discussion was over, the researcher would request one or two people from the group for an in-depth interview and follow them to their house to have a detailed discussion. The group discussions were conducted either at the labor chowk or in a temple near the bus stand as it offered some seating space for the females. The overall strategy of the researcher was to reach the village by 7 am on all the days and wait till around 8 to 8:30 am. After that, some of the workers would have left, and those who remained would be interviewed either at their homes or whichever place was preferable for them.

Winding up: The last part of the fieldwork involved assessing the survey forms, in-depth interviews, records, and other collected data. Most of the data collected at the sites were recorded in hard copies of the semi-structured surveys. The interviews and discussions were noted in the notebook at the field site simultaneously during the discussion. All the non-

participant observations were noted down in the notebook at the sites. Besides, some of the field observations and reflections were compiled after returning from the field sites.

The use of recording has been done only in a few cases. During the field study, it was found that the recording of the conversation interferes with the quality of the discussion and influenced the respondents' inputs. Similarly, taking the signatures and thumb impressions of the workers also affect the kind of response and inputs they provide to the researcher. Therefore, its use was minimized throughout the fieldwork, and maximum effort was made to write down the inputs in the field itself and note down some reflections and insights after coming back to the residence.

The researcher was offered a chair and table in a small cabin at the metro construction site to do interviews and discussions with workers. As other employees of the company also shared this cabin. The researcher did not use this facility because of the presence of other people in the cabin, especially the supervisors and safety officers. This could have interfered with the privacy and the quality of discussion and their responses. This was one of the most detrimental impediments in maintaining the workers' anonymity.

Efforts were also made to meet some of the key respondents personally from the Metro construction site and the Bhati Mines village to gain insights and collect information about the workers. The majority of the respondents, including the key respondents at both the field sites, were quite warm, receptive, cooperative, and helpful, barring a few cases of hostility. The researcher got full support and cooperation from the organization and the workers to complete the fieldwork and data collection process.

4.12 Challenges During the Field Work

One of the biggest challenges was getting access to one of the metro construction sites in Delhi. There was a reluctance on behalf of the company and officials to grant permission despite submitting the letter issued by the university. A repeated attempt was made to convince the organization's officials at the head office and at the construction site to get permission to conduct the fieldwork. The researcher had his supervisor's full support and cooperation in seeking approval for access to construction sites, the final selection of the data collection sites, designing and finalizing the tools for data collection, and figuring out the other fieldwork requirements.

Carrying out fieldwork during June, July, and August was challenging due to the monsoon season in Delhi. It was difficult to commute from campus to the site. Conducting the surveys and interviews at the construction sites out in the open made it even more challenging. Reaching the construction site and taking permission from the contractor to interview a construction worker working under them also took a lot of effort and convincing. They were insecure about the information the worker would provide to the researcher and the time lost due to the interview. Subsequently, the challenge on the part of workers was that they would always ask the researcher about the benefits they would get by participating in the study and specifically from the interview. This also took a lot of convincing and explanation without giving them any unethical or unreal hopes or benefits. Sometimes, when the interviews went on for a very long time, the supervisors would come in between and express their displeasure that it is taking too much time and its resulting in the loss of their work time. So, they will ask to end the interviews right away and allow the worker to return to their work.

In the Bhati Mines village, it was an ethical and moral dilemma for the researcher to ask workers waiting at the labour chowk to participate in group discussions and give in-depth interviews. The workers were looking for the contractors to go to the worksite and this was the highest priority for them at that moment. Therefore, the researcher just waited till the time they had any chance of going to work. Those who got work would leave, and the rest who could not get employed for that day would engage in discussion and interviews. If a worker does not get work, they just want to go back to their homes and complete some household chores. Therefore, it was difficult for the researcher to convince them for an interview.

Some of the workers interviewed in Bhati Mines also asked for my mobile number so that in case they needed any help, they could call me. Some of the workers also requested me to get their labour cards and get them registered for other welfare schemes available for them. It was hard to convince them that it was out of the purview of the researcher to get them all those benefits.

4.13 Plan of Analysis

The researcher maintained both the hard and soft copies of the interviews conducted during the study period. The hard copies of the semi-structured surveys were maintained, and the recorded responses were entered in the MS-Excel sheets. A soft copy of the survey responses was also maintained. The in-depth interviews, field observations, and key informant interviews were transcribed daily and regularly to avoid losing any data because of recall errors. A hard copy

and soft copy of the transcription in MS-Word files were maintained. Complete anonymity of the respondents and the organization were maintained throughout the process of data collection, analysis, and presentation of the findings.

The semi-structured surveys were analyzed primarily using MS-Excel. Content analysis and narrative analysis approaches were used to analyze the in-depth interviews, illness narratives, and life histories. Content analysis allows to analyze the presence and meaning of words, themes, and ideas and explore the relationship between them and identify patterns. The narrative analysis considers the context of each case and the different experiences of each respondent. It employs thematic analysis to explicate stories of individuals and their experiences.

4.14 Ethical Considerations

The researcher had taken an Institutional Ethics Review Board (IERB) approval for conducting the field work. An informed consent form was carried to the field sites and was read out before conducting the interviews and discussions. The researcher verbally explained all the respondents about the study in detail. Signatures or thumb imprints of the workers were not taken. During the fieldwork, any type of written or paperwork made the workers uncomfortable and created a feeling of insecurity among them. It was also seen as proof of their statements, and they thought that it could be used by the supervisors and organization against them. Therefore, their mobile numbers were taken instead of their signature or thumb impression. This was done to ensure and conduct the interviews in the right spirit and not under any undue pressure or coercion. Extra care was taken to make the respondents feel comfortable during the interviews and discussion. The respondents were allowed to frame their experiences, illness narratives, and major or minor injuries and weave and narrate their understanding of health and well-being.

The respondents were informed well in advance that their participation in the study was entirely voluntary. They have all the freedom to withdraw their participation at any time. And this will not have any impact on their work or the benefits they get from the supervisor or principal employer. Apart from this, they were also given a choice that they have the right to skip any specific question/s during the interviews and group discussions if they felt they were not appropriate or unwilling to answer. No insensitive probes or prompts were used to elicit responses in such cases. And no pressure of any kind was built on them to answer such questions. Further, no unethical or other benefits were given to the workers to participate in the

study. In case of any withdrawals, either at the beginning or during the interview, the respondent's data or history were excluded entirely from the study. Their records were not kept or maintained.

Chapter 5

An Analysis of Socio-Economic and Working Conditions and its Consequences for Health and Well-Being of Informal Workers in the Construction Sector

5.1 Introduction and Background

The current chapter analyses the employment conditions and its impact on the well-being of the workers employed in the construction sector of the Indian economy that has witnessed a rapid expansion in the workforce due to rural-urban migration. The chapter highlights deepening informality due to low wages and a very low level of coverage in the social protection schemes. Besides, excessive overtime conditions, rising working hours, no off days, and lack of decent work conditions lead to a high level of precariousness and vulnerable employment.

This chapter is based on the data collected from a metro construction site in the Delhi NCR region. It used a semi-structured researcher-administered questionnaire to document the responses of 53 construction workers interviewed at a metro construction site. In addition to these semi-structured interviews, one group discussion and 10 case studies were conducted to understand the everyday lives, migration histories, family composition, and the workers socioeconomic status and working and living conditions. All of these components were collectively analyzed using the framework of decent work and unacceptable forms of work to understand the health and well-being of the workers. The chapter also analyzes the data collected by interviewing key officials and local administrators of the organization using a key informant interview guide. Through these interviews, the researcher attempted to explore the understanding of the local and key administrators' knowledge and understanding of the decent work and minimum conditions of work. Subsequently, the steps and measures taken by them to implement its provisions.

The chapter is structured as follows. It begins by giving a brief overview of the worker's daily life and routine activities as shared during the group discussions, spontaneous interactions, and individual discussions. The subsequent section deliberates on their living and working conditions. It highlights some of the markers of decent work and unacceptable forms of work using the framework of ILO. It analyzes the prevailing conditions of work at the metro

construction site. It attempts to highlight some key concerns and areas of critical importance by mapping precarious and vulnerable employment and elements of forced labour prevailing in the sector. It also explores the relationship between precarious migrant status and precarious employment and the vulnerability of the workers working at the metro construction site in Delhi.

5.2 A Brief Overview of the Everyday Lives of the Workers

Out of the total workers included in the study, 77 per cent were migrants, and 23 per cent were residents of Delhi. Those who lived in Delhi, their parents had migrated long back to work here, or they themselves had migrated long back and since then have been living here. Some of them had their own house, and most lived in rented dwellings either with their families or in groups with their co-workers. Among the migrants, 40 per cent of the workers lived in rooms provided by their contractors. The contractor paid the rent, and the rest of the things like arranging cooking material, bedding sets, and other items required for living they had to arrange by themselves. The rooms provided by the contractor were sufficient to accommodate two people comfortably. However, a single room accommodated at least five workers and had a shared bathroom and toilet facility with residents of other rooms. Workers who did not want to live in the rooms provided by the contractor rented a room and lived in groups on their own. Besides, those who had someone known in the city preferred to live with them.

All of the workers expressed their desire to live with their families; however, due to a lack of accommodation facilities by the company or the contractor for their families, they were forced to live with their co-workers in shared rooms. The contractors did this to minimize the input cost. If they allow the workers to live with their families, then they will have to provide at least one room for a worker. Now they can accommodate 5-7 workers in a room. And if the workers live with their families, they will have to bear half of the accommodation expenses in addition to the other additional expenses of the family. Sometimes, the contractor will not provide even half of the rent if the worker wants to live with their families. Besides, the workers will not be able to save money as they are doing now. Therefore, the present setup is suitable for both the workers and the contractor. As a result, most of them live in shared rooms provided by the contractor, and others have rented rooms by themselves.

5.2.1 Balancing the Household and Work Needs

The daily routine of the workers who lived in the shared rooms was they would cook food for breakfast and lunch first thing in the morning. After completing the household chores that were divided among themselves, they would walk to the construction site. The construction site was a kilometer away from their residence. So usually, they would leave their rooms by 8 a.m. from their home and start working as soon as they reach the site. Before leaving, they had breakfast, and the next meal they got was around 1 p.m. during the lunch hours. Sometimes they have tea with bread or biscuit for breakfast and prepare food for lunch and leave for work. They would have to walk a kilometer to their residence to have lunch and again walk back to their site. Between breakfast and lunch, they do not get anything to eat. There was no provision for tea or snacks by the contractor or the principal employer for the workers at the site. The drinking water was available in the water tank kept at a little distance from their workstations. The workers had to fill their bottles from there and keep them with themselves.

For lunch, they get an hour break from 1 to 2 p.m. The workers who carry their lunch to the site could have it there and take some rest after that. Those who walk to their rooms to eat can rest if they have spare time. After resuming work at 2 p.m., they do not know till what time they will have to work. When they resume the post-lunch work, and till work ends for that particular day, they do not get anything to eat. They are not provided anything (tea or snacks) by the contractor. Some of the workers also mentioned that the contractors do not even allow them to go for the tea break as this would lead to a waste of time.

5.2.2 Physical and Mental Fatigue

Usually, their working hours were from 8 a.m. to 8 p.m. (12 hrs. shift), but sometimes it extended beyond 8 p.m. for 2-3 hours. This additional work was not considered night shift, and no additional allowances or other benefit was given as most workers were on a monthly salary. Before joining, the contractors have offered them a fixed monthly salary, and they are available for 12 hours of work in a day or even more on some days. As their salaries are fixed but not their working hours, they are not entitled to any overtime payments.

Sometimes, when they work for 2-3 hours at night, that is beyond 8 p.m. The maximum they get is one-time food or Rs. 100 as food compensation. This is because they would not be able to cook food after returning home, and then they will have to come back to work early in the morning. Only when they work a full night will they get one extra wage; some of them said

they could either have food or take Rs. 100 as food compensation. If they have done a day and night shift in continuity, they get the next day off for rest.

While most casual workers worked almost all Sundays, others said they got two Sundays off in a month or worked for half a day on all Sundays. Workers also stated that they work on festivals and leave one or two hours early compared to their regular working days.

Regarding the recreation, they do not have anything. The organization does not organize any recreational activities for them. None of the workers had a television or anything of that sort in their rooms to engage in leisure activity. They said that after coming from the site, we do not have the energy to sit and watch television. We need food and rest and never felt the need to watch TV or go out in our free time. Some workers said that they do not go out or have television because it involves a lot of additional expenditure on their behalf that they cannot afford other than their food expenditure. The contractor will not provide any of these facilities. If they get a Sunday off, they use it for washing clothes, cleaning the room, and then take some rest.

Sometimes, when there is no work for a particular worker, they will stay in their room and not be paid for that day. During this time, they help their co-workers by cooking food for them, cleaning the room, and performing all the daily activities so that those working workers could get some rest. This has been their routine for the past two years. First is being away from their families, second carrying out the household chores by themselves, and then the rigorous nature of their work highlights the issue of physical and mental fatigue they are experiencing.

5.3 Socioeconomic and Demographic Profile of the Workers

Women's participation in the labour market in India is the lowest in the world, with a wide gap between male and female earnings (Sharma, 2022). Women who lost jobs during COVID were 1.8 times more than their male counterparts. This is reflected in the sample of the construction workers interviewed, as they all were males. No woman workers were working at the site. When asked about this, during one of the interviews with the general manager and welfare manage of the organization, they explained that this is a deliberate decision of the organization not to recruit any women workers. As a policy of the organization, they do not employ women workers at the site mainly because of two reasons.

First is that the metro construction work is a bit rigorous, and second, there are security and safety issues. On being further probed to know more about what kind of safety or security

issues is he talking about. He explained that there are occupational security issues and security issues related to women working with men. He said it is fine if the men and women are equal or proportionate. But if 450 male workers work with only 20 or 30 women, then there is an issue, so we cannot take the risk. Then he said, *"sir bahut lafra hota hai"* (there are a lot of problems and complications) *"as you know, there are many women-related problems and safety issues."* Apart from this if you employ women workers then *"Wo BOCW Act wala panga bhi hota hai, aur fir crèche bhi do aur bahut saari pareshania hai"* (There are a lot of problems like implementing the BOCW act, then provide creche facilities and then many more such things, KR-1, Metro construction site, Delhi, January, 2020). Therefore, it is better not to employ them. This was the reason for not hiring any women workers at the site. Besides, the next chapter discusses the issues of women workers in the labour market, the dearth of research pertaining to their occupational health and safety, and their low participation in jobs.

The workers working at the site are quite young, most of whom are in the productive age group. Figure 5.1 shows the age distribution of the workers, 49 per cent (*n*=26) of the workers are in the age group of 18-25, and 36 per cent (*n*=19) of workers fall in the age group of 26-39. The average age of the workers is 29 years.

Fig. 5.1 Age-wise Distribution of Workers
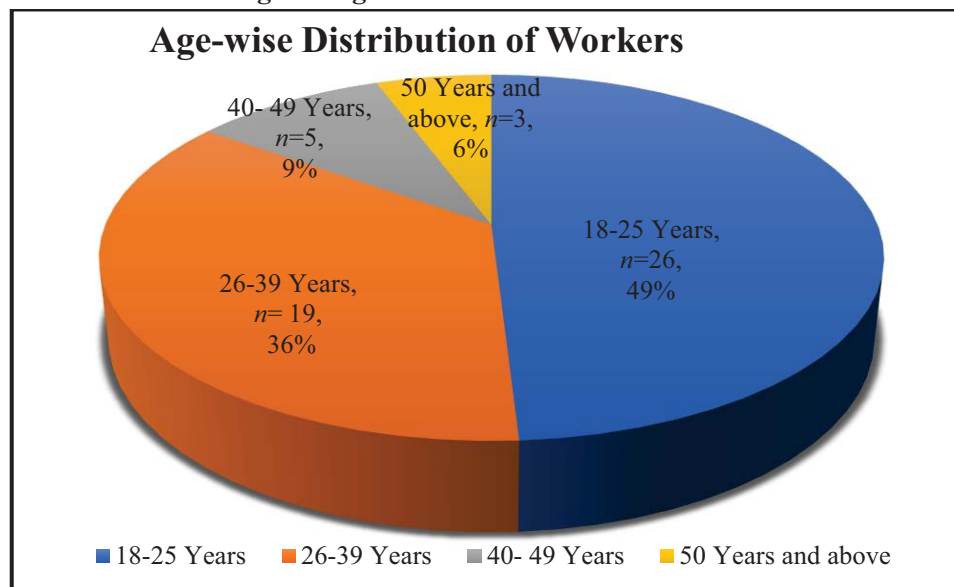
Regarding the age and health of the workers, the researcher specifically enquired with the welfare officer whether they have any workers in their knowledge who have been diagnosed with chronic diseases such as tuberculosis, diabetes, or blood pressure. And then what do they do to allow them to work and care for their health. He said that tuberculosis is none, and regarding diabetes and blood pressure, it usually occurs among people aged 50-60, and they

have workers only in the age group 25-45 years. Therefore, there is very little chance of having a diabetic worker at the site. In addition, it is also the productive age group where you can get the maximum output from the workers. This is also an intention to hire only young workers.

In addition, 91 per cent (*n*=48) of the workers were Hindu, and only 9 per cent (*n*=5) of workers belonged to the Muslim religion. If we look at the caste composition, almost 58 per cent of the workers are socially disadvantaged. Out of these, SC accounts for 24 per cent (*n*=13), ST 15 per cent (*n*=8), and 19 per cent (*n*=10) of the workers are from the OBC category.

Fig. 5.2 Category of Workers
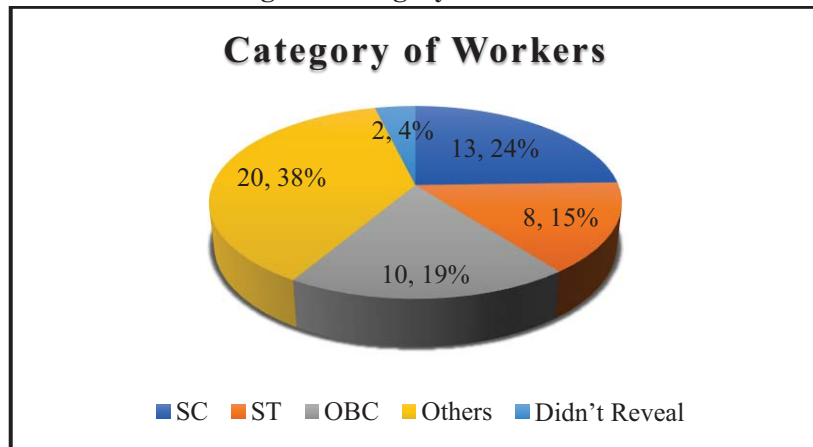
Most of the workers have a poor educational background as 27 per cent (*n*=14) of the workers have no formal year of education, and 11 per cent(*n*=6) had less than the primary level. Only 32 per cent (*n*=17) of the workers had education above the secondary level, and 68 per cent (*n*=36) of them were below the secondary level. This shows that workers at a very young age with a low skill set and educational qualifications are migrating and working in the construction sector.

Fig. 5.3 Number of Years of Formal Education
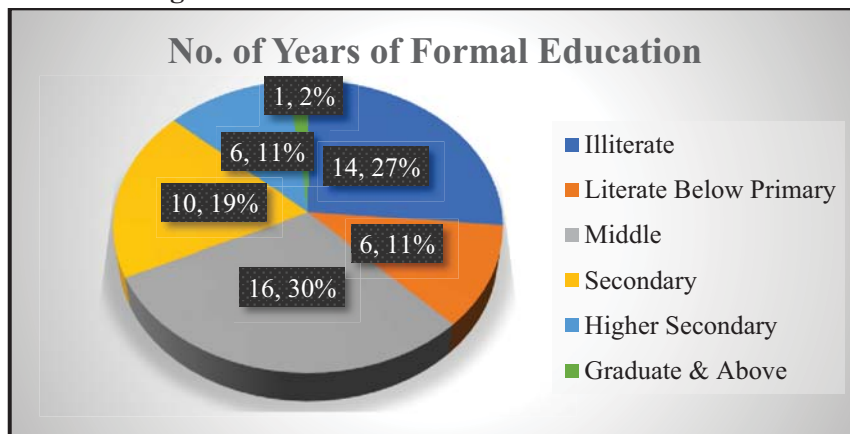
The marital status and number of dependent family members also give us an interesting picture. The data reveals that 64 per cent (*n*=34) of the workers are unmarried, and 34 per cent (*n*=18) are married. However, if we look at the number of family members dependent on the worker, figure 5.4 shows that 57 per cent (*n*=30) of the workers had at least 4 members dependent on them, 23 per cent (*n*=12) had 5 members to look after, followed by 13 per cent (*n*=7) with 6 members to take care. Two workers each had seven and eight family members to look after.

Fig. 5.4 Dependent Family Members
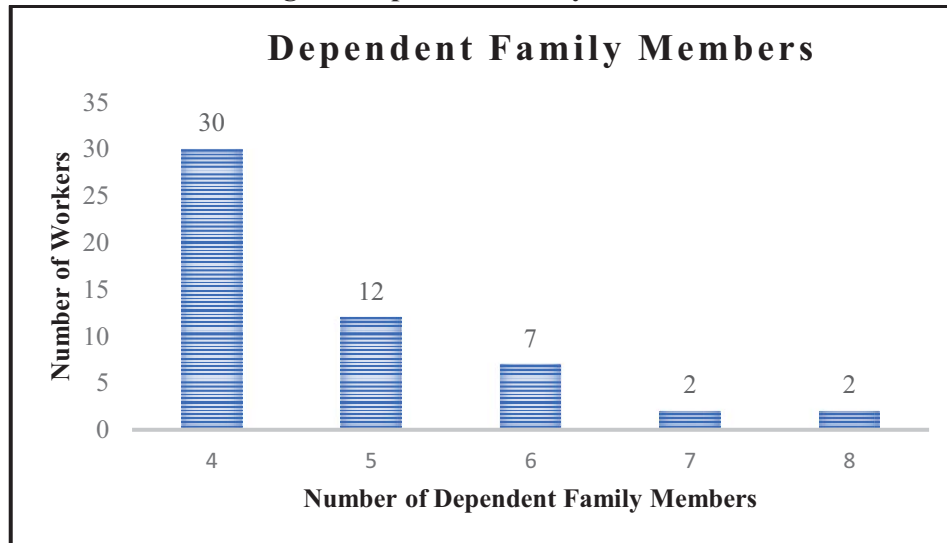
Therefore, the data on marital status and dependent family members is incompatible and counterintuitive regarding the workers' social and financial responsibility towards their family members. This is also very clear from the age distribution as most of the workers are quite young and unmarried, and because of the family responsibility, they had to come out to work in this sector. Further, the different variables of migration will show some other factors pertaining to migration.

5.3.1 Migration History and Reasons for Migration

The data on migration shows that 77 per cent (*n*=41) of the workers were migrants, and 23 per cent (*n*=12) were residing in Delhi. All of the workers who were migrants reported their native state as their place of residence. Among the non-migrants, those with no fixed abode also consider themselves the resident of their state of origin. All of them have a strong connection back with their native state, which also served as a safety net for them during times of crisis. It is quite evident from the data on the impact of COVID-19 on migrant workers discussed in chapter 3. It also provides evidence for short-term circular and long-term migration without a fixed abode.

Fig. 5.5 Place of Origin of Workers

Place of Origin of Workers

2, 4% 2, 4%
12, 22%
10, 19%
3, 6%
3, 5%
1, 2%
20, 38%

- Uttrakhand
- Delhi
- Jharkhand
- Bihar
- Chattisgarh
- Madhya Pradesh
- Uttar Pradesh
- West Bengal
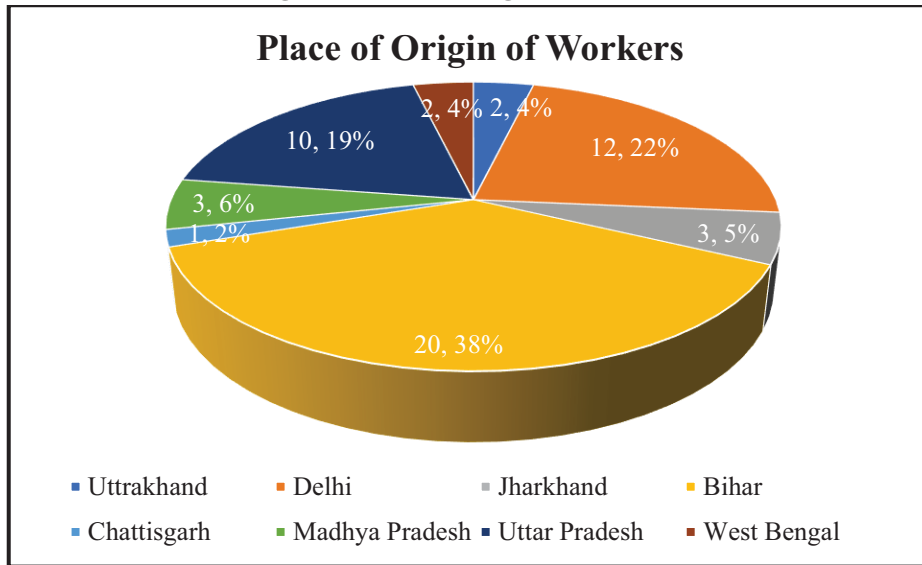
Figure 5.5 shows the state of origin of the workers. It shows that the workers have come from eight states, including Delhi. And the workers from Bihar (38%) and Uttar Pradesh (19%) account for 57 per cent (*n*=30) of the migrants. Delhi accounts for 22 per cent (*n*=12) of the workers at the site. However, among the workers living in Delhi, few had a fixed abode, and most lived in rented houses. But as these people reported that they were living here from their childhood or some of them were born here and their parents had come here in search of work, they were not considered migrants by the researcher. However, many are connected to their native state and reported it as their place of residence. Very few of them have managed a fixed abode here and are not connected to their native places strongly.

Fig. 5.6 Age of Migration

Age of Migration

13, 25%
7, 13%
3, 6%
5, 9%
25, 47%

- Less Than 15 Years of age
- 16-20
- 21-30
- 31-40
- Parents Migrated for Work
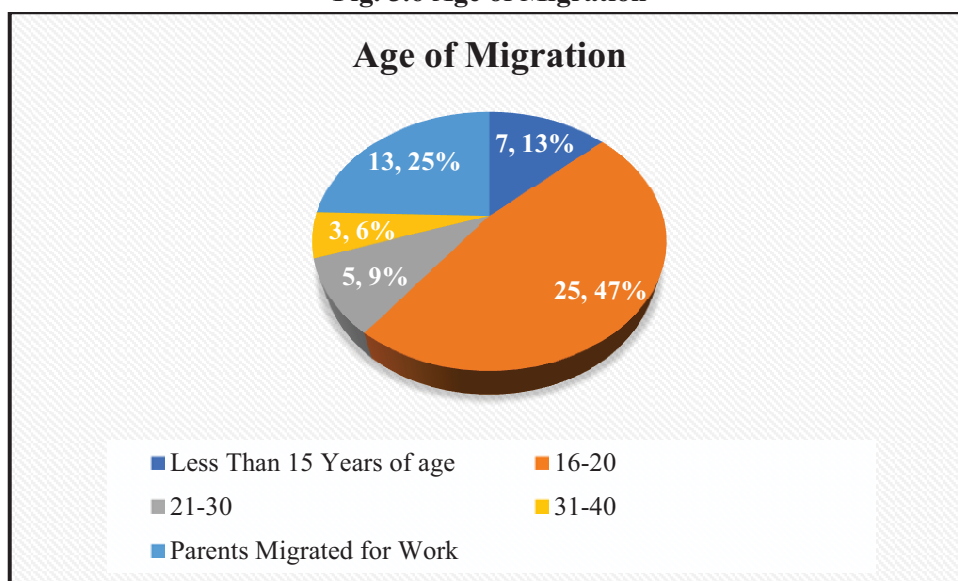
If we look at the age at which these workers first migrated to work outside their place of residence, figure 5.6 shows that 47 per cent (*n*=25) of the workers left their native place in the age group of 16-20, and 13 per cent (*n*=7) of workers before the age of 15 years. Approximately 60 per cent (n=32) of the workers migrated to work before the age of 20 years. And 25 per cent (*n*=13) of the workers reported that their parents had migrated long back to work in Delhi, so they started working here at a very early age. These workers did not have to struggle to look for work and make their living arrangements. There is a very strong relationship between the age of the workers and the age of migration as most of the workers working at the site are very young, and these workers left their native state at a very early age to work outside their place of residence.

Some of the workers were recruited for a specific work for a specific duration. After completing their work, they return to their home town and work there for some time and then return. Other workers keep rotating from one site to the other with the contractor and go to their hometown for a brief period at the end of the project and come back when a new project starts at a new site.

The reasons for migration are myriad; however, among them, lack of work for survival was reported by 30 per cent (*n*=16) of the workers, and 28 per cent (*n*=15) said unemployment in the village. Lack of living wages and very low and poor wages are also pertinent reasons for migration. These were the prime factors for moving out at an early age to work.

Fig. 5.7 Reasons for Migration

Reasons for Migration

- Not Applicable
- Unemployment in Village
- Family Member Lives Here
- Lack of Work for Survival
- Good Employment Opportunities
- Any Other Reason

129
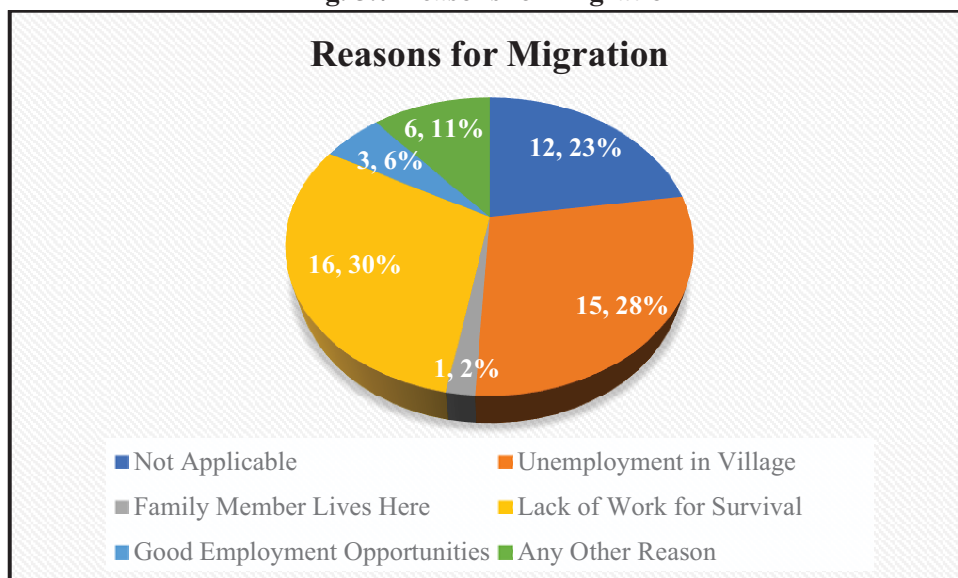
In addition, there were some personal factors reported by the workers that pushed them to migrate. One of the respondents (No-21), 21-years-old, is a casual worker from Sehersa district Bihar, reported that he is the only earning member in the family of 8 members. His family condition is miserable in terms of managing the bare minimum basic needs of the family. His father is an agricultural labourer back in his village and could not bear the family's expenses with whatever he used to earn. Therefore, he had to come out to work. Now both of them collectively try to manage the family's expenses after a lot of difficulties.

Another respondent (No-8), 39-years-old, had taken debt for his sister's marriage therefore, he had to come to Delhi to work. The financial condition of his family is deplorable. He says, *"Jaise taise pet pal jata hai"* (somehow, he is managing his family). Respondent (No-14), 22-years-old, is a migrant worker from Muzaffarpur, Bihar. He had also taken debt for his sister's and his marriage. Therefore, he could not pay that money by working in his village. Respondent (No-17), 21-years-old, from Bihar, had to come out to work because his father had passed away, and he had all the responsibility of his family. Respondent (No-25), 30-years-old, from Uttar Pradesh, had to migrate because he lost his land due to a flood and was left with nothing to feed their family.

Respondent (No-28), 53-years-old, from Kolkata, came here to earn money for his daughter's marriage. Respondent (No-31), 38-years-old, from Uttar Pradesh, came here to give better education to his children. Besides, Delhi is close to his hometown; therefore, most people from his area looking for better work opportunities and living conditions come to Delhi. Respondent (No-32), 21-years-old, from Bihar, had to migrate because of his sister's marriage. Respondent (No-35), 22-years-old from Bihar, migrated due to a lack of survival because of very low wages and exploitative working conditions.

Fig. 5.8 Why Delhi for Migration

Why Delhi for Migration

Category	Value
Not Applicable	12
Any Other Reasons	2
Better Wages	5
Relatives or Friends in Delhi	6
My Family Lives in Delhi	5
Better Employment Opportunities	15
In Search of Employment	8
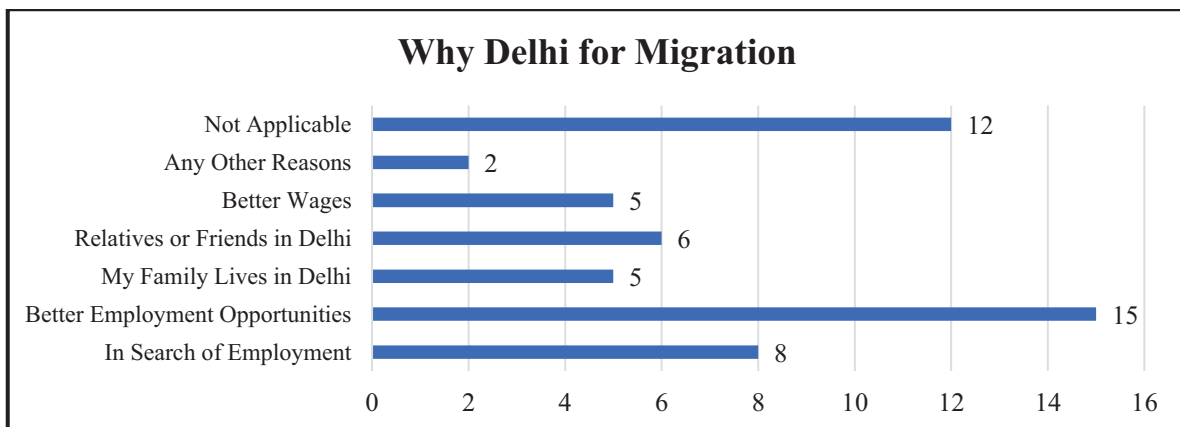
These were some of the reasons for migration per se. Looking at the reasons for migrating to Delhi, better employment opportunities were reported by 29 per cent (*n*=15) of the workers, followed by 15 per cent (*n*=8) of the workers who came here in search of employment, and 9 per cent (*n*=5) came for better wages. Other workers who came here either had their family members, village friends, or relatives working in Delhi. Those workers whose parents had migrated to Delhi or were from Delhi were in the not applicable group.

Fig. 5.9 Medium of Reaching Delhi
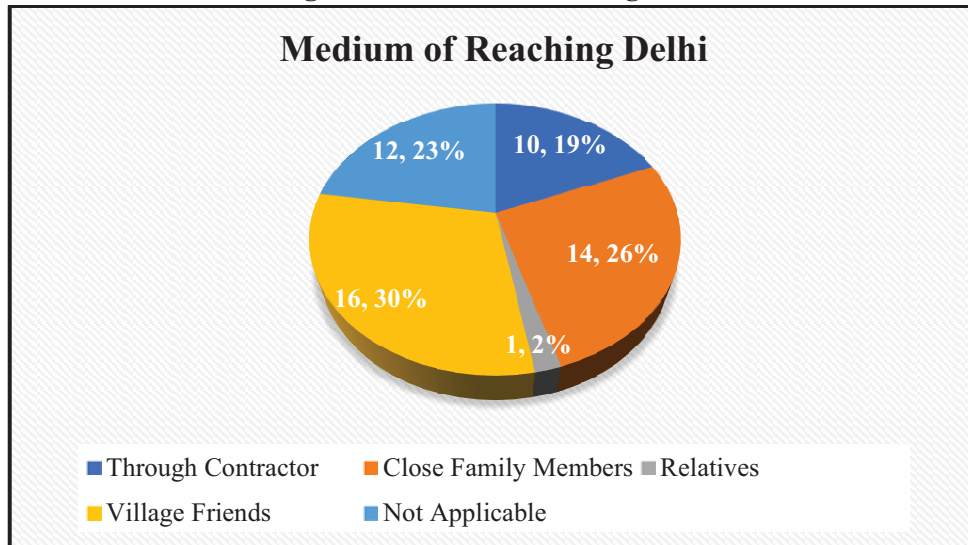
The medium of reaching Delhi for getting work reveals that 30 per cent (*n*=16) of the workers had come through village friends working in Delhi, followed by 26 per cent (*n*=14) who came here through the help of a close family member. Besides, 19 per cent (*n*=10) of the workers came here with the contractor's help. The rest of the members reported that their parents had migrated to Delhi as discussed or were a resident of Delhi.

<u>Case Profile 1</u>

Respondent no-14 (Metro construction site, Delhi, February, 2021), a 22-years-old, migrant worker from Muzaffarpur, Bihar. He is casual labour and works as a helper in the present company. His family lives in Bihar. His family is landless and has no agricultural land. He is the only earning member in the family with six dependent family members, including his wife, mother, father, 2 brothers, and a sister.

His father works as an agricultural labourer and earns a meager amount. Therefore, he started working at a very early age. During the discussion, he mentioned that he is heavily in debt as he took a debt of Rs. 35,000 for his sister's marriage. Subsequently, he took a debt of Rs.

1,00,000 for his marriage at 4 per cent interest. He gets a monthly salary of Rs 16000, and from that amount, he sends Rs. 11,000 per month to his family to manage the food expenses and repay the debt. The rest is Rs. 5000 is for his own expenses.

Everyday Routine

The researcher started the discussion by asking about his daily routine to understand more about him. He shared that his day starts early in the morning when he wakes up at 5 a.m., and then he prepares breakfast and lunch. After breakfast, he packs lunch and reaches the construction site by 8 a.m. From 8 a.m. to 8 p.m., he works at the construction site. During this, he does not get a tea break in between and only gets an hour for lunch and resting from 1-2 p.m.

Regarding his social circle, he shared that currently, he does not have friends at the site. Some of his village friends who came with him to work had left the site and returned to the village. Now he is the only one from his village working at the site. There is no one known at the site. He lives in a room provided by the contractor and shares the room with 4 workers working at the same site. These workers have good social bonding as they are from the same place, and at the construction site also, they work together. At the moment, he felt completed alienated and aloof. He was very disappointed and dejected while explaining this, as there was no one with whom he could share his feelings and pain whenever he was upset or tired.

Life History and Migration History

He is the eldest son of the family. He could not study much because nobody in the family was working. Therefore, he had to migrate and work for his family's survival. He had worked in different parts of the country. He started working in the year 2009 when he was 10 years old. He worked in a wooden mill in Muzaffarpur as a helper and was paid Rs 50 daily. Though he started working at 10 years of age; however, he migrated out of Muzaffarpur at the age of 13. In 2012, one person from his village took him to Haryana, where he worked in road construction as a helper (*Belcha chalana*). There, he worked for seven months and was paid Rs 7000 per month along with the food expenses. After Haryana, he went to Nepal and again worked in the road construction work for a year. He got a monthly salary of Rs 9000 along with food and accommodation.

In 2018, he migrated to Gujarat and worked for three months in a refinery company for a monthly salary of Rs 6000. He mentioned that there he used to work for 12 hours a day. The living and working conditions in Gujrat were abusive. That forced him to leave that site and migrate somewhere else. Eventually, he migrated to Delhi with the help of his brother-in-law, who works and lives in Delhi. Later one of his village friends (who left the company) brought him to this company to work as his replacement as he got work at some other construction site. Now, he has been working in the present organization as a helper for the past 18 months and gets a consolidated salary of Rs. 16,000 per month, including Rs. 1000 weekly expense. Although he is not registered for any social security benefits except the provident fund, the health care facilities are provided by the contractor. He approaches his supervisor for work-related, health, or personal issues.

Injury Episode

In 2018, he was working in Punjab in a road construction work. There, he met with an accident and fractured one of his legs. He was bedridden for almost two months. The company bore all the treatment expenses and paid him two months' salary. After partial recovery, he was sent back to his village. He was not in a condition to walk properly and work at that time. Therefore, he came back to his village and took a rest for 5-6 months. During this time, he was surviving on his savings and also had to borrow money from people in the neighborhood. When the debt started piling up, he came to Delhi in search of work and started working here in the construction sector.

He shared that he has been working in this company for the past 18 months. During these 18 months, he visited his village only once for his marriage. He stayed there for a month, and after his marriage, he stayed for a week and then returned to Delhi to work. He was saddened while discussing it as he had not met his wife after marriage and his family for such a long time. He shared that he wanted to return to his village but could not as he had to finish his debt to live his life peacefully. That is why he is working day and night to repay the debt.

5.4 Living Conditions of the Workers

The place of residence of the workers reveals that 79 per cent (*n=42*) of the workers lived in cement or concrete houses, and 21 per cent (*n=11*) lived in half *kaccha* and half *pucca* houses. Figure 5.10 shows that 40 per cent (*n=21*) of the workers were living in rented rooms provided by the contractors and 45 per cent (*n=24*) of the workers lived in a room rented by self. And rest, 15 per cent (*n=8*) of the workers, had their own house in Delhi. Those workers living in rooms provided by the contractor had to share the room with at least 4-5 workers and shared bathrooms and toilet facilities with other people in their neighborhood.

Fig. 5.10 Place of Residence of Workers
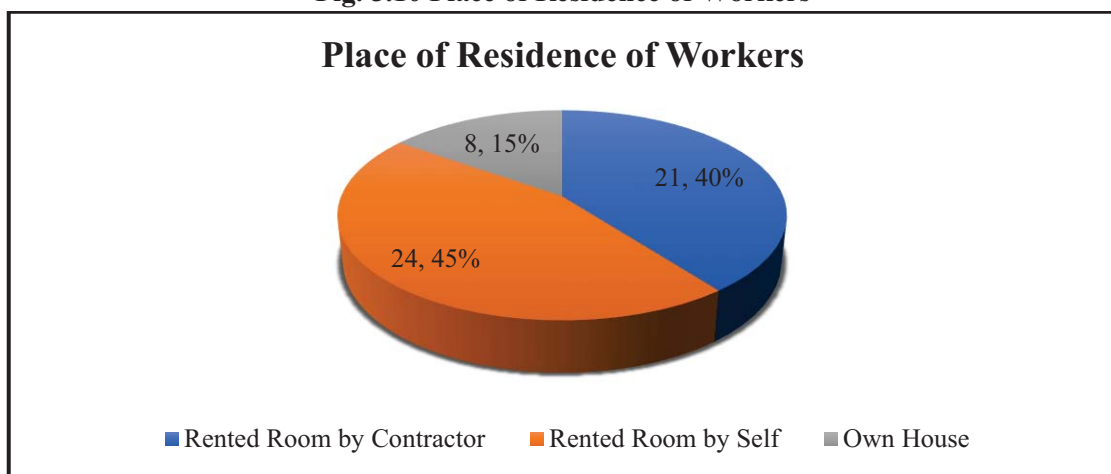
5.4.1 Disruptions of Social Life and Alienation from Family

Workers were asked whether they were allowed to live with their families; 60 per cent (*n=32*) of them said no, and only 13 per cent (*n=7*) said yes. While 21 per cent (*n=11*) were not aware of this provision remaining 6 per cent (*n=3*) were residents of Delhi.

Fig. 5.11 Whether Families Allowed at Workplace
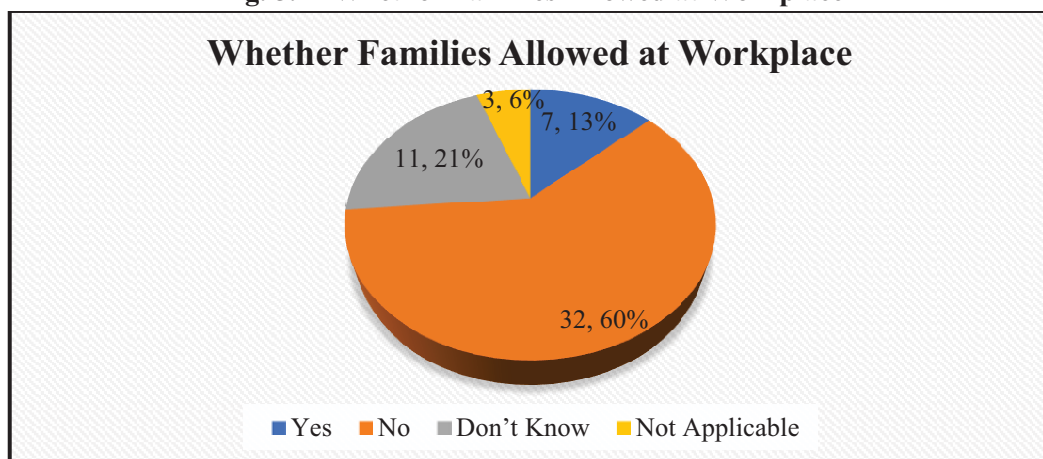
Some workers stated they would have to bear the accommodation expenses; others said that the contractor would pay half the rent, and the rest they would have to endure.

Respondent (No-16), 48-years-old, a worker from Bihar, said, *"you are not allowed to live with your family by the contractor. You will have to bear the accommodation expenses, and since women are not allowed to work at the site, keeping the family will add an additional financial burden. It will lead to high expenses. Due to this, most of the workers have not kept their families here. As women cannot work at this site"* (Metro construction site, Delhi, February, 2021).

Respondents (No-21), 21-years-old, is a casual worker from Sehersa district, Bihar. He says he never brought his family here in Delhi due to a lack of money. Because this would need a lot of expenditure on his part, the contractor would not provide that. First, he will have to make arrangements for living and then the train fares, etc. He says, *"the contractor provides rooms only for the workers, and if you want to live with your family, you will have to bear the rent for accommodation. In some cases, the contractor bears half of the rent, and the rest is paid by the worker"* (Metro construction site, Delhi, March, 2021).

Respondent (No-11), 21-years-old, is a migrant from Reeva Madhya Pradesh. He said that he wanted to live with his wife. But it is not allowed by the contractor as he only pays rent for a room shared by five people. Families are not allowed here because 4-5 people share a single room. If he brings his family, he will have to take separate accommodation and pay rent on his own. Therefore, he has not got his wife here (Metro construction site, Delhi, February, 2021).

Respondent (No-26) says, *"If you want to bring your family, then you will have to manage everything on your own. And with the extremely low wages, how can you manage the expenses in this expensive city"* (Metro construction site, New Delhi, March, 2021) Respondent (No-36 & 37) says, *"if you want to bring your family here, then it would be on sharing basis. Half by contractor and half by you. Those who can bear this have their families with them"* (Metro construction site, Delhi, June, 2021).

Fig. 5.12 Toilet Facility

Toilet Facility

	Municipal Toilet	Personal Toilet	Common Toilet
No of Workers	1	20	32
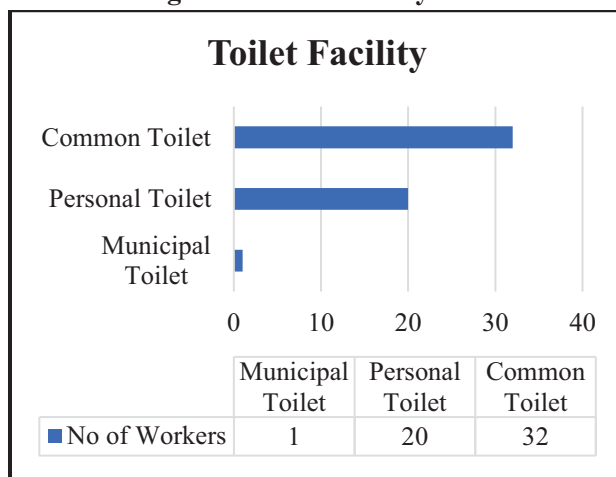
Fig. 5.13 Bathing Facility

Bathing Facility

	Open	Personal Bathrrom	Common Bathroom
No Of Workers	3	18	32
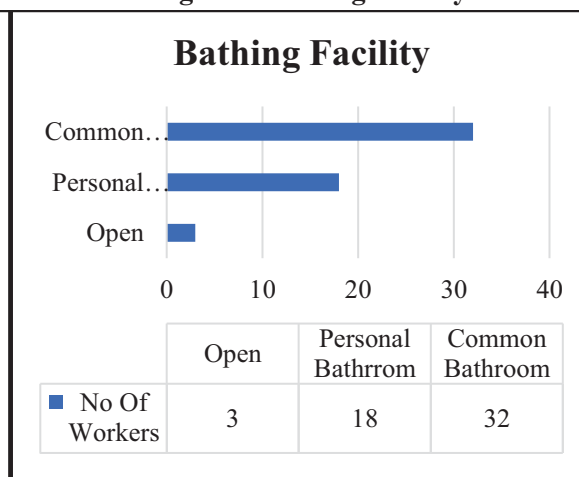
Most workers reported that they had a common bathroom and toilet facility where more than four to five families used it on a shared basis. As many as 60 per cent (*n*=32) of the workers had a shared toilet and bathroom facility, 37 per cent (*n*=20) had a personal toilet, and 34 per cent (*n*=18) had a private bathroom.

Fig. 5.14 Source of Drinking Water

Source of Drinking Water

4, 8%
15, 28%
14, 26%
2, 4%
18, 34%

■ Public Tap ■ Personal Tap ■ Tanker ■ Common Tap ■ Other Sources
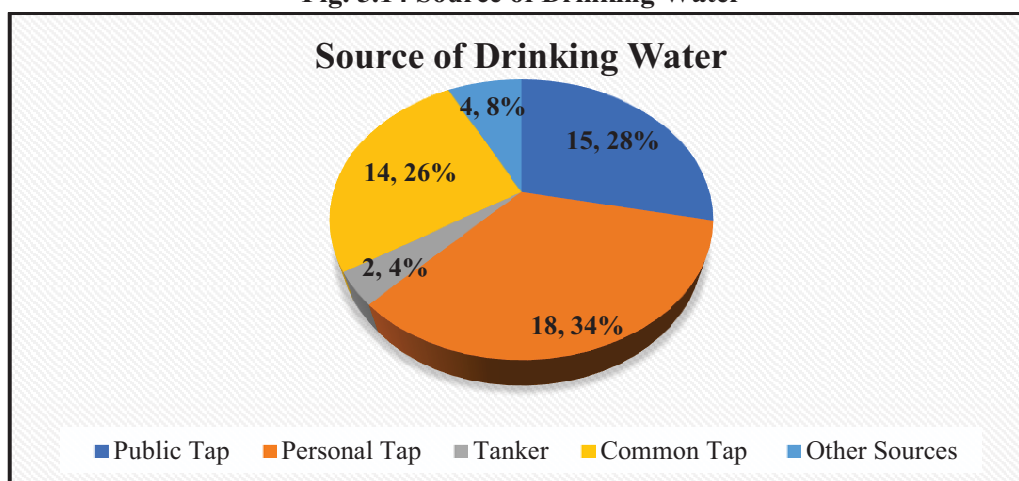
Source of drinking water shows that 34 per cent (*n*=18) of the workers had a personal tap, 28 per cent (*n*=15) of the workers used a public tap to get drinking water, 26 per cent (*n*=14) of the workers reported having a common tap for a group of people in their locality. Other sources that entail stored water or borewell water or packed 20 liters bottles were reported by 8 per cent (*n*=4) of the workers, and 4 per cent (*n*=2) used water supplied by tanker for drinking purposes.

Mode of Transportation to Reach Site

6, 11%
5, 10%
10, 19%
32, 60%

■ By Walk ■ Public Transport ■ Own Vehicle (Cycle) ■ Employers Vehicle
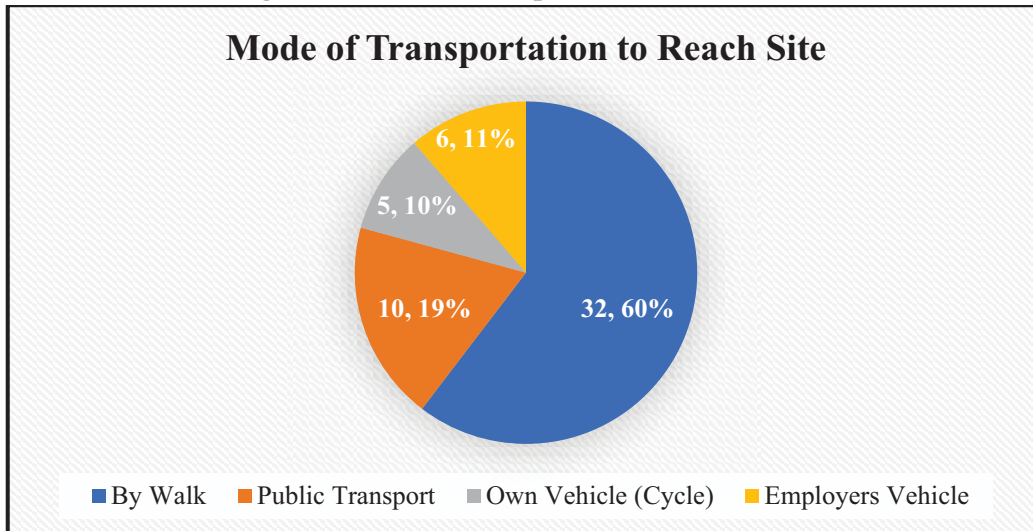
The mode of transportation to reach the construction site is mainly by walk, reported by 60 per cent (n=32) of the workers, followed by public transport, reported by 19 per cent (n=10), 11 per cent (n=6) used employers' vehicles and 10 per cent (n=5) of the workers used cycles to reach the site.

5.5 Working Conditions: Mapping the Markers of Decent Work

This section of the chapter analyzes the working conditions of the worker's vis. a. vis. framework of decent work. Specific markers categorize working conditions at a particular site as decent working condition. With the help of these markers, the current section attempts to analyze the working condition of the workers employed at the metro construction site.

Fig. 5.16 Duration of Work at Current Site

Duration of Work at the Current Site

Category	Value
37 Months and Above	2
25-36 Months	4
13-24 Months	11
7-12 Months	10
6 Months	26
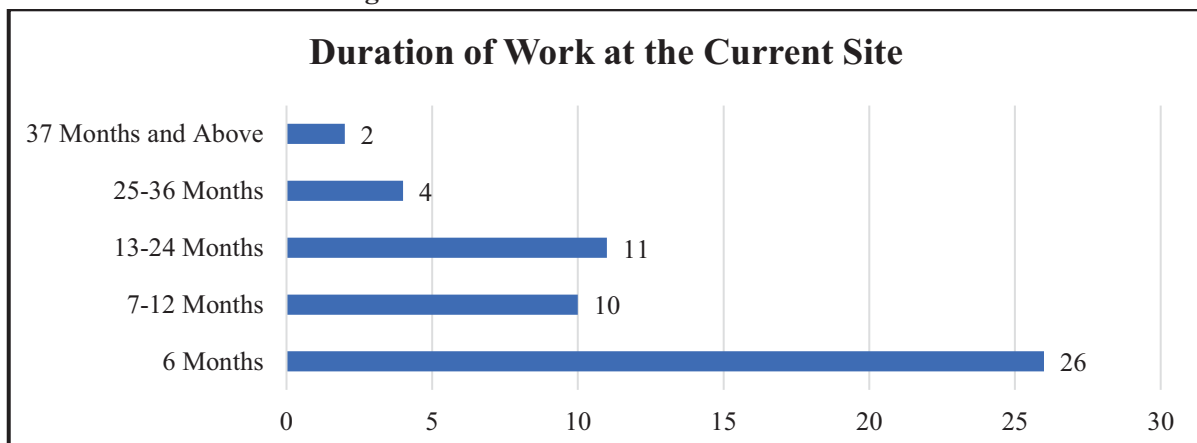
Among the sample of workers interviewed, 49 per cent (n=26) of the workers were working at the site for less than 6 months, 19 per cent (n=10) of the workers were in the 7-12 months

category, 21 per cent (*n*=11) of them were in 13-24 months category. Only 2 workers worked at the site for more than 3 years, and 4 were between 2- 3 years category.

Fig. 5.17 Wages Per Day
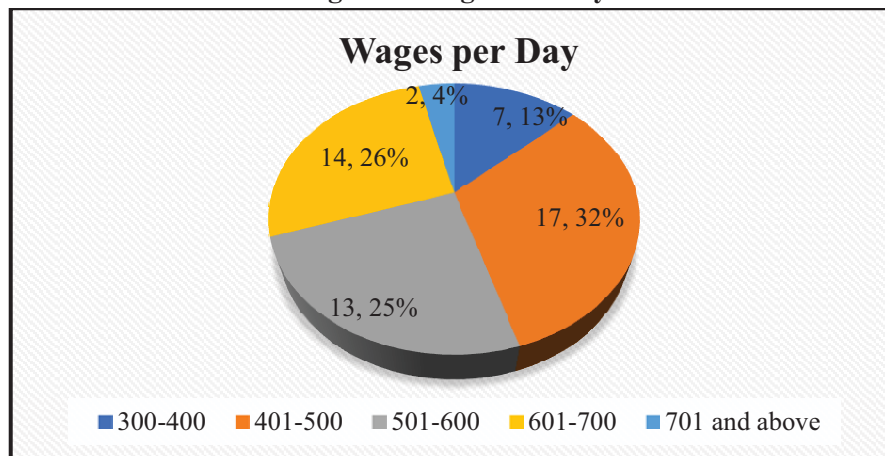
The average wage of workers for the unskilled category was Rs 487, for semi-skilled Rs 632, and skilled category Rs 657. The average wage of the casual workers was Rs 516, and for the contract workers, it was Rs 594. The wages of the unskilled workers varied within the range of Rs 335-650. The combined category of semi-skilled and skilled workers was Rs 435-735.

Figure 5.17 shows the overall wage distribution of the workers, showing that 13 per cent (*n*=7) of the workers got the wages in the range of Rs 300-400, and 32 per cent (*n*=17) of the workers were paid between Rs 400-500. A total of 45 per cent of the workers' wages were below Rs 500. Further, 25 per cent (*n*=13) of workers were paid in the range of Rs 500-600, and 26 per cent of the workers got wages between Rs 600-700. Only two workers got wages above 700, and they were skilled workers. The wages, when compared to the working hours, are extremely low.

Fig. 5.18 Hours of Work Per Day
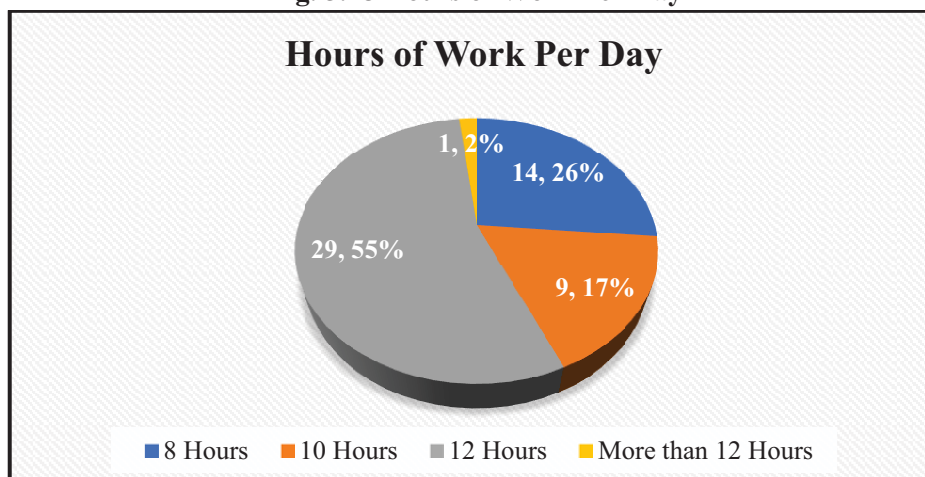
Working hours of the workers show that most of the workers work from 10 to 12 hours. Working beyond the scheduled regular hours was highly reported by the workers. Almost 55 per cent of the workers worked 12 hours a day and 17 per cent of the workers worked 10 hours a day. One worker reported having worked for more than 12 hours. Only 26 per cent of the workers worked 8 hours a day, which is ideal. The average working hours of the workers in the unskilled category working as casual workers was 11 hours a day. The combined category of the semi-skilled and skilled workers had an average working hour of 10 hours daily. The framework for decent working conditions says a worker should work 40 hours a week or 8 hours a day. Beyond that, the workers should be paid overtime. The data of workers being paid the overtime is incompatible with the working hours.

Fig. 5.19 Number of Workers Paid Overtime

No. of Workers Paid for Overtime

5, 11%
41, 89%

■ Yes ■ No ■
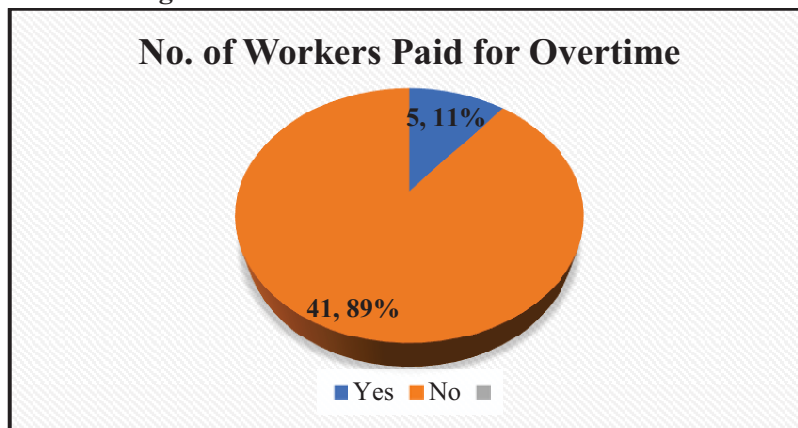
If we look at the number of workers paid overtime, then only 11 per cent (n=5) reported to have received overtime pay for the work done beyond 8 hours shift, and 89 per cent (n=41) of the workers do not get any overtime payment. This is because most workers are on a fixed monthly salary; however, their working time is not fixed.

Fig. 5.20 Timing of Payment

Timing of Payment

5, 9%
3, 6%
45, 85%

■ Daily ■ Weekly ■ Monthly
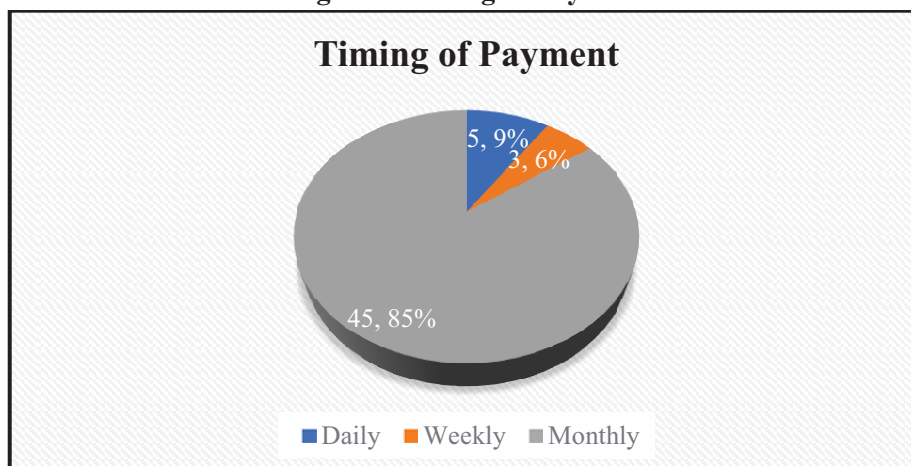
Figure 5.20 shows that almost 85 per cent (*n*=45) of the workers received their wages on a monthly basis and 9 per cent (*n*=5) on a daily basis, and 6 per cent (*n*=3) on a weekly basis. Most workers usually start at 8 a.m., and the work goes on till 8 p.m. The contractor fixes the salary with the workers before joining itself without telling them they will have to work 12 hours a day. Respondent (No-4) said they were forced to work for an extended time and that too on such a low wage. Respondent (No-11) says, *"If you work for 3-4 hours during the night, then no additional money for that, but if you work for the whole night, then you will get one attendance"* (Metro construction site, Delhi, February, 2021). Most of the time, he feels backache and pain in legs and calf muscles while working. Sometimes when he tried to complain to his supervisor, the contractor sent him to his room for rest, and no wages were paid for that day. Respondent (No-24) said that 1-2 hours of overtime is never paid. Most days, they work for an extra 2 hours, but no money was paid. The contractor would say, *"anyhow, you do not live with your family. What would you do going to your room so early. It is better to finish the work as you will have to do it tomorrow"* (Metro construction site, Delhi, March, 2021). The workers were told at the time of joining that occasionally there would be a little more work but not every day. This is how the workers in dire need of work get trapped in abusive working conditions.

When asked about do they get full wages (as promised by the contractor), 96 per cent (*n*=51) of the workers said yes, there was no deduction in the wages that were promised, and 4 per cent (*n*=2) said their wages were deducted at the end of the month. On asked whether the wages were paid on time, 40 per cent (*n*=21) of the workers said that they got their wages on time, and 28 per cent (*n*=15) said they got timely payment most of the time.

Fig. 5.21 Whether Wages Paid on Time
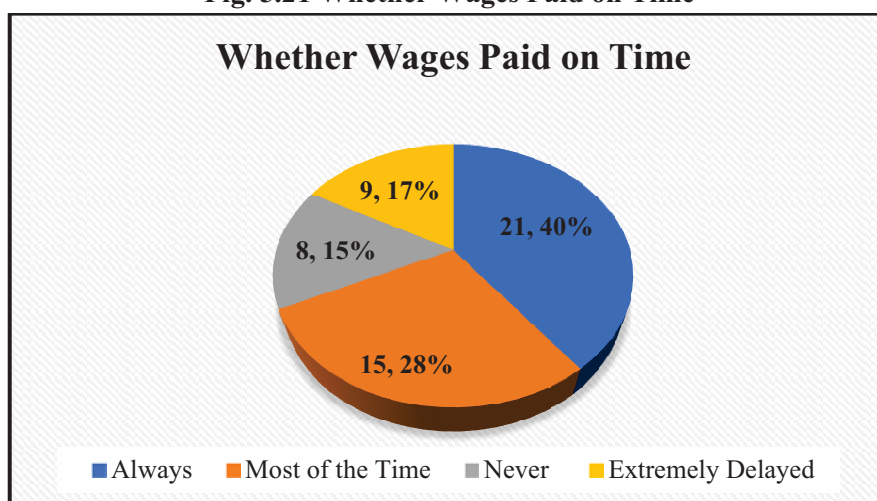
While 15 per cent (*n*=8) of the workers said they never received their payment on time. This means their payment was delayed from one to one and half months, and 17 per cent (*n*=9) said that their payments were extremely delayed. This means their payments were delayed beyond one and half months to two months. Respondent (No-13) said that sometimes contractors hold their salaries for a long time without any specific reason. Usually, they get their wages too late, i.e., on the 25th day of the subsequent month. He did not even get weekly money to manage daily expenses. He only gets a salary that too very late. Respondent (No-20) says, "*Udhar liya hai dukan wale se pichle 2 mahine se salary nahi mila*" (He has brought groceries on debt because he has not received his salary for the past 2 months, Metro construction site, Delhi, February, 2021). Respondent (No-21) says, "*No hisab (calculation of dues) and no timely payment ever by the contracto*r" (Metro construction site, Delhi, March, 2021). Respondent (No-46 & 47) has not received his salary for the past 2 months. They shared that they do not get the salary for about 2 -3 months without any reason given by the contractor.

Fig. 5.22 Less Than Expected Wages	Fig. 5.23 Do You Feel Cheated
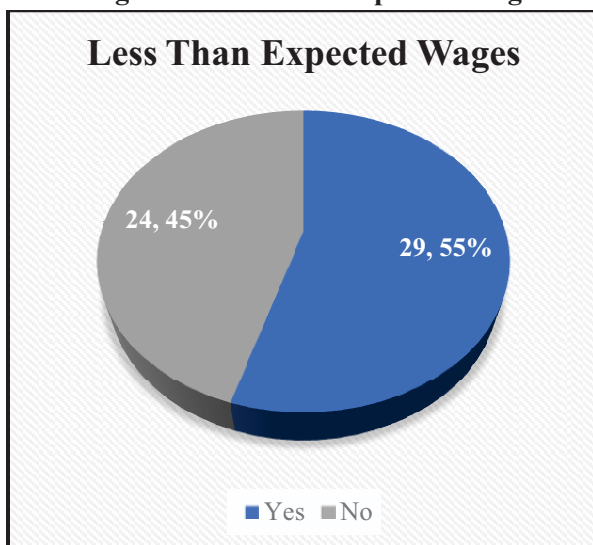
Less Than Expected Wages

24, 45% 29, 55%

■ Yes ■ No

Do You Feel Cheated

15, 28% 38, 72%

■ Yes ■ No
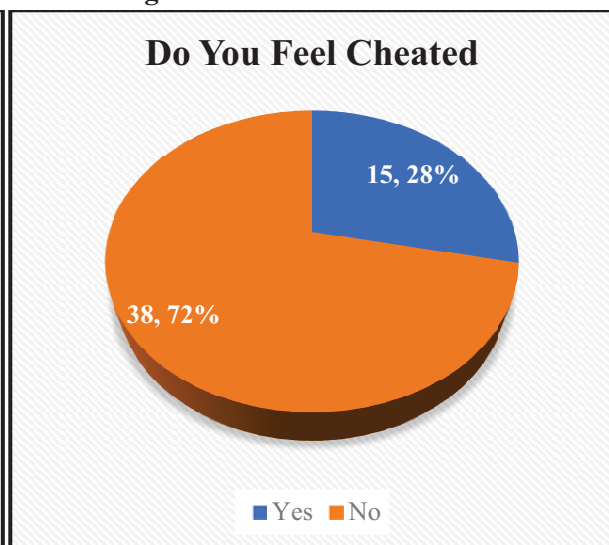
On being asked whether the wages they are getting are less than what they expect, 55 per cent (*n*=29) of the workers responded yes, and 45 per cent (*n*=24) said no. However, when we asked them whether they felt cheated by the contractor, only 28 per cent (*n*=15) of the workers said yes and 72 per cent (*n*=38) said no. This is because the contractor fixes the wage and the salary at the beginning, and they cannot claim more than what was discussed. Irrespective of the working hours and other entitlements, they fix the monthly wage, and then they can extract maximum work from them.

Fig. 5.24 Weekly Rest

Weekly Rest

17, 32%

36, 68%

■ Yes ■ No
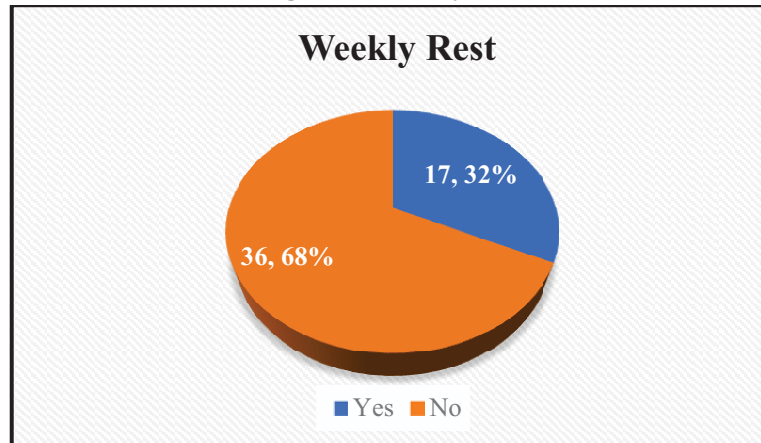
Only 32 per cent (*n*=17) of the workers said they got a weekly rest on Sunday. However, 68 per cent (*n*=36) of the workers said they did not get any weekly rest. Of those who did not get a weekly off (*n*=36), 22 per cent (*n*=8) of the workers shared that they get either 2 Sundays off or 4 Sunday half days. This is again because of their fixed monthly salary. The contractors can make them work on Sundays without paying any extra benefit. Some of the workers said that they also work on festivals and are relieved 1-2 hours earlier than their usual working time.
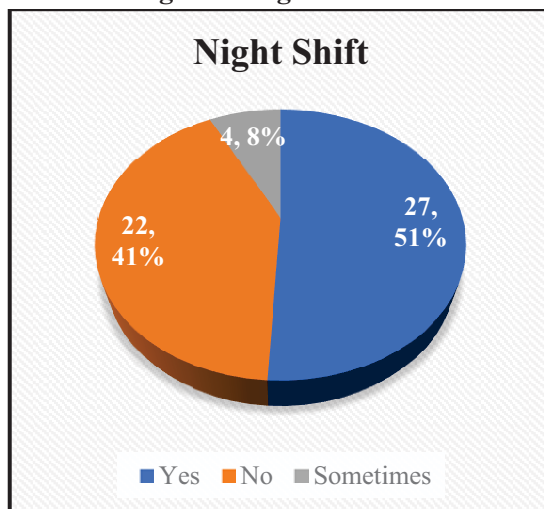
Fig. 5.25 Night Shift   **Fig. 5.26 Night Shift Compensation**

Night Shift

4, 8%

27, 51%

22, 41%

■ Yes ■ No ■ Sometimes

Night Shift Compensation

12, 39%

19, 61%

■ Yes ■ No
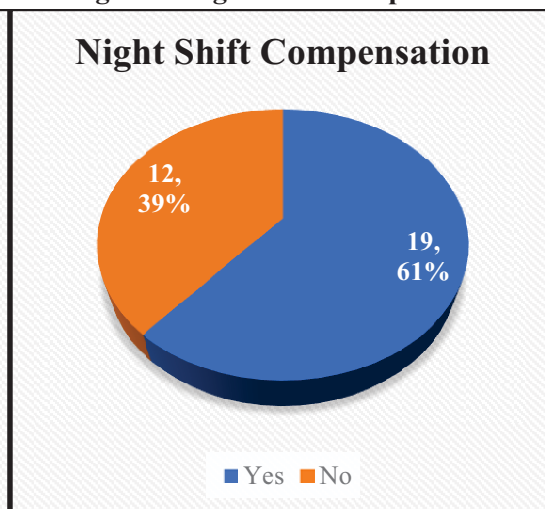
The workers were asked whether they work during the night hours; 51 per cent (*n*=27) of them said yes, 41 per cent (*n*=22) of them said no, and 8 per cent (*n*=4) said sometimes. However, out of those who worked during the night hours, only 61 per cent (*n*=19) got some form of night shift compensation, and 39 per cent (*n*=12) did not get any additional payment. Workers said that they are not paid any compensation if they work for 3 to 4 hours during the night. Only when they work the whole night will they get one full wage and Rs 100 for food compensation.

Fig. 5.27 Right to Transfer When Unfit
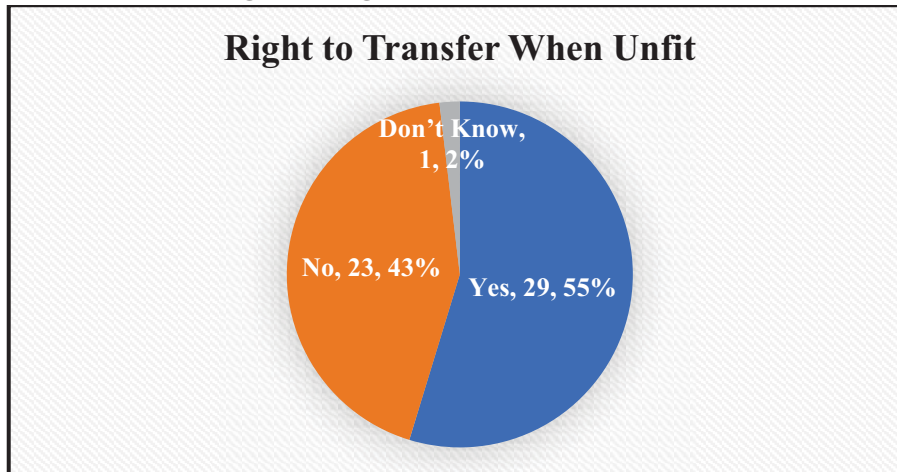
The right to transfer means that if a worker is not feeling well and unable to perform the work assigned on a particular day, whether he has the right or choice to take up some light work or do some other supportive work that requires less physical force or movement without losing the wages. When asked whether the workers had the right to transfer, 55 per cent (*n*=29) said yes, and 43 per cent (*n*=23) said no. Those who stated yes said that in that case, the contractor sent them to their room to take a rest or would assign them some light work. Those who said no said that the contractor would insist they complete the task or they would lose their wages for that particular day or half of the day.

Respondent (No-23) said, *"even if you are not feeling well, then also you will have to complete that day's work. Otherwise, there will be a wage deduction. No overtime payment for extra work of 4 hours each day. The salary payment is extremely delayed without the payment of weekly expenses. Wages are very low and extremely long working hours"* (Metro construction site, Delhi, March, 2021). Respondent (No-15) says, *"kaam nahi to dehadi nahi"* (No work, no payment, Metro construction site, Delhi, February, 2021). That's the rule that works here.

Respondent (No-26) 22-years-old, casual labour from Uttar Pradesh, appeared to be very tired, weak, frail, and sleep-deprived. He was wearing a torn shirt and pants covered with dust. He says, *"If you are not feeling well, then also you will have to complete the assigned task. Otherwise, you cannot leave, and also, there will be wages deduction"* (Metro construction site, Delhi, March, 2021). Respondent (No-42) shared that if you come to duty even if you are not feeling well, you will have to work at least till lunch; otherwise, there will be a wage cut for that day. Respondent (No-43) stated, *"if the contractor sees you talking over the phone*

even with any of the family members at the site, he will deduct the wages forget about the right to transfer when not feeling well" (Metro construction site, Delhi, July, 2021).

Regarding the basic facilities available at the site (Table 5.1), all of the workers stated that drinking water was available at the site in water tanks, and they had to get their water bottles filled and keep them with themselves. Regarding the availability of the toilet facilities at the site, few workers said yes, and most of them said there was no toilet facility. On further inquiring with the site managers, the researcher learned that there was no toilet facility at the site during the researcher's visit and field work duration. The workers were using the toilet in their adjacent fire department building, which was far from their work station. Those workers working at the ground level did not face many inconveniences in using that toilet; however, for the workers working in the basements, it was a tedious task to use that toilet.

Table 5.1- Basic Facilities Provided at the Site

Basic Facilities Available at the Site	Yes	No
Drinking Water	53	0
Toilet Facility	0	53
Space for Lunch and Rest	49	4
Recreational Activities	0	53
Tea and Snacks During working hours	10	43

A majority of the workers, 92 per cent (*n*=49), said there was a designated space to have lunch and rest during the lunch break at the site; 8 per cent (*n*=4) of the workers said there was nothing of that sort. As observed by the researcher, there was no designated space for lunch or rest. The workers were having lunch by putting the cartoons on the ground, and after that, they slept on the same for some time. There was no exclusive space where the workers could have lunch and then rest for some time.

Asked about the type of recreational activities organized by the principal employer or the contractor, all workers responded that the company or the contractor ever did nothing of this kind. It contradicts the claim of one of the key respondents who said in the interview that the company organizes different leisure activities for the workers. Only 18 per cent of the workers said that they get tea during the work hours, and 82 per cent stated that they did not get tea or anything to eat during the work hours. Respondent (No-24) said, no tea is provided during working hours. He further added, *"aur time bhi nahi dete hai chai pene ka"* (They also said they do not even get time to have tea on their own, Metro construction site, Delhi, March,

2021). Respondent (No-26) shared that he never got tea or anything to eat during the work hours from the company or the contractor.

The workers were asked whether they were eligible for an annual leave of three working weeks. In this regard, 85 per cent (*n*=45) of the workers said no, they were not eligible for any paid leave. Only 11 per cent (*n*=6) of the workers said they were eligible for a paid leave. However, those who said yes also explicitly mentioned that they were eligible for a paid leave of a maximum 7-10 days annually, not beyond that. These were the workers who worked with the contractor for a very long time and had some form of a verbal contract. They will have a wage deduction above 10 days of leave. Therefore, none of the workers were eligible for a paid leave of three weeks. Respondent (No-16) said that two months back, he went on leave for three weeks he did not get any money for that duration. He has been working at the site for the last two years.

Fig. 5.28 Annual Leave of Three Working Weeks
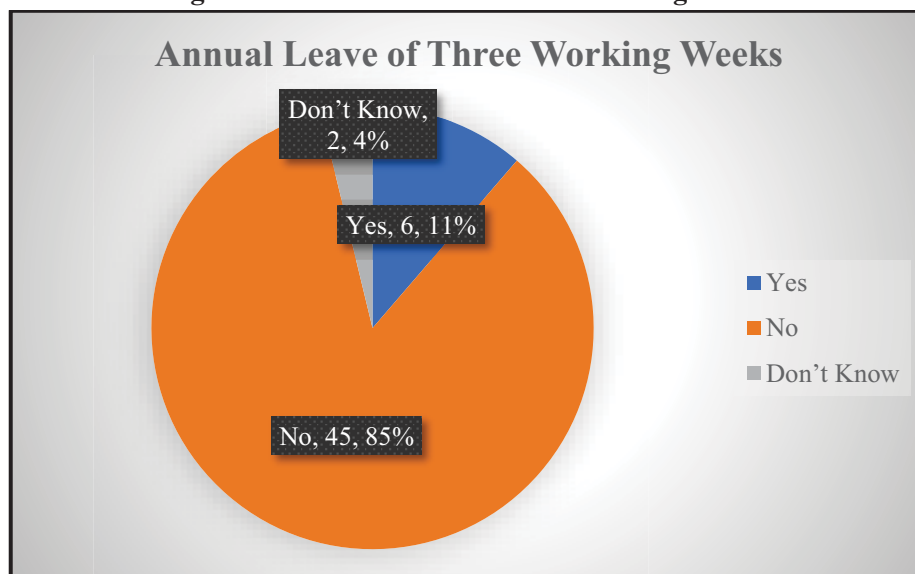
The workers were asked whether they had received Personal Protection Kits (PPE); a majority of them, 75 per cent (*n*=40), said that they had received the kit and 25 per cent (*n*=13) said that they had never received any PPE kit. Those who reported receiving the PPE kit had not received the complete kit. Some of the workers got only helmets, and others got shoes. They did not get the whole kit altogether. The replacement of the worn-out items of the kit was poor. Those who got shoes a year back their shoes were completely worn out. The workers showed their shoes that were in a pathetic condition with toes coming out.

Fig. 5.29 Received PPE Kit   **Fig. 5.30 Safety Training**
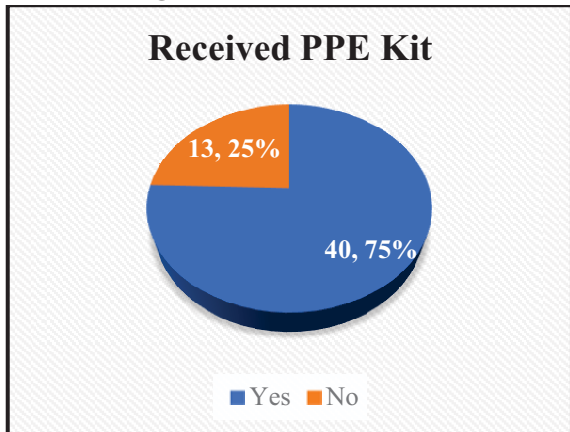
Received PPE Kit

13, 25%

40, 75%

■ Yes ■ No

Safety Training

21, 40%

32, 60%

■ Yes ■ No
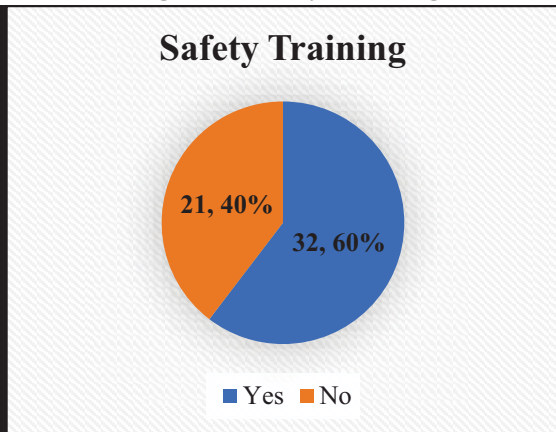
Regarding the safety training, 60 per cent (*n*=32) of the workers got some training regarding their safety at the work site and the specific work they do to avoid injury or accidents at the site. And 40 per cent (*n*=21) reported that they did not get any training. The training frequency among those who received the safety training varied among the workers. Some of them got training on an everyday basis. Some got once a week and the rest in a fortnight or a month.

Case Profile-II

Respondent no. 16 (Metro construction site, Delhi, February, 2021) is a 48-years-old migrant worker hailing from Sahersa, Bihar. His family lives in the village back in Bihar, comprising his wife, five daughters (three married and two unmarried), and a son. He migrated out of his village at the age of 18 years in search of work. Because of the lack of work in the village, it became difficult for him to sustain his family. He says, *"gaon me khane pine ki dikkat thi to bahar nikalna pada"*. Therefore, he migrated to Delhi in search of better employment opportunities. He has been working at this site for the last two years.

Everyday Life

He lives in a rented room with three other workers. They share the rent and have also divided the task of cooking and other household chores among themselves. He mostly wakes up at 6 a.m. and prepares breakfast and lunch in the morning itself. Before leaving for the worksite, he has tea and bread mostly as breakfast. They cook rice, *dal,* and *sabzi* for lunch. After having breakfast around 8 a.m., he leaves for the site with other co-workers. As the site is nearby, he goes to the site by walk and reaches there by 8:30 a.m. As soon as he reaches the

site along with other co-workers, they go to their respective workstations and resume their work.

The work would usually go on till 1 p.m. without any tea break or snacks. If he wants to eat anything, he has to buy it on his own and will have to take permission from the contractor before leaving. He usually does not get a tea break. Therefore, the tea and bread he had in the morning was the only thing he had until he got the lunch break, which was usually between 1-2 p.m. It was when he walked back to the room along with the other residents to have lunch that they had prepared in the morning itself. He gets a weekly off on Sunday when he gets to eat something good and can rest after that for some time. On Sundays, he and the other residents cook non-vegetarian food for lunch. They remain in their rooms on these days and prefer taking rest. He shared that he does not have a television in their room and does not go anywhere apart from their worksite. This has been his routine for the past two years. He said that he gets so tired after work that he wants to have food and rest. He does not like to watch television even though they do not have one in their room. Further, having a television in their room needs a lot of expenditure on their behalf, and nobody wants to bear this additional expense just for entertainment. Apart from taking rest on Sundays, he does domestic work like washing clothes, cleaning the room, etc.

Working Conditions

He works as a *mistry* (mason) and comes under the skilled category of workers. He gets a wage of Rs 725 per day for 8 hours of work. The cumulative wages are paid as a monthly salary given on the 15th-20th of the subsequent month. Apart from his salary, he is not registered for any social security or health benefits by the company or the contractor. He said that whatever he earns with this, he can just manage his family's basic needs. He could not save anything for the future. Sometimes he has to borrow money to meet the family's basic requirements. His financial condition is precarious. Therefore, his wife, who lives in the village, works on the small agricultural land that they have to support the family's food needs. He visits his family twice a year and stays there for around 15-30 days. During this time, he does not get any payment from his company as they do not have any paid leave apart from the Sundays. Therefore, while in his hometown, he works on the family agricultural plot and as an agricultural labourer in the village. This way, he gets to spend some time with his family and earn money for subsistence.

Here in Delhi, he was not allowed to live with his family. If he wanted to bring his family here, he would have to bear the accommodation expenses. In addition, there would be other expenditures related to living. Also, since women are not allowed to work at the site, keeping the family will add an additional financial burden. Therefore, his already fragile financial condition did not allow him to live with his family. Consequently, it is beneficial for him to live here alone and save some money for his children's better education, hoping they will get a good job if they do well. Otherwise, they will also have to work in this field, as there will be no other option for them without a good education.

Illness Episodes

Despite the PPE kits, they keep getting injured daily. This is because the helmets and shoes are in poor condition, and incomplete kits are given to the workers. Most workers had not received gloves and other protective equipment mandatory for carrying out their work. These injuries are mostly mild and get treated by the doctor available at the construction site. However, the clinic at the construction site did not have many facilities and only offered the first-aid facility. The doctor available at the site only sees mild issues that too only during working hours. Therefore, he goes to a nearby private clinic whenever he has any health issues. In case of a severe illness, he went to a private doctor. Or, if it was manageable, he took medicine from a chemist shop.

The company would only pay for any health issue or illness while the worker works at the site. If he is not at the site, he would have to get treated on his own. If he reaches the work site and is not feeling well and wants to leave midway, then the contractor will mark absent for that particular day, and wages will be deducted from the salary.

At least once a fortnight or month, he visits a private doctor because of persistent weakness and fatigue. Most of the time, he feels dizzy and weak while working. Therefore, when it becomes unmanageable, he visits a doctor and gets some medicines to continue working.

5.6 Unacceptable Forms of Work: Mapping Informality, Vulnerability, Precarious Work, and Forced Labour

The ILO has identified unacceptable forms of work as an area of critical importance. It is defined by ILO as "conditions that deny fundamental principles and rights at work, put at risk the lives, health, freedom, human dignity and security of workers or keep households in conditions of extreme poverty" (ILO, 2013a, para. 49 cited in McCann and Fudge, 2017, p.147). The dimensions of unacceptable forms of work manifest in many ways. In this regard, specific markers have been developed to identify UFW leading to a high degree of social and economic risk. When these markers are combined with conceptions of vulnerability that include social context and social location leads us to identify unacceptable forms of work. This section of the chapter explores various markers of precarious work, vulnerability and forced labour, and the informal nature of work prevalent in the construction sector with the help of primary data collected by the researcher and observations made during the site visits.

5.6.1 Markers of Informality and Precarious Work

Precarious Employment is insecure and unstable. It reflects the insecurity and instability associated with contemporary employment relationships (Fudge, 2012). It is often associated with flexible, part-time, and piece-rated work that involves non-standard types of employment incompatible with the normative employment standards. The declining standard employment relationship and rising precarious employment mark "the dominant feature of the social relations between employers and workers in the contemporary world" (Fudge, 2012, p.98).

Fig. 5.31 Labour Registration	Fig. 5.32 Type of Employment

Labour Registration

15, 28%
38, 72%

■ Registered ■ Not Registered

Type of Employment

15, 28%
38, 72%

■ Casual ■ Contract
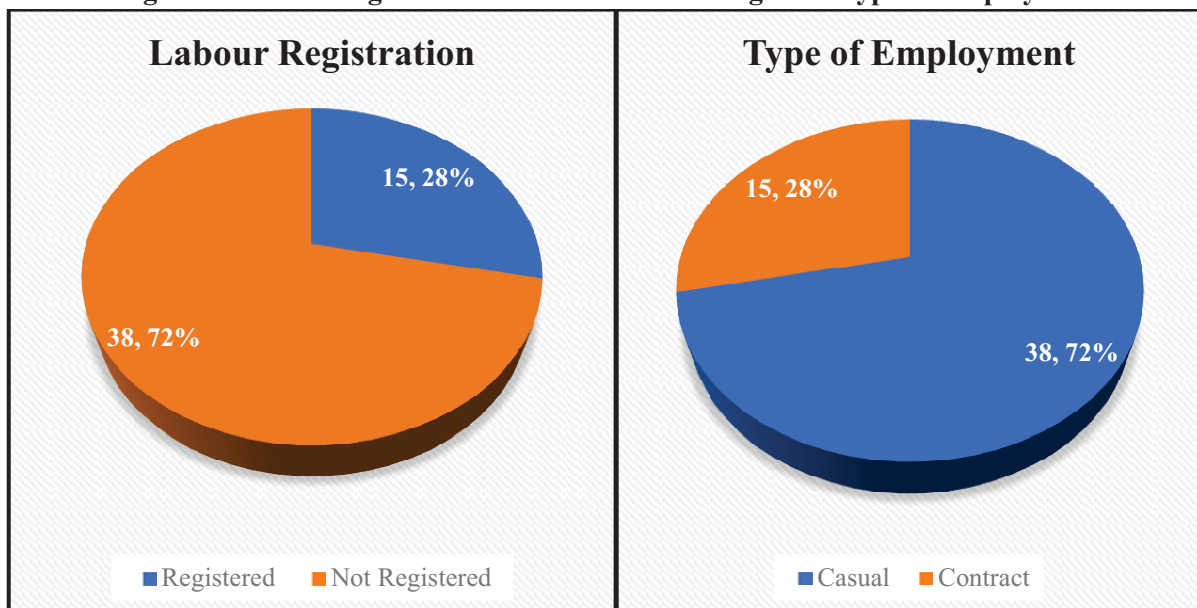
Registration of a worker in the Building and Other Construction Workers act (BOCW) 1996 is an important indicator of precarious employment. The registration of the workers provides them access to various welfare benefits; however, if a worker is not registered, then it precludes them from availing of these benefits.

Out of the total workers interviewed, only 28 per cent (*n*=15) were registered under the BOCW act. These were the contractual workers who had some form of verbal contract with the employer and the contractor. The remaining 72 per cent (*n*=38) were casual workers and were not registered under the act. None of the workers employed at the site had any written contract or terms of employment with the contractor or the principal employer. The only difference between the casual worker and a contract worker was that the contract workers had some form of verbal contract that was valid till the work went on at that particular site. And the rest had no certainty of employment at any point in time.

Fig. 5.33 Type of Labour   **Fig. 5.34 Type of Non-Mechanized Work**
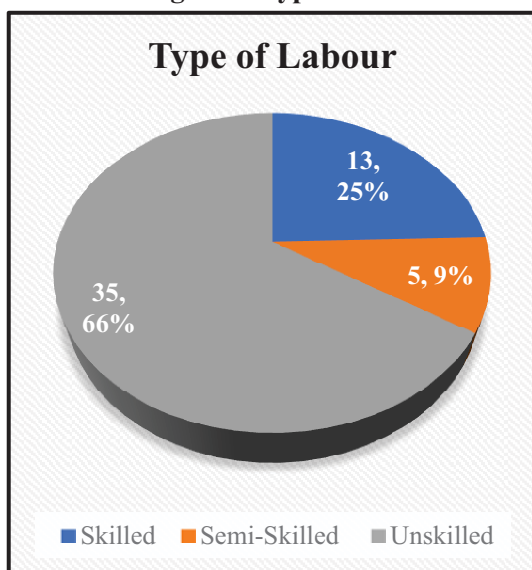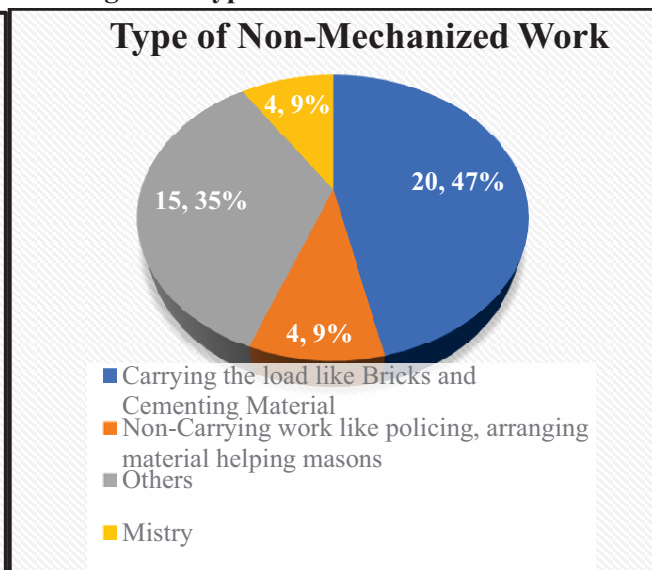
A majority of the workers, i.e., 66 per cent (*n*=35) of workers working at the site, were unskilled and 25 per cent (*n*=13) of them were skilled, and 9 per cent (*n*=9) were in the semi-skilled category. The nature of work was categorized into two broad types: mechanized and non-mechanized. Activities of 81 per cent (*n*=43) of the workers were non-mechanized, and 19 per cent (*n*=10) of the worker's work was mechanized. Among the mechanized, 4 workers were an electrician, and 3 did the grouding work and grinding and cutting the tiles and marble.

In the non-mechanized category (N=43), 47 per cent (*n*=20) of the workers worked as helpers whose primary responsibility was carrying the load like bricks and cementing material. Others

account for 35 per cent (n=15) of the workers, including painters, earth diggers for laying cables and pipes, and helpers of the mansions. Rest 9 per cent (*n=4*) of the workers were Mistry, and 9 per cent (*n=4*) did non-carrying work like polishing, arranging materials, and helping the masons.

When asked about the availability of social and statutory entitlements, 58 per cent (*n=31*) said that they do not get any of the social or statutory entitlements, and 42 per cent (*n=22*) of them said they get some of the entitlements listed by the researcher. The details of the entitlements are discussed in the subsequent section of the chapter. The availability of the first aid facility at the site is one of the most important facilities of all. The workers were asked whether they had a first-aid facility at the site or the availability of a doctor at the site. In response to this, 68 per cent (*n=36*) of the workers gave an affirmative answer, and 30 per cent (*n=16*) of them said no. One worker was not aware of this facility at all.

Fig. 5.35 Social and Statutory Entitlements   **Fig. 5.36 First Aid Facility**
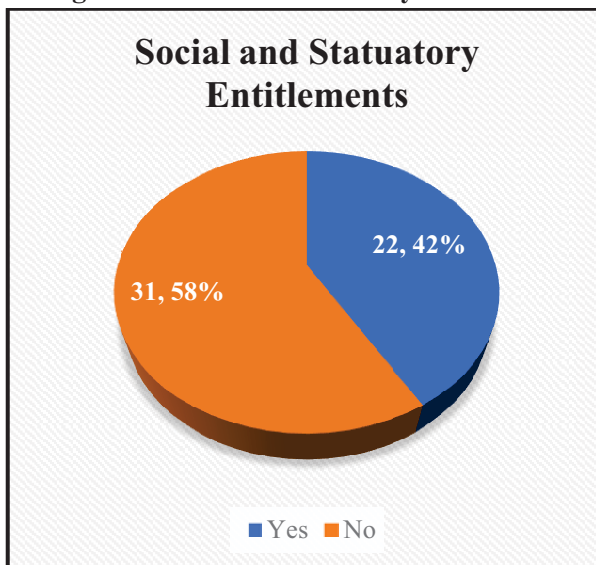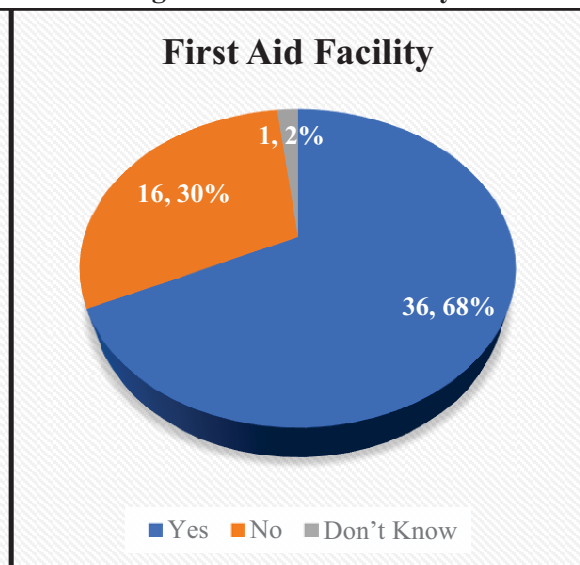
During the visit to the site, the researcher confirmed that there was a doctor provision at the site and a first-aid facility was available. However, only registered workers were treated by the doctor or could access these facilities. Therefore, many of the workers who said yes for the facility did not have access to that facility. They were only aware that such a facility existed at the site.

Respondent (No-21) says he mostly faces health issues like fever, body ache, minor cuts, and injuries. For treatment, he goes to a private clinic. He had never received any help from the contractor or the company in this regard. Respondent (No-44) shared, *"Doctor is available at*

the site, but he only sees those who are registered. They do not consider casual workers as workers. Therefore, whether a first-aid facility is available or not, we are not at all affected. It is not available for us" (Metro construction site, Delhi, July, 2021).

Respondent (No-30) says whenever they complain about the health issues, *"Koi nahi sunta hai bolte hai khud dawai karwa lo"* (Nobody listens to us; they say that take care of yourself on your own, Metro construction site, Delhi, March, 2021). Respondent (No-42) noted that the first aid facility is only for the registered workers. Once he got injured, he had to call the manager to get the bandage done. He added *"If you do not have the labour card the doctor will no treat you whatever problem you have, major or minor"* (Metro construction site, Delhi, July, 2021).

Respondent (No-26) stated that a doctor is available at the site, but they do not get treated by him. *"Health issues like fever, common cold, and other illnesses you must manage on your own."* (Metro construction site, Delhi, March, 2021). Respondents (No-29 & 49) shared that First aid at the site is for minor injuries, not major health issues. First aid is available at the site, but no facilities or services are available. It is just to fulfill the formality.

The data pertaining to the availability of the health-related entitlements shows that as many as 60 per cent (*n*=32) of the workers did not get any sick leave, 37 per cent (*n*=20) of the workers got sick leave, and 3 per cent (*n*=1) were unaware of the facility or never availed this facility.

Fig. 5.37 Health-Related Entitlements
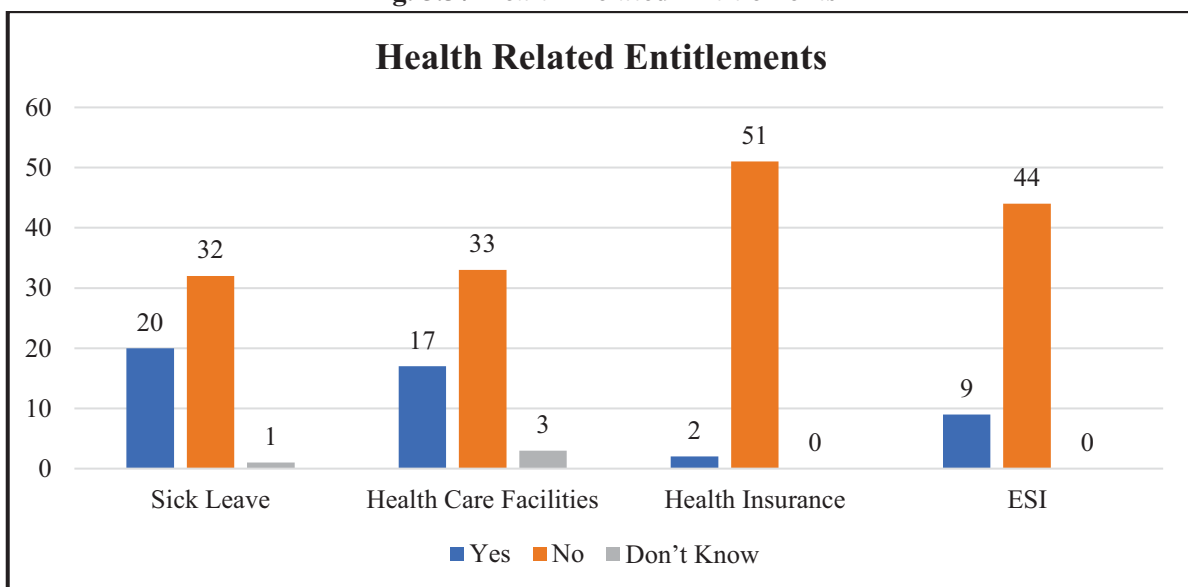
Regarding the health care facility provided by the company or contractor, 62 per cent (*n*=33) of the workers said they did not get any such type of health facility from the contractor or the

company. While 32 per cent (*n*=17) said that they get treated by the contractor or the company whenever they needed health care services, 6 per cent of the workers were unaware of any such provision. Only 2 workers reported having health insurance, and 16 per cent (*n*=9) of the workers were registered in the Employees State Insurance (ESI) act.

Regarding the social and statutory entitlements available to the workers, 60 per cent (*n*=32) of the workers did not get provident funds deposited in their accounts. Further, 75 per cent (*n*=40) of the workers said they were not covered under any labour law and were not aware of any legal protection measures for construction workers. The remaining 25 per cent (n=13) of the workers said they were aware of some of the statutory provisions and were covered under some labour law because they are registered workers. Regarding the vacation pay, 95 per cent (*n*=50) of the workers did not get this facility. Vacation pay is in addition to three weeks of annual leave without pay.

Fig. 5.38 Social and Statutory Entitlements
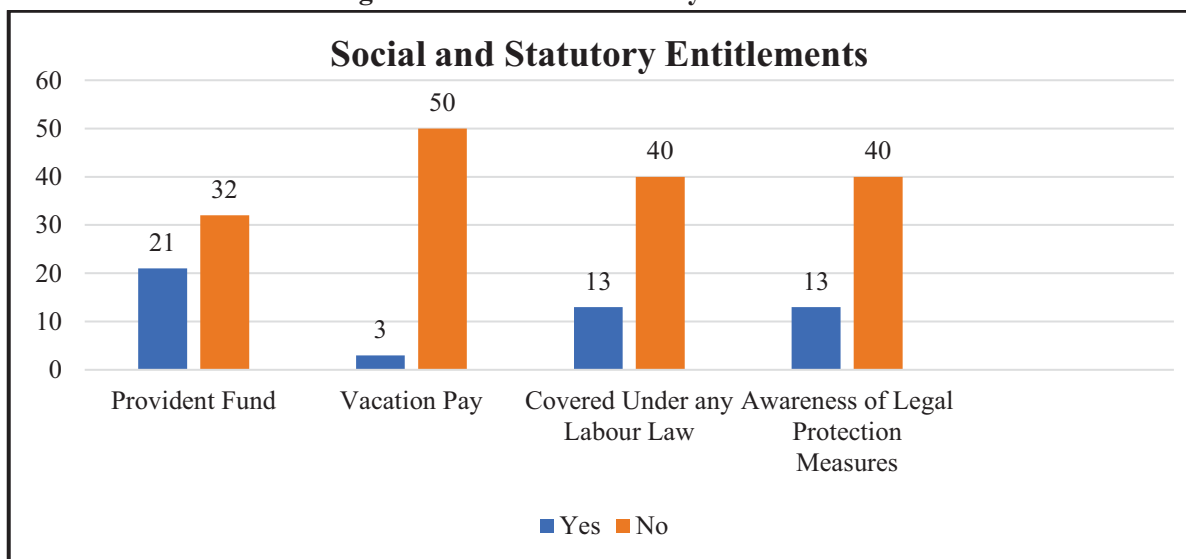
Social security, rights at the workplace, and social dialogue are core components of decent work. However, through the interaction with the workers and site managers, the researcher learned that there were no labour unions at the site. Table 5.2 shows that none of the workers reported having pension coverage. Regarding skill development and promotion, none of the workers had any training to enhance their skills and upgrade themselves from unskilled to skilled labour. It means that if a worker has been working as casual and unskilled labour for the past 5 years and goes to another site, he will again be considered casual and unskilled. They were not eligible for any promotion or enhancement of their skill set throughout their life.

Table 5.2 Promotion and Dialogue at Workplace

Promotion and Dialogue	Yes	No
Access to training	0	53
Union Representation	0	53
Pension Coverage	0	53

Injuries, both fatal and non-fatal, are integral to the construction work. Regarding getting injured at the site, 45 per cent (*n*=24) of them said they got injured while working, and the rest, 55 per cent (n=29), did not. The workers were given a list of symptoms and were asked whether they had experienced any of them while working. In this regard, 43 per cent (*n*=23) of the workers experienced at least one of the listed symptoms, and 57 per cent (*n*=30) said they did not experience any of them while working.

Fig. 5.39 Injury at Worksite	Fig. 5.40 Experience Symptoms at Worksite
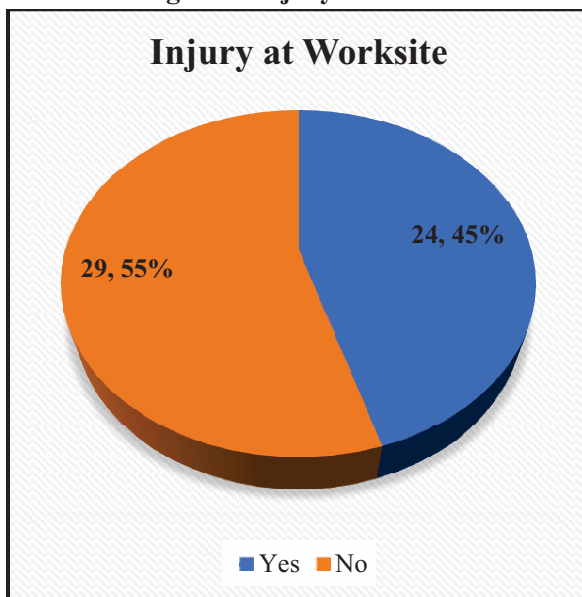
Injury at Worksite

24, 45%
29, 55%

■ Yes ■ No

Experience Symptoms at Worksite

23, 43%
30, 57%

■ Yes ■ No
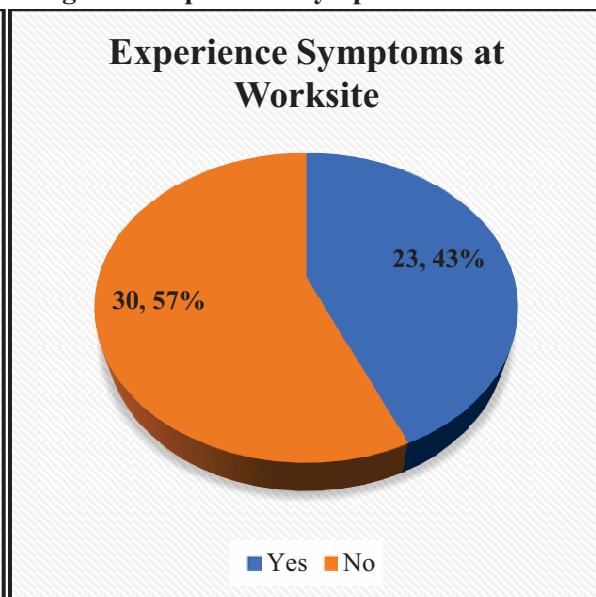
Among those who reported being injured (N=24), figure 5.41 gives a detailed analysis of the type of injury. It shows all of the workers (*n*=24) who reported injury got abrasion of the skin, and 92 per cent (*n*=22) of the workers experienced crushing and pinching injury. The sprain was reported by 54 per cent (*n*=13) of the workers, followed by 33 per cent (*n*=8) of the workers who experienced falls/slips, and 29 per cent (*n*=7) of workers experienced swelling in the body parts. The rest, 17 per cent (*n*=4), got the fracture and an equal number of workers got cut/bleeding/puncture. Most of the workers reported experiencing more than 3 types of injuries.

Fig. 5.41 Type of Injury

Type of Injury

Type	Value
Swelling of Body Parts	7
Punchure/Cut/Bleeding	4
Fall/Slip	8
Fracture	4
Crushing and Pinching Injury	22
Sprain	13
Abrasion of Skin	24
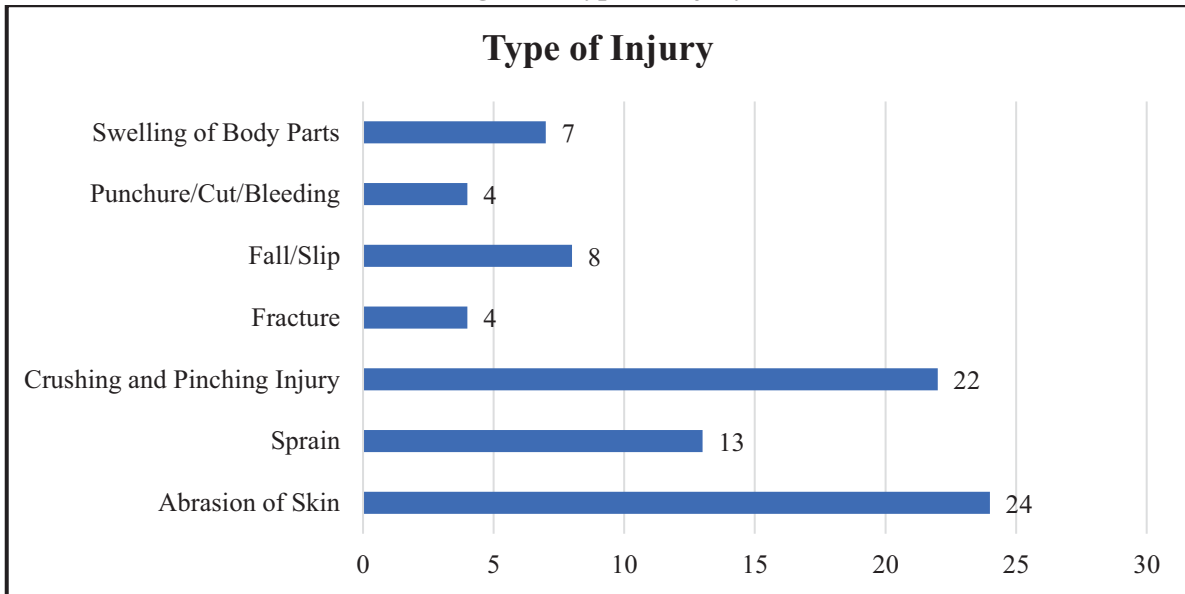
Among those who reported experiencing any of the listed symptoms (N=23), figure 5.42 gives a detailed description of the symptoms experienced by the workers.

Fig. 5.42 Type of Symptoms

Type of Symptoms

Type	Value
Fever	11
Lack of Sleep	7
Dehydration	1
Fatigue/Heat Stroke	15
Back Pain	16
Weakness	20
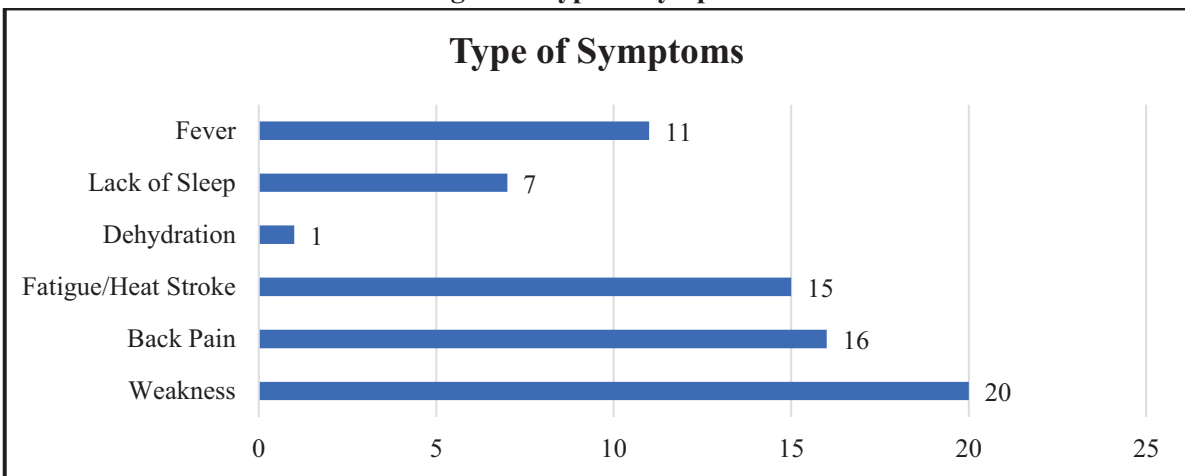
As many as 87 per cent (*n*=20) of the workers reported that they experience weakness while working. And 70 per cent (*n*=16) of the workers experienced back pain, 65 per cent (*n*=15) said to experience fatigue and heat stroke while at work. Besides, 48 per cent of the workers (*n*=11) stated that they usually develop a fever after working and 30 per cent (*n*=7) reported experiencing a lack of sleep. One worker said to have experience dehydration because they work out in the open during extreme summers.

Respondent no. 11 (Metro construction site, Delhi, February, 2021) is a 21-years-old migrant from Rewa, Madhya Pradesh. His family constitutes his wife, mother, father, and sister, who live in the village. He has a brother who also works with him at the same site. Father is an agricultural labourer and works on others farms. Earlier, he worked in his village and nearby places with his father; however, they could not sustain their family with whatever they could earn in the village. Therefore, he decided to move out of his village and came to Delhi due to low and poor wages.

He has been working at this site for the last six months. He lives here in a rented room with four more workers whose rent is paid by the contractor. His brother works at the same site as a casual worker and lives with him in the same room. He shared that he wanted to live with his wife. As the contractor pays the rent for the room shared by five people, the contractor will not allow him to bring his family here. If he wants to stay with his family, he will have to take separate accommodation and pay rent on his own, which would be expensive. Therefore, he has not brought his wife here.

Everyday Life

His daily routine starts when he gets up at around 5 a.m. Before leaving for the site, he cooks breakfast and lunch. He leaves the room around 7:30 a.m. and reaches the site at 8 a.m. He works at the construction site from 8 to 8 in the evening. He only gets lunch break around 1-1:30 p.m. Apart from this, there is no tea break provided by the company or contractor. After returning from the site, he feels completely exhausted. He does not even have the energy to cook food. However, it is the last task of the day, which he could not avoid. He says, *"living with your family at least gives you this advantage that when you come back from the site, tired and exhausted, you would not have to cook food. You can take some good rest. You would not have to worry about waking up early to prepare breakfast and lunch. You would not have to worry about these things".*

On being asked about any leisure activity during the free time on weekly off days or any other day. He said he works on most Sundays and has no free time due to other household chores they have to do by themselves. Apart from this, even if he rarely gets a Sunday off, he only prefers to remain in his room. He stated, *"going out and watching a movie is very*

costly and workers like us cannot afford it. Resting in the free time is the priority and what would we do going out or where would we go".

Life History

He could not study much and did not even complete his formal years of education till 10th class because of the financial predicament of his family. Consequently, he started working at the early age of 15 years as a stone crusher in his village. He was paid Rs 500-1000 for loading per tractor. Because of the exploitative nature of work and lack of living wage, he migrated to Delhi through one of his village friends. He worked on a metro construction site in Delhi for eight months. After the completion of work, he went to work in Mumbai through a village contractor. There, he worked for eight months. He worked 12 hours a day without any weekly off for a monthly salary of Rs. 13000. He met with an accident while working at the site. He got hit by an iron rod and was severely injured. Despite this, he was not allowed by the contractor to leave the site and take a rest to recover. First aid was provided at the site, and he worked for the rest of the day despite the injury. Above all, no compensation was paid by the company for treatment. He had to bear all the expenses of his treatment. After this incident, he came to Delhi and started working in the present company.

Illness Episode

He appeared weak, thin, and fragile. His work responsibilities include climbing stairs throughout the day to carry construction material. He seemed to be exhausted and was having difficulty speaking to the researcher. On being probed further, he said he did not get rest during the daytime and not even during the lunch hours. He had to start working as soon as he finished his lunch. This is why he feels leg and back pain most of the time while working.

Working Conditions

He works as a helper for *mistry*. He works for 12 hours a day. He starts working from 8 a.m. and works till 8 p.m. He had to work an extra 3-4 hours almost every day without compensation. The contractor says that it is included in his salary itself, and no extra money will be paid for the overtime. Even if he works for a full night, he gets only one wage, and no additional compensation is given like money for food, etc. He does not get any rest after

lunch, and there is no designated place for lunch and rest. They can eat anywhere at the site using cartoons or plastic bags for sitting and resting on it.

Regarding the payment of salary, he shared that he usually gets his salary after 1.5 months delay. However, he gets a Rs 1000 weekly allowance to manage his daily expenses. He mentioned that it became very difficult to manage during this time as neither he could manage his expenses nor could he send money to his family. The contractor has not registered him under the BOCW Act despite repeatedly insisting him for it. Therefore, he is not entitled to any of the listed social security benefits from the government. And no institutional social security is provided by the company or the contractor. He was furious and discontented while sharing all this with the researcher.

5.6.2 Markers of Vulnerability and Forced Labour

In the previous section, we saw that a significant proportion of workers were unaware of any legal protection measure or whether they were covered under any labour law. Only 25 per cent of the workers were aware of some legal protection measures. This is one of the pertinent features of vulnerability when the workers are not aware of statutory and non-statutory entitlements. Secondly, an active labour union is an important redressal mechanism for the vulnerable workers who can put their grievances before them. However, the data shows that no such unions are active at the site. Consequently, it was imperative to find out in the absence of labour union what kind of redressal mechanism the workers have.

All workers (*n*=51) stated that they had some form of redressal mechanism. Only 2 workers were not aware of any such mechanism. However, when we explored the proportion of workers who have used any redressal mechanism and the redressal point, it highlights some pertinent issues. As many as 81 per cent (*n*=43) of the workers have used the redressal mechanism at some point. The rest, 19 per cent (n=10), said they have never used any such mechanism and are less likely to complain.

| Fig. 5.43 Used Redressal Mechanism | Fig. 5.44 Redressal Point |
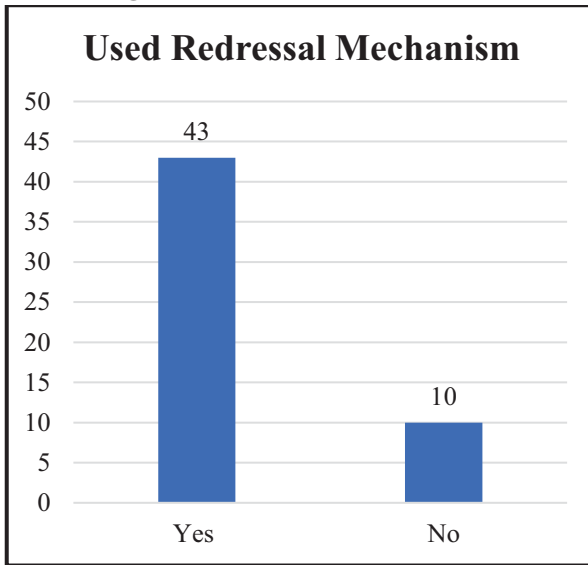
Used Redressal Mechanism
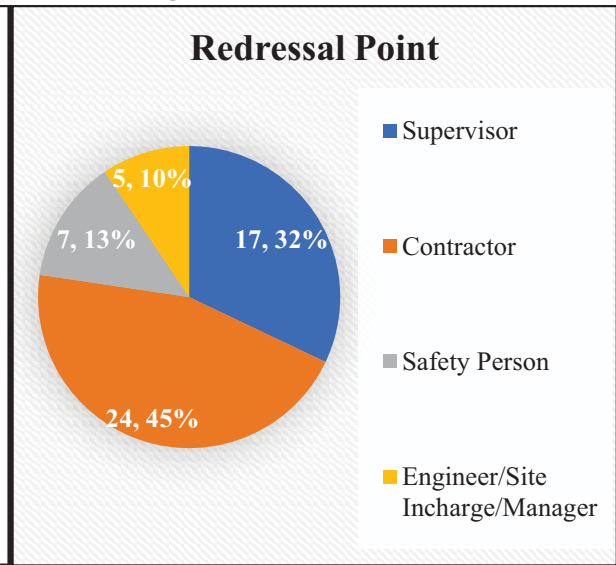
Redressal Point

The redressal mechanism also becomes futile when it is mainly the person you report. This is true in this case, as 45 per cent (*n*=24) of the workers said that their redressal point was their contractor, and 32 per cent (*n*=17) said that their point of redressal was their supervisor. The contractor mainly appoints one of the senior workers working under them as a supervisor. While 13 per cent (*n*=7) said that they could complain to the safety person available at the site, 10 per cent (*n*=5) said that they reported to the engineer or site in charge or manager of the site. Looking at the redressal point for the workers it defeats the purpose of the redressal mechanism.

Fig. 5.45 Financial Circumstances of Workers' Family

Financial Circumstances of Workers' Family
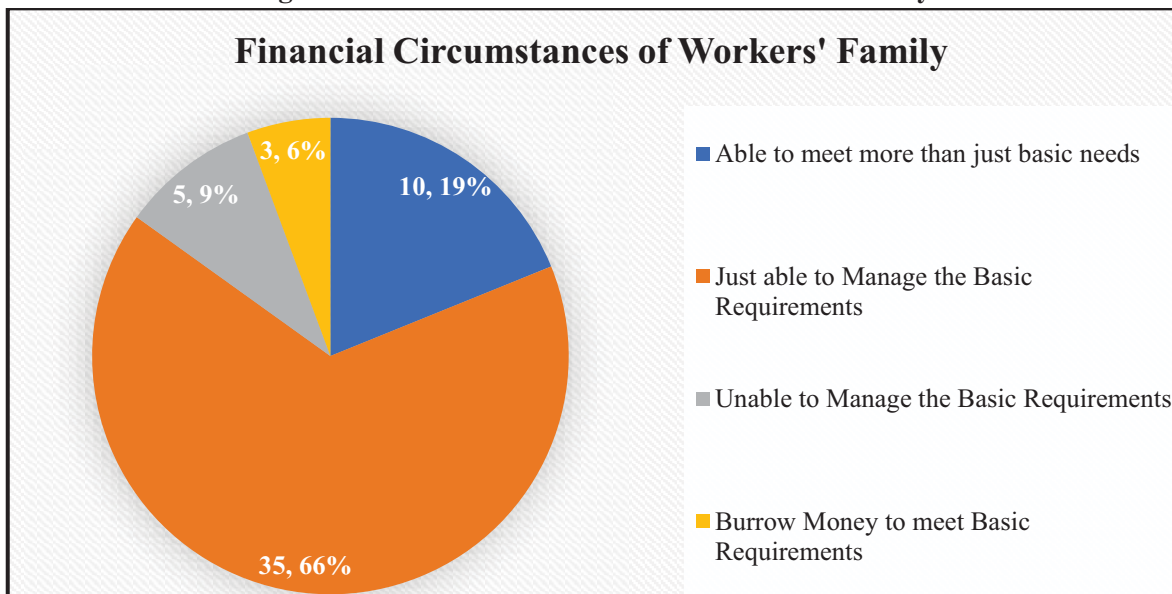
The data on financial circumstances highlights the financial predicament of the workers and their families. It reveals that most workers are from fragile financial conditions. As 66 per cent

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(*n*=35) of the workers reported that they were just able to manage the necessities and 9 per cent (*n*=5) were unable to do so, 6 per cent (*n*=3) of workers said sometimes they borrowed money to meet basic needs. These are the workers who are constantly under some kind of debt. A slightest economic shock or health shock can push these workers into a state of hunger, deprivation, and financial indebtedness. More so if they are not protected by any social protection policies of the state and the organization they work for.

Degrees of job security are also one of the pertinent features of vulnerable and precarious employment. The indicators discussed in figure 5.46 gives us some sense of job security, further augmented by the in-depth and spontaneous discussions with the workers. Low job tenure was reported by 68 per cent (*n*=36) of the workers, and 70 per cent (*n*=37) of the workers shared that they had low and unpredictable wages. While 13 per cent (*n*=7) of the workers reported that they had a deduction of wages at the time of payment of salary, a significant proportion of the workers, 74 per cent (*n*=39), shared that they did unpaid work on an everyday basis. The issue of unpaid work is also apparent from the data on the number of overtime hours and workers being paid for work beyond 8 hours. It shows a significant proportion of workers are working beyond the stipulated time without any extra payment.

Fig. 5.46 Degree of Job Security
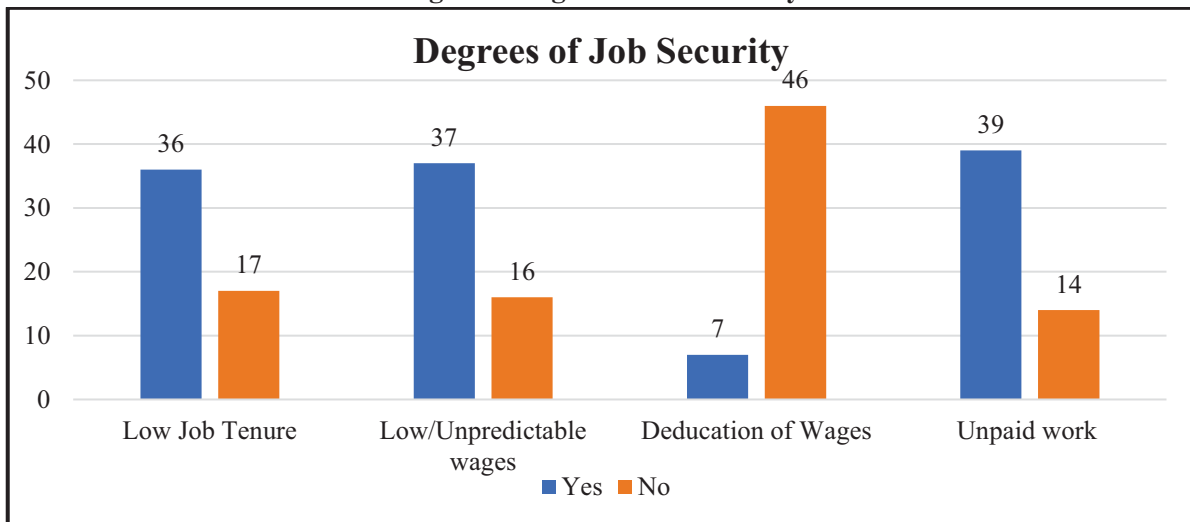
A range of factors determines control over working conditions. A single response by the worker does not define it. The researcher determines based on a set of responses by the worker. Therefore, many aspects were considered to understand whether the contractor or the supervisor completely controls a worker's working conditions. It includes work timings, timely payment, excessive overtime conditions, unpaid work, sick leave and right to transfer when unfit, sufficient resting time, freedom at the workplace, sexual or physical abuse or

intimidation, etc. A combination of these factors was considered before concluding whether a worker is working under controlled conditions.

Fig. 5.47 Control Over Working Conditions
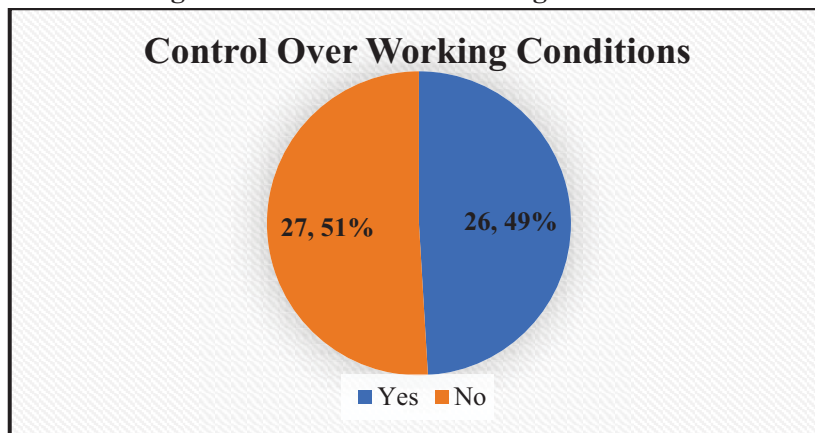
Almost 51 per cent (n=27) of the workers were working under controlled conditions. On the contrary, 49 per cent (n=26) of the workers reported having some sense of freedom in the workplace. They were not working under coercive working conditions. While this data gives us some understanding of the working conditions, the in-depth discussions and case studies explicitly highlight the elements of vulnerability and coercive working conditions. When the questions were posed to the workers from the questionnaire, they were not very confident to give a clear response; however, when the researcher tried to have a casual and spontaneous interaction, they gave answers utterly different from their usual responses. These dimensions come out very clearly in the case studies; however, the semi-structured data shows the phenomena' prevalence.

Fig. 5.48 Elements of Forced Labour
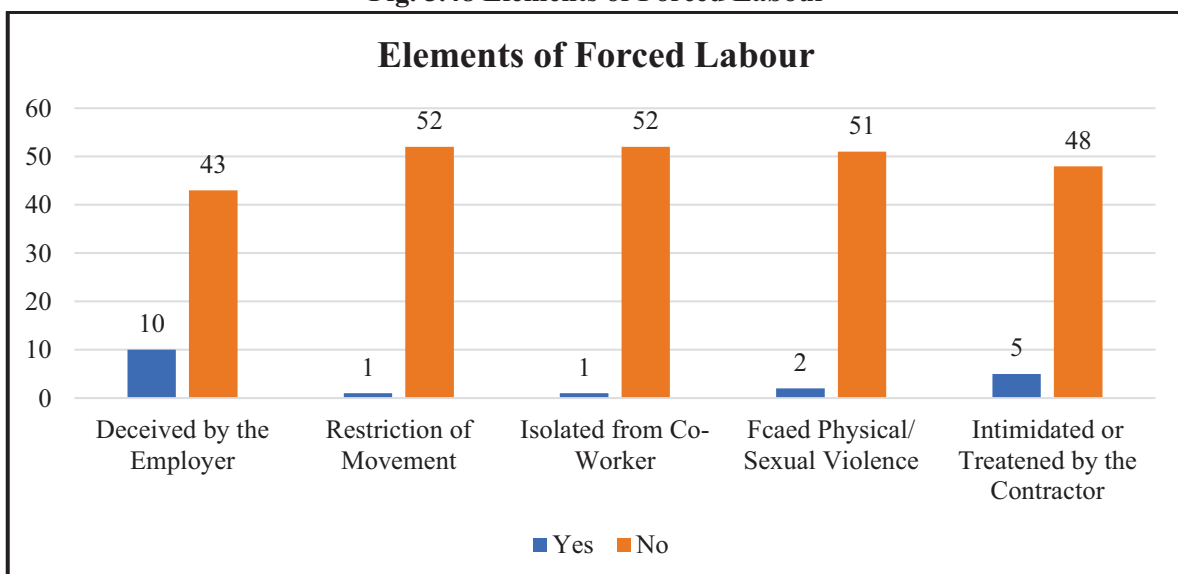
Some of the indicators used to gauge the prevalence of elements of forced labour are discussed in figure 5.48. No worker reported having worked under any debt bondage condition by the contractor or the company. Similarly, none of the workers stated that their identity documents were detained. Almost 10 workers (19 %) said that the employer deceived them in terms of wages and working hours. One worker reported that the contractor had restricted his movement from the site, and another said that he was isolated from his co-workers. Earlier, they used to work together; however, due to unknown reasons, the contractor put them at other workstations at the same site. He is now aloof from his friends. Two workers reported that the contractor physically abused them, and 5 reported that they were intimidated, threatened, and verbally abused by the contractor or supervisor.

Fig. 5.49 Withholding of Wages　　**Fig. 5.50 Reasons for Withholding of Wages**
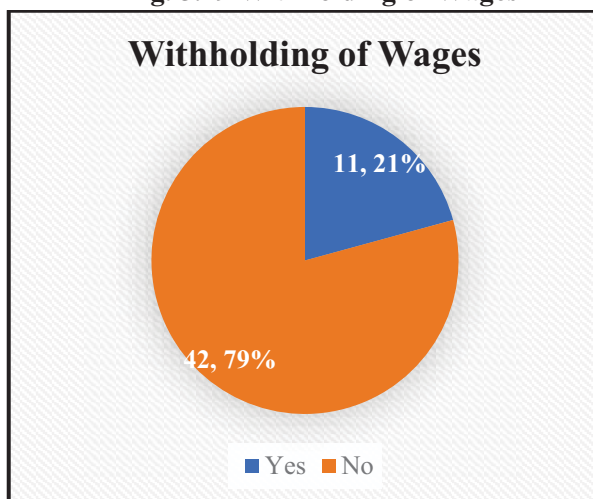
Withholding of Wages

11, 21%

42, 79%

■ Yes ■ No

Reason for Witholding of Wages

Complete the Work First — 3

No Reason — 8

0　2　4　6　8　10
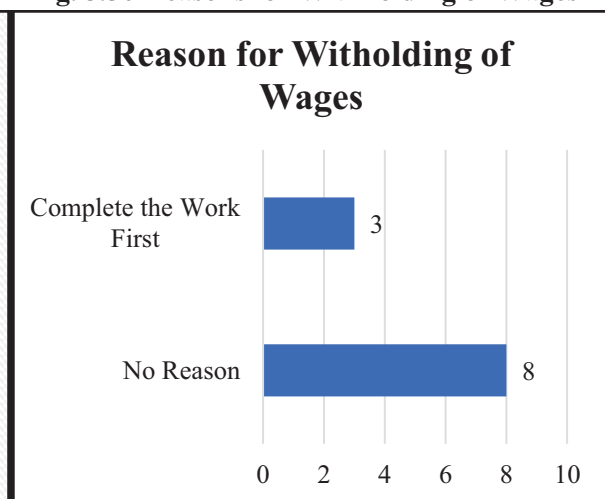
When asked about deliberately withholding wages, 21 per cent (*n*=11) of the workers responded affirmatively that their wages were withheld and they were paid their salaries after 2 months. When asked about the reason for withholding, 8 workers said without any reason, their wages were withheld and 3 workers reported that the contractor asked them to complete the work first and then be paid the entire amount together.

One of the indicators that help to gauge the prevalence of forced labour is excessive overtime conditions without the payment of overtime work. It shows the abuse of vulnerability. As discussed in the preceding section, almost 74 per cent of the workers did unpaid work, 60 per cent (n=32) said that they were working under excessive overtime conditions without payment, and 53 percent (*n*=28) of the worker's conditions showed abuse of vulnerability.

Fig. 5.51 Excessive Overtime Conditions   Fig. 5.52 Abuse of Vulnerability
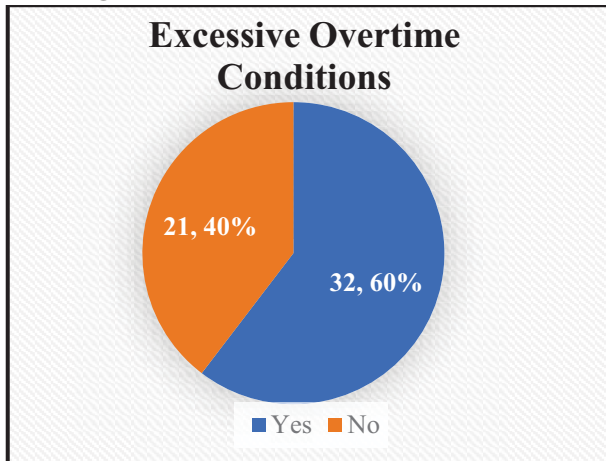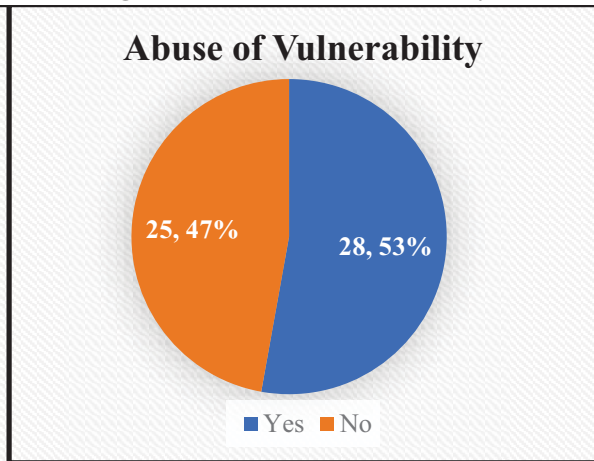
If we segregate the data according to the skill set of the workers, of the total 35 unskilled workers. In that case, the case of 20 workers (57 per cent) highlighted the abuse of vulnerability, and 18 workers (51 per cent) reported control over working conditions. On the other hand, in the combined category of skilled and semi-skilled workers, out of the total 18 workers, 6 workers (34 per cent) reported abuse of vulnerability, and 8 workers (45 per cent) reported control over working conditions.

If we look at the type of employment, out of the total 38 casual workers, 25 workers (66 per cent) reported abuse of vulnerability, and an equal number of workers reported control over working conditions. Out of the total 15 contract workers, 1 worker reported abuse of vulnerability, and 1 worker reported control over working conditions.

Case Profile-IV

Respondent no. 27 (Metro construction site, Delhi, March, 2021) is a 19-years-old migrant worker from Darbhanga, Bihar. His family consists of his father, mother, a sister and a brother in Bihar. His family has got some land in his village. His father works on this land during the farming season. Once the farming work is over, he comes to Delhi during the non-farming season and works as a street vendor (*bhooja bechna*).

He has been working at this construction site for the last year. He lives in a rented room provided by the contractor along with other coworkers. The room is a kilometer from the construction site, and he commutes by walking to the site. Regarding the family, his sadness was quite apparent as he wanted to live with his family, but the contractor would not provide

anything if he brought his family here. He stated that he would have to bear all the expenses on his own, which he could not afford.

He migrated to Delhi in search of work when he was 18 years old. He got failed in the 10th standard and could not complete his matriculation. Therefore, he decided to come to Delhi to work as a construction worker. He chose Delhi because some of his village friends and relatives were already working here. Therefore, it became a little easier for him to search for work during his initial days in Delhi.

Everyday Life

He stated about his everyday routine: he gets up early in the morning at around 5: 30 a.m. and prepares breakfast and lunch in the morning itself. After having breakfast, he leaves for work. He reaches the work site by 8:30 a.m. and starts working from 8:40 a.m. He returns to his room for lunch between 1 p.m. to 2 p.m. Most days, he completes his work and leaves the site by 8:45 p.m. After reaching the room, he prepares dinner with his two co-workers.

He shared that he does not get anything to eat during work hours except lunch. The contractor neither provides the tea nor the tea break to the workers. The only break he gets is the lunch break, in which he eats and takes a rest if time permits after having lunch. The lunch break is only for an hour in which he has to walk to his room, eat food and come back to the site before 2 p.m. failing to do so; the contractor would scold him for coming late. In case he does not feel well (after working for some time at the site), the contractor never allows him to take a rest. He threatens to mark absent for that particular day if he wants to leave a little early.

Injury Episode

He mentioned one incident when he was working at a significant height. He fell from there and got injured severely. He told his supervisor that he was not feeling well and wanted to rest on that day. But the supervisor clearly said that your wage will be deducted for today if you want to take rest (*haajri kat jayega aaj ka*). He stated, *"it is so insensitive of them that they did not even allow me to take rest for even half of the day."*

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Illness Episode

He is thin, short, and frail in appearance. He was wearing a torn t-shirt, and his pants all lingered in the dust. He appeared to be very tired and sleep-deprived while conversing with the researcher. When asked about his health, he shared that he always felt weak while working at the site. He never gets proper sleep and rest. He works for 12 hours at the site and then has to do all the domestic chores from cooking to cleaning utensils to washing clothes. All of this has led to weariness which was reflected in his physical and psychological state.

Abusive Working Conditions

He worked the night shift during his initial 6 months at the construction site. He did not get any extra salary and got his usual payment of Rs 14000 per month (which was decided by the contractor before hiring him). Occasionally he also worked during the daytime after completing the night shift. Now, his main concerns were that he should get extra compensation for the night shift and food. Further, when he works 12 hours a day, why is he being paid only for 8 hours of work.

He says, nowadays, contractors cheat the workers and take advantage of their helplessness. They allure them to get them to work in a big company. And the workers end up working in such exploitative and abusive conditions. The contractors are not paying them according to the hours of work done every day because it would not be that much profitable for them. If they pay on the basis of their work, they will have to pay for work done on Sundays and compensate for extra working hours beyond 8 hours. They will have to pay an extra night-hour allowance along with the wages.

Therefore, they fix the salary of workers between Rs. 13000 to 14000 for a month. And make them workers work for 12 hours a day. The workers do not even get a weekly off. In addition, they are also forced to work during night hours without any extra compensation. The payment remains the same with no additional allowance. Workers who do not get work in any other company were forced to work on low wages and in such working conditions. He was frustrated because his salary remained fixed even if he worked day and night. The contractor extracts as much labour as he wants from these casual workers in the absence of

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any grievance redressal mechanism. The indignation was quite evident while explaining his working conditions to the researcher.

The other pertinent issue is that he never gets his salary on time. Last month he got his salary after 2 months, and in between, he did not even get money for the weekly expenses. He had to pay for his food, and there were other expenses. He also sends money to his family back in the village. He managed his food expenses by burrowing from his coworkers. However, his family cannot manage for such a long time without money.

He was not registered for any other government or company social welfare provisions. On being asked why he says he does not have the labour card. He was in his village when the labour registration was going on, so he could not get registered. During the COVID lockdown, he received no relief measures from the government, the ration, or any monetary help.

The present case highlights abusive working and living conditions and abuse of individual vulnerability. On certain occasions, the worker was threatened and intimidated by the contractor. Besides, he is also doing a significant amount of unpaid work without social protection and working under fully controlled conditions.

Case Profile-V

Respondent no. 40 (Metro construction site, Delhi, June, 2021) is a 21-years-old casual worker who lives with his family in a rented room in Delhi. He is the only earning member in a family of five members. He has been working at this site for the last five months. He gets a fixed salary of Rs 14000 per month and works for 12-14 hours a day. His reporting time at the site is 9 a.m., but there is no fixed time for leaving. This is the condition of many other workers like him working as casual labour. The payment of salary is extremely delayed. They get their salaries from 20th to 25th of the subsequent month. Sometimes, the contractor also threatens and forcefully makes him work during the night hours without any extra compensation and food allowance.

He is dissatisfied with his present salary as it does not commensurate with the working hours. After working 12-14 hours a day, he does not even get a wage of Rs. 500. He stated that the salaries are low compared to the heavy work. Sometimes the contractors offer three times

the wages they are getting now when they need labour. But later, they start abusing the workers and paying less than minimum wages.

On inquiring about the social security benefits, he gets, he replied that he never got a cup of tea while working at the site forget about the social benefits. He has to pay if he wants to have tea. Sometimes, even if he wants to pay for the tea, he does not even get a tea break due to the high workload. He gets only an hour's lunch break from 1 p.m. to 2 p.m. During this period, he never gets sufficient time to rest. For festivals also, he does not get any leave. These days, they are relieved an hour or two before their usual leaving time. He was quite saddened while sharing, *"there is no festival or celebration or leisure activity for poor workers like us."*

Regarding the first-aid facility and availability of a doctor at the construction site, he said that the doctor is available at the site but will only see the regular and registered workers. He will not see the casual and temporary workers working at the site. As he is also not a registered worker, he does not get any on-site doctor facility nor receives any of the social security benefits. Even after repeated requests to the contractor, he did not register him for the same. Regarding the grievance redressal mechanism for the workers, he stated there is no labour union or labour representation in any form. The workers can only go to their supervisors for any problem or issues they face at the worksite.

The worker reported that he has been doing a lot of unpaid work. He is not registered for any social security benefits from the government or the company. In addition, there has been complete control over the working conditions with high uncertainty of job due to low job tenure. His working and living conditions highlight the abuse of vulnerability.

The case studies are primarily a reflection of sufferings due to exploitative and unproductive working conditions with human dignity, security, and freedom at risk. The case studies highlight the workers' personal and social life disruptions. Besides, the issue of physical and mental fatigue also comes out very clearly in the narratives.

A majority of them are not living with their families. They are assuming the gendered roles to balance their work and domestic needs while taking care of their families back in their hometowns. Sometimes, having a good conversation with their family members also becomes difficult due to the intense working hours and resulting fatigue. The absence of family members

had been negatively impacting the worker's social, psychological, and emotional aspects of their lives. When they return to their rooms, there is no one to provide affective labour.

They have been doing all the household chores along with 12 hours of physically intense work without any break or means of entertainment or leisure activity. The workers regularly work 12 hours a day except Sundays with relatively less work. They have been following the same routine at work or at their rooms since they started working at the site.

Further, most of them are excluded from the social protection policies of the State and the principal employer. Further lack of health care services and minimum conditions of work have made them even more vulnerable to poor health conditions. The indicators discussed in the chapter highlight the precarity of employment and the presence of elements of forced labour. It also explicitly highlights the abuse of vulnerability.

5.7 Local Authorities and Perceptions of Decent Work

When we talk about implementing the provisions of decent work and eliminating the dimensions of Unacceptable forms of work, the role of local authorities becomes extremely important. The construction industry is frequently mentioned in its contribution to the GDP and its potential for generating employment. However, seldom has attention been diverted to the quality of the jobs being created and conditions of employment in the urban areas.

The rapidity of urbanization and rural-urban migration poses a challenging task for the local authorities to create more and better-quality employment. As a result, a significant proportion of the workers work in informal and precarious employment conditions. This section of the chapter explores the understanding and notions of decent work among the local authorities. It includes general managers, site managers, welfare officers, contractors and supervisors, safety officers, and engineers. These people hold a crucial position and are also responsible for the safety and well-being of the workers working at the site. Consequently, their understanding and awareness of these provisions have greater importance.

5.7.1 Employment Conditions and Minimum Conditions of Work

Minimum conditions of work and working conditions are important factors that directly impact the health condition and well-being of labour. Key Respondent-1 (KR-1), also a General Manager and at the helm of the worker's affairs at the metro construction site, discussed his company's explicit policy not to employ women workers in the first section of the chapter.

When asked about the accommodation facilities provided to the workers, he said they give money to the workers and therefore do not provide accommodation on inquiring about how the company ensures that the workers are getting minimum wages and all those benefits that the company is giving to the contractors. He said, *"we directly transfer the money to the accounts of the workers. However, the contractors have a different mechanism for taking money back from them, and for that, we cannot do anything"* (Metro construction site, Delhi, January, 2020). He further shared, *"we also have site managers that you will meet when you visit the site. They take care of all the workers' needs at the site and also if they need help regarding other things"* (Metro construction site, Delhi, January, 2020). There are timekeepers, safety officers, and supervisors who take care of work timing, basic facilities like water, toilet facility and in case any workers need health care facilities.

Social Protection

Inadequate social protection policies of the organization and exclusion from State welfare measures have been the major causes of urban poverty, especially among the workers in the informal sector. It broadly includes, but is not limited to, comprehensive health care facilities, unemployment due to ill-health, accidents, old age, vacation pay, etc.

When asked about the social security measures provided to the workers, KR-1 said that they do movie screenings at night during weekends and organize parties, quiz contests, and social gatherings for the workers. Then the researcher explained the social welfare measures and health-related benefits provided by the organization to the workers. He said that they take care of the occupational health-related issues and the workers' health issues while working at the site. He added that if something happens to them while working at the site, the company takes care of that and if they go to their hometown or away from the site, the company is not responsible for them. This is contrary to what many of the workers shared: there was nothing organized in the name of recreational activity, and most of them were not treated for any health issues even while working at the site. They had to take care of the health care services on their own.

On being asked by the KR-1, the researcher explained his understanding of health as a combination of the workers' medical, social and economic conditions. These are extremely important for the well-being of an individual. He said, *"we can take care of the medical part, but we cannot do anything for the social issues; then how can you understand the social issues*

or factors when the company has no role to play" (Metro construction site, Delhi, January, 2020).

A group discussion with three key respondents (KR-2, KR-3 and KR-4) was conducted to know their understanding. KR-2 is a timekeeper. It is a managerial position where he looks after the activities at the construction site related to the contractors, workers, and other company provisions. He has been working in this company and holding this position for the last three years. KR-3 and KR-4 are supervisors and contractors, respectively. They are also working here for the past three years.

KR-2 said that there are a lot of contractors who are not good towards their workers. Therefore, his job is to take care of those workers and ensure that they are paid their wages promptly. Also, to ensure whether the workers are getting all the basic facilities available at the site, like drinking water, tea/coffee, resting shed for lunch, and an hour of rest during the lunch break. He says, *"no women worker is currently employed at the site and not even before. We do not employ women workers at all at this site. The reason is if we employ even a single woman worker, there are various compliances that they will have to abide by. Therefore, it is better not to have any women workers. If you have 25 workers, you have to provide one urinal; if you have women workers at the site, then you will have to provide separate urinals, so we avoid employing women workers. This is just one thing; there are so many other provisions that we will have to provide if we employ women at the site. Therefore, the company just avoids female workers at the site"* (Metro construction site, Delhi, January, 2021).

KR-3 and KR-4 said that most workers working at the site had been provided with accommodation. Those who had not been provided accommodation were paid room rent by the contractors. PPE kit is mandatory for all the workers working at the site. Besides, they are provided safety training every day, first thing in the morning. In addition, Toolbox Training (TBT) is also given to all the workers and training on different issues such as if any accident happens then what should they do.

Regarding the provisions of decent work, all the three key respondents mentioned these provisions as to ensure minimum conditions of work:

- Laws and rules manual have to be followed.
- Urinals have to be provided according to the norms.
- Tea and coffee must be provided to all the workers with 15 minutes tea break.

- One day's weekly off should be given to all the workers.
- Salary should be given to the workers before the 7th day of the month in case of less than 1000 workers; if more than that before the 10th day of the month.
- There should be mosquito spray regularly.
- Housekeeping facilities should be provided.
- Rest room for labor (for an hour) during the lunch break.
- Temperature monitoring in the morning.
- Sick leave and vacation pay should be provided.
- Ideally, it should be eight hours of a shift. Beyond that, they should be paid overtime.

He also added that here most workers work for 12 hours a day. They should be paid overtime, but it is not given to the workers. They get consolidated monthly or per day wages fixed at the time of joining. Night allowance should be given to the workers doing the night shift. But it is not provided to the workers.

Only half of the workers who worked at the site are registered in the BOCW act. This is due to a lack of essential documents. Further, complications in the registration process and reluctance on behalf of the contractors are reasons for the very low registration of workers.

In the case of COVID, treatment is provided by the company. If any accident or injury to a worker happens at the site, the company offers free treatment. In case of the death of a worker at the site, all the formalities are done, and compensation is given to the family members. But when the worker is not working at the site and has gone to their hometown, the company will not take any responsibility for any disease, illness, or accident. The health issues that the workers face frequently are fever, fatigue, extreme tiredness, body pain, etc.

Key Respondent-5 (KR-5) is a contractor. Regarding the discussion about decent work, he said he provides living facilities to the workers and pays the rent for their accommodation. He also gives money to the workers for tea and snacks, but it is their wish whether they want to have tea or keep the money. Besides, he also pays for the tickets of the workers when they come from their home town. Toolbox training (TBT) is conducted every morning regarding different topics. This is mainly to train labour to work safely at the site. If a worker is working at a height, he makes sure that he is wearing a safety belt and all the safety measures are in place.

Regarding the health services, there is a doctor available at the site, but he is only for mild problems and injuries. An ambulance facility is available at the site for round-the-clock service.

If a worker faces serious health issues such as fever or other illness, then the contractor takes care of that. They have a tie-up with a private hospital for any major illness or accident. If a worker is sick and does not come to the site, then wages are not paid for that particular day. But if he has come to the site and worked for some time and then feels unwell and wants to leave, they give him salary for that day.

When asked about the working hours, he said it is usually from 10 a.m. to 6 p.m. But sometimes it gets extended till 8 p.m. This is because the workers go for tea twice a day, then go for the toilet and drinking water quite frequently; therefore, a worker works only for 5-6 hours. Because of this, they extended the time till 8 p.m. to compensate for the time lost in these activities.

Key Respondent-7 works as a supervisor at the site. He has been working in the construction sector since 1993. He started working as a mason and a painter. He started working in Orissa and then went to work in Bombay. Later, he worked in Bokaro and then moved to Hazaribagh.

He mentioned earlier; that the companies used to provide all the facilities for a decent working condition. Ten years back, it was eight hours of work per day. Besides, they used to get extra payment for 3 hours of extra work. And if they worked on Sunday, they got double payment. The company would pay for the room rent and conveyance and provide beds and bedsheets to the workers.

But now they do not provide anything. They have finished all the allowances the labour used to get earlier, as a bonus, etc. Now, they work for 12 hours a day and get a fixed payment. No Sunday off and no bonus. There is no tea facility and no tea breaks for the workers. The drinking water facility is there, but there is no toilet facility at the work site. Earlier, there was a room for the labour to rest for an hour during lunchtime, but it is no longer there.

Once the work is complete, the company gets a clearance form signed by the workers stating that nothing is due from the company side. And the workers have received all the dues he was entitled to.

Key Respondent-10 is a labour contractor with almost 200-250 labour working under him at one point of time at the site. Regarding the conditions of work, he said that the labor requirements should be fulfilled as he makes arrangements for their living and residence-related needs. Food, the workers have to manage on their own. In addition, toilet and drinking water facilities should also be provided to them at the work site and at their residences. They

provide whatever facilities are possible from their side and from the company. When there are extreme hot conditions, during that time they allow workers to take some rest.

Regarding the BOCW registration, they register the workers, but as of now, most of the workers are on a daily basis and are casual workers. Therefore, they do not do their registration as they are on a daily basis, and there is no fixed term of the contract.

One being asked about the coercion and forceful conditions of work and weekly rest; he shared that there is no coercive condition for them to work. But no Sunday leave is allowed. Occasionally, we will enable them to take leave on Sunday, but most of the time, they also work on Sundays.

Regarding the help extended by the management during the lockdown to the workers; he said, *"even I did not have anything, so what would I give to them."* Apart from that, *"we provide them all the needed facilities. Sir "ab hunter maar kar kaam karane wala time chala gaya"* (Metro construction site, Delhi, July, 2021). Though the key respondents acknowledge this fact, the workers are working in forceful conditions. The majority of the workers who are working beyond eight hours shift were coerced to work overtime. The workers were doing night shifts without additional compensation. Wages were paid extremely late after two months, and workers were forced to work even if they were not well. Both the principal employer and the contractors are exploiting the individual vulnerabilities of the workers because of their need for work.

The discussion with the key respondents reveals a narrow understanding of the decent work and minimum conditions of work. Apart from the very basic amenities, they are unaware of any social protection measures by the organization or government. They cannot provide even the bare minimum facilities that they said are mandatory, like toilet facilities, resting space for lunch and an hour of rest, and health care facilities for the workers working at the site and 8 hours shift. None of them realized that registering workers for the government's social security schemes is integral to decent work. In addition, the principal employer is responsible for workers' welfare, excluding the government social protection programs. It is important to know about the socioeconomic background of the workers and their individual vulnerabilities so that the organization can support them. None of them felt the need for a labour union for grievance redressal. The importance of a leisure activity for workers and their skill enhancement program so that they can be promoted. There is no realization about the deteriorating physical and mental health of the workers who have been following a particular routine for the past two years.

The migrant workers are at a higher risk and more likely to work in unacceptable conditions to survive in cities. They are the ones who need greater support from the contractor as well as the principal employer. Social dialogue is crucial to implement measures of good working conditions and prevent precarious and vulnerable employment conditions. A participatory approach is important to improve workers' well-being, which has particularly gained importance post-1990s. However, it has been missing from the key informants' discussions on decent working conditions.

The literature on gender and development has been highlighting the issues pertaining to the declining participation of women in the labour market and deficits in the rights of women workers. There has not been much research regarding the occupational health of women workers in the informal sector. Further, there is a lack of evidence about the relationship between their everyday lives, domestic work and the paid work on their health and well-being. It has shown that women are worse off than men, and this inequality must be addressed. The next chapter explores the relationship between the nature of work and its impact on the health of informal women workers working in the construction sector.

Chapter 6

Narratives of Survival: Women, Work, Family and their Perceptions of Health and Well-Being

6.1 Introduction and Background

The previous chapter discussed workers working and living conditions at a metro construction site in Delhi. It highlighted the prevalence of unacceptable forms of work and various factors affecting workers' health in the construction sector. However, no female workers were working at the site. Therefore, women workers working as daily wage labourers in the Bhati mines village were selected to understand the health and safety needs of women workers in the construction sector. Women suffer musculoskeletal problems, which are mainly work-related. Evidence suggests that women experience higher injury and fatigue than their male counterparts. It is primarily because of heavy weight lifting on the back and head and highly repetitive tasks. Besides, they have multiple roles to play. Balancing work, home and family is one of the factors contributing to psychological stress, fatigue, and anxiety.

Consequently, the current chapter attempts to understand the health of the women workers in the Bhati mines village by broadly considering three factors. The nature of work that they do, their everyday life, illness narratives, and life histories. The nature of work allows us to understand the vulnerability and risks associated with their work. Further, the wages they get, social protection measures, and the safety measures made available for them at the work sites. By documenting their everyday lives, the researcher can get a sense of their daily routine, struggle for survival, family responsibilities, and sustenance, giving an overall state of being. And the illness narratives and life histories allow us to decipher the concepts of identity and health, which provide a better understanding of the relationship between the two and the meanings they ascribe to health. In addition, it also allows us to decipher the multilayers of deprivations and the transmitted deprivations that the women workers and their families have been facing, along with the coping mechanism and the support system they have. It further gives us the means to understand the pathways of transmission of risks and delineate social, cultural, and economic risk factors.

The chapter uses narrative data from 10 case studies and 5 group discussions. The researcher interacted with 45 respondents from the Bhati mines village. Out of which 40 were female

workers, five were male workers. Of these, 10 case studies were documented, 35 respondents were engaged in 5 group discussions, and two key informants were interviewed. Along with the 10 case studies, the researcher interacted with 35 workers individually and in group discussions. The researcher also had informal and spontaneous interactions with the villagers.

The conversation with the women workers involved a range of topics and issues. The researcher attempted to engage with them on the ways of obtaining work and the availability of employment every day. Further, they discussed the nature of work they do, wages, safety at work, occupational health, mistreatment, workplace rights, unemployment and underemployment issues, and facilities provided by the contractor and the principal employer at work. All of these are crucial components of decent work.

Besides, the researcher discussed in great detail the daily life activities that include routine work and other domestic responsibilities and specific problems they face regularly. Further, their experiences of injury or recurring health issues they face while doing this job, their reason for doing this work, their opinion about it, and the support system. These components allowed them to understand the meaning they ascribe to their lives and then try to understand their subjective sense of health and well-being.

The researcher adopted a social constructivist approach that focuses on how everyday knowledge about reality is created through individuals' interactions and interpretations rather than reflecting on the pre-existing facts (Berger and Luckman, 1967; Nettleton, 1995, cited in Doyal, 1999). Besides, a narrative and content analysis approach has been used to analyze the case studies and group discussions presented in the chapter. The researcher attempts to demonstrate in the subsequent sections of the chapter that health and well-being are socially constructed and negotiated on an everyday basis rather than an absolute phenomenon. They can be gauged through documenting the lay narratives and perceptions of health.

6.2 Women and Occupational Health Issues: Some Critical Perspectives

Traditionally much of the research concerning women's health has been carried out in the context of household work that includes cooking food, gathering fuel, fetching water, washing clothes, looking after children and elderly at home, and working in the family agricultural plots as helpers. This has been the occupational environment for women, mostly rural women. However, as women move from their traditional occupations to other sectors of the economy, they may face new health hazards that may add up to the existing health exposures. Household

work is often combined with income-generating work; thus, women's occupations are fluid and multidimensional. There is very scarce literature about women's occupational health exposures beyond their traditional environment. However, with the increasing women's participation in the workforce, mainly in the informal sector, it becomes imperative to study the occupational health of women vis. a. vis. their daily life and domestic chores.

The occupational health program aims to protect workers' health and promote well-being. It is to assure all the men and women of safe and healthy working conditions, as far as possible. However, these programs have not gained the importance they deserve (Kaila, 2002). The occupational health research for quite some time has been looking at the role of the physical and chemical agents present in the work environment in the disease causation. However, in recent times, there has been an increased emphasis on the psychological stress originating from the nature of work, work structure, and working conditions. There has been a growing recognition that psychological stress affects workers' health and morale.

Identifying occupational health issues of women continues to be a challenge. The contemporary debates about occupational health knowledge continue to exclude women from the occupational health research, assuming that their work is not dangerous, and continue to highlight risks associated with the working patterns of males (Messing et al., 1993, cited in Doyal, 1999). The data is presented in an aggregated form which masks the differences between men's and women's health profiles. Further, the data on occupational mortality and morbidity shows women at much lower risks of occupational injuries and accidents. This is probably one of the pertinent reasons for neglecting women's occupational health issues. The deaths and disabilities due to occupational accidents attract more urgent triggers for intervention than insidious progress of musculoskeletal and respiratory conditions (Kane, Dennerstein and World Health Organization, 1999). There is no real evidence to suggest that women work in a safer environment than men (Cox and Cox 1988, cited in Kane, Dennerstein and World Health Organization, 1999). The existing epidemiological bias also affects the data and research concerning the health of women working in the construction sector as informal workers. Therefore, the critique of occupational epidemiology has been that it has been insensitive towards the issue of occupational health and safety concerns of women.

The National Commission on Self-Employed Women and Women in the Informal Sector has emphasized that many critical questions about women's health remain unanswered; therefore, research studies on women's work and health are required. There is a dearth of research

regarding work's effect on women's health, despite women being the predominant workers in the informal sector. A significant proportion of these is in insecure employment or part-time or casual work. The legislation and regulations make no distinction between men's and women's health. This precludes them from various welfare measures and exposes them to very high risks and hazards, due to which research about the work and health of women is pertinent.

Evidence suggests that women experience higher injury and fatigue than their male counterparts. Women suffer musculoskeletal problems, which are mainly work-related. It is primarily because of heavy weight lifting on the back and head and repetitive tasks. Evidence also suggests a relationship between psychological stress and musculoskeletal problems (Bongers et al., 1993; Leino and Magni, 1993, cited in Messing, 1997). Women also experience a high workload and are susceptible to stress-related injuries. The demands of home and work are the two broad factors that give rise to anxiety, fatigue, and psychological problems like stress and mental fatigue. An unhealthy work environment involving lifting heavy weight and repetitive gestures can cause extreme physical and psychological exhaustion. It can further lead to chronic conditions like persistent lower back ache, pain in hands, back, and elbows and could also lead to menstrual problems (Khan, 1993 cited in Kaila, 2002). An unhealthy and hazardous work environment has the potential to affect unborn children. Besides, older women are prone to work for longer hours and are paid less. They are the ones who are prone to developing bad backs and broken bones (Nimbalkar, 2004, p.216). They face a higher risk than young women, and the researchers should consider these differences rather than believing they do not exist (Nimbalkar, 2004).

Stress continues to be one of the persistent and elusive problems among the women workers in the informal sector. Women have myriad roles to play. Women also have a responsibility of family and taking care of the home in addition to work "very often women are stretched to the breaking point, pulled between demands of working life and domestic commitments" (Ekelof, 1991:26-27, cited in Kaila, 2002). To understand the occupational health aspects of women's work, it is essential to analyze the women's work and its impact on their physical and mental well-being (The National Commission for self-employed women and women in the informal sector, 1988, cited in Kaila, 2002, p.2). It is essential to understand the dynamics of occupational health problems like physical stress, postural issues and how they interact with the family, demands of work, and the variety of roles women take up. The nature of work and stress arising from multiple roles and the working conditions need to be analyzed. There could be multiple stressors in the workplace, and therefore single factor single-effect model is not

appropriate to investigate the cause of stress. Changing employment patterns and recruitment of labour and demands at the workplace needs a comprehensive approach to understanding occupational stress. This could only be made possible with the active participation of women.

The overarching view that the health, safety issue, and needs of men and women workers are identical needs to be challenged. Knowing the physical differences between men and women and distinguishing between their nature of work and hierarchy is essential to making the workplace healthy. The existing bias needs to be challenged by reorientating research priorities that consider both the social and biological differences between men and women and emphasize understanding the occupational health concerns within the framework of daily lives (Messing, 1999).

There should be adequate safety and preventive measures for women working in hazardous conditions. There is a need for legislative measures and their better implementation to protect women's physical and mental well-being. There is also a need to introduce occupational health services at all the worksites where women are employed. Many organizations working in the construction sector are reluctant to employ women because of these obligations and additional legislative measures. Segregating men and women for performing different tasks should not be a mechanism to shy away from the responsibility of implementing health and safety practices.

Overall, women's employment has a positive impact on women's health (Walters, Lenton and McKeary 1994: p.15 cited in Messing, 1997, p.40), and employed women live longer than unemployed women and homemakers (Silman, 1987; Waldron 1991 cited in Messing, 1997, p.40). However, some of the risk factors present at the work site can potentially impact women's health adversely. Therefore, it is pertinent in research to adopt strategies to analyze data by gender and identify health problems specific to women. We should also devise strategies so that the health hazards women face at the workplace should not lead to denial of employment opportunities.

The feminization of labour has an impact on women's health. The nature of work is an important determinant of women's health. Vertical segregation exists in the job market, especially in the informal sector. Women, as compared to men, are three times more likely to work as part-time or temporary workers (Armstrong & Armstrong, 1993: p.50-54 cited in Messing, 1997, p.43). Some of the main features of women's jobs are monotonous, repetitive, and multiple responsibilities with unfavourable working conditions. All these conditions can impact the physical and mental health of women. And not all types of illness or injuries lead to

absenteeism. Sometimes workers continue to work despite pain. Therefore, speaking to women and exploring their occupational health problems through probing is important. Men and women with the same job can have different exposure and risks that have epidemiological implications. Therefore, a job title may not be an appropriate proxy for understanding working conditions or exposure. Consequently, there is a strong need to study women's health vis. a. vis. nature of work and the resulting distress.

Because of the widespread prejudices that women's work is safe and easy, they are excluded from occupational health and safety research. This is also because of the prevalent notion that jobs constitute only a minuscule part of women's lives and are not prone to occupational injuries and risks. Figure 6.1 demonstrates the reasons for the lack of research and evidence about women's occupational health.

Fig. 6.1- The Vicious Circle in Scientific Research on Women's Occupational Health
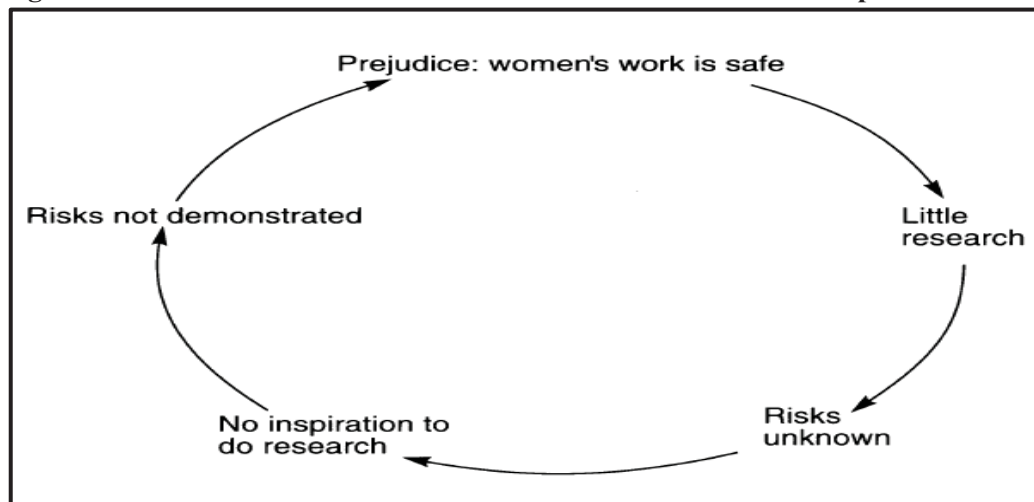
Source: Messing, 1999, p.129

The psychologists and medical specialists focus mainly on the tangible health problems women workers face. Occupational health researchers with a background in medicine have often emphasized the pathologies rather than signs, symptoms, and indicators of deterioration of physical and mental health. The presence of a pathological condition gives legitimacy and worthiness to the research. Epidemiological studies always look for a disease or condition consistently associated with an exposure or risk factor. However, musculoskeletal disorders arise due to interaction between individual-specific dimensions and the work site. Therefore, the sociologist emphasizes understanding the relationship between women and work. Because of the different approaches to looking at the problem and a disconnect between the scientists, the workers, and the researchers, the clinicians are unaware of the different types of health risks

men and women face distinctively (Messing, 1999). As a result, scientists have been deprived of important information on women's work and health problems.

One of the benefits of interacting with the women workers and having a detailed discussion regarding their work and other aspects of life is that they frame their problems and do not limit themselves to the disciplinary background of the researcher. Therefore, it allows the researcher to explore the health hazards associated with their work and the multidimensional risks and vulnerabilities they face every day.

By documenting the narratives, an attempt has been made in this chapter to analyze the physical aspects of work that the women do simultaneously; it also explores how these women balance work and family. Not just the injuries at the workplace, it is also pertinent to consider the repetitive gestures and the number of time that gesture is performed as the evidence suggest that repetitive movements can cause musculoskeletal disease (Dumais et al., 1993 cited in Messing, 1999). Some repetitive gestures might require the use of force, and the amount of force exerted is a critical determinant of musculoskeletal disorders and joint inflammation. Therefore, an attempt has been made to analyze their work concerning the concept of Repetitive Strain Injury (RSI), which is quite prevalent in the construction industry, particularly among women.

When the researcher asked the women workers during the interviews and discussions why they felt exhausted, they could not point out a single factor; however, they reported that they work in extreme heat out in the open, carry a heavy load on their heads, and do digging work. As a result, most of them have developed neck pain, chronic back pain, and regularly have body aches. Carrying heavy loads on the head and back is what they do most of the time, and it is because of repetitively performing these same actions for 8-10 hours a day without sufficient resting time and food. Combined with hours of physical work outside the paid workday, it exacerbates their health conditions. These include picking the wood from the forest for cooking, cleaning drainage pits, fetching drinking water, washing clothes, and cooking food. All of these add to and facilitate the progression of repetitive strain injury. Health and safety legislation measures usually recognize the minimum standards required for workers to survive and keep working. Even these mandates include the basic minimum requirements such as sufficient rest time, lunch breaks, and tea and water facilities at the worksite.

The standard medical view says that the causes of RSI lie in the workplace and not the workers (Armstrong et al., 1987; Herrick and Herrick, 1987; Silverstein cited in Canaan, 1999).

However, it is limited in its scope. It does not consider the emergence of newer technologies and changes in working practices leading to extraction of more labour from workers, control over their jobs, and greater erosion of the workers (Stone, 1984; Frankenhuaser, 1994 cited in Canaan, 1999). The criticism of the physiological model of RSI is that it fails to account for a vast majority of the sufferers. Evidence suggests that women, compared to men, are more likely to be given a repetitive task, making them prone to RSI.

Notwithstanding the debates on RSI and whether the causes of these conditions lie solely in the body or mind, the fact remains how paid work can simultaneously affect the body and mind in various ways. And there has been a greater reporting of these occupational injuries due to drastic changes in working conditions and recruitment practices that are the underlining causes of the rising incidence of occupational injuries. A discussion with women workers reveals stress as a pertinent occupational health problem. A false proposition is a generic view of normalizing depression among women as a natural phenomenon and attributing their mental health conditions to the gender rather than their work. This may further lead to preclude women from occupational health research studies.

6.3 Genealogies of Identity and Work

Genealogy is the study of family structural history or ancestry. It can also be used to document a community's lineage and study the construction of their present identities and the nature of their work. It is used to construct a family tree that entails different types of information, and residence can be one of the information while documenting the genealogy of a community. It also includes place of birth, migration history, occupation, and other personal information (Nam, 2004).

A genealogical approach substantially enriches and recasts our understanding of a particular form of political or economic activity (Fernandes, 1997, p.161). It rests on understanding the formation of social identities and categories through both temporal and spatial processes (ibid). The researcher implies the genealogical approach to understand the construction of the social identity of the *Odh* community as earth diggers and delineates the factors that have led to building this identity and how it impacts their health and overall state of being.

This section, along with the subsequent sections of the chapter, attempts to explore the identity-work relationship of the *Odh* community. It considers the tenets of practice theory to examine the question of 'identity' in the family and community. The broad premise of the idea is that

"we should focus less on identity as an individual or group attribute or achievement and more on how processes of 'self-understanding', 'identification and categorization', and 'commonality and connectedness' are distributed within and across collectively ordered social practices" (Bottero, 2015, p.538).

6.3.1 Understanding the Social and Historical Context of Bhati Mines Village

The Bhati mines village, also known as Sanjay colony, has an approximate population of 60,000. People of the *Odh* community predominantly inhabit it and speak a language called *Odki*. After the partition, they migrated from Pakistan and got settled across different states in India. While some of the migrants from the community got settled in states like Rajasthan, Madhya Pradesh, Gujrat, and Odisha. Most of them came to Delhi to work here in the Bhati mines. In the 70s, the community was formed, settled here, and formed the Sanjay colony. Later some of the families, due to the commonality of their earth digging work, had also migrated from Haryana and Rajasthan to Bhati mines and settled there.

The people of the *Odh* community claim to be a tribal community from Rajasthan; however, they are yet to get a Schedule Tribe status from the government. They are primarily known for their skills as earth diggers. The community has carried on this identity of earth diggers and this particular expertise across the generations. They initially worked in the Bhati mines and took up the digging work available in other parts of the country. The digging work in the Bhati mines was closed in the early 90s. Earlier their prime occupation was to dig wells and ponds; however, after the closure of the mining activities in Bhati mines, they started doing the digging work for laying of cables and pipes. Due to this, the community began looking for work opportunities outside Delhi.

People from the village used to go to the other states to do the mining and digging work. They have worked all over the country. Where ever there is mining work going on, they go there. When there is any requirement for mining work for laying down cables, electric wires, and underground pipes, the people of this community who are specialists in this kind of work take up the job. This community has done most of the digging work in Delhi for construction during the post-independence period, including the construction of Connaught Place.

At present, the colony's workers are predominantly engaged in earth digging work which is required mainly when the foundation of a building is laid down. They also take up the demolition work when an old building is demolished. All the workers being interviewed, male

or female, have been doing the earth's digging work for generations. While men usually do the digging work, women carry the debris in *tasla* (pan) over their heads, cleaning the old bricks and carrying other construction material.

Their work has led to the construction of their identity and the collective identity of the village and the *Odh* community as earth diggers (*mitti khodne wale*). The workers of this community have a shared history of work migration and are connected by caste, custom, and a shared culture. They mainly get their daughters married in the same community, and a majority of them have carried out the same work even after the marriage. Before marriage, they used to go to the work sites with their parents and work with them. After marriage, they go to work, sometimes with their husbands or otherwise individually, to other sites. There has not been any substantial change in their lives in terms of the work that they used to do earlier.

6.3.2 Insecurities of Workers in the Bhati Mines Village

A group discussion was conducted with daily wage women workers at the beginning of the field work to identify the village workers' major problems and pressing issues. This particular discussion engaged 13 women workers waiting at the labour chowk for *thekedars* (contractors). Most of the women were in the age group of 50-60 years. They were left without work waiting at the labour chowk for that day. The discussion gave insight into their daily struggle to get work, their wages, and their daily life struggles. They explained the mechanism of getting work and the availability of work which further provided insights to the researcher to conduct in-depth interviews and case studies.

The workers of the village get work through sub-contractors, also called *thekedars*. The main contractor receives a huge sum of money, and they sub-contract to one of the workers from the village to recruit labour. These *thekedars* (contractors) are the village residents and can get big contracts from various companies for supplying labour. They recruit people from the labour chowk of the village on a daily basis. Most workers are daily wage labourers and get only daily wages and no other entitlements at or off the work site. At 7 a.m., all male and female workers gather at the labour chowk of the village. Afterward, the *thekedars* would come and take the workers to the sites as per their requirements. Those who are taken by the *thekedars* go to work sites and the rest who do not get work by 9 a.m. return to their homes. This is the normal routine for the workers of the village. This tradition of picking people up early morning from the labour chowk has been going on for a long time.

During the discussion, on being asked about when they started this work, the older women recalled their work experiences as earth diggers. They said that they used to do this work before marriage, and after marriage, they still do the same job. They did not remember the exact age at which they started doing this work; they have been working since early childhood. Some said, "may*be we will die doing this work only."* They further said, *"our children have no better education we fear that like we learned this work from our parents, similarly if we could not provide good education to our children, they might as well end up working as earth diggers"* (Bhati mines, Delhi, September, 2021).

When asked about work availability, they said, *"We wait at this place every day as our work is not fixed." Thekedars would pick up the workers based on the type of work, preferably young women who can do laborious work that requires physical labour and long working hours"* (Bhati mines, Delhi, September, 2021). As discussed, most of the women there were in the 50-60 age group. They said that contractors avoid taking older women as they would not be able to do laborious work. They take young women who can do the load-carrying activities on the head, demolishing old buildings, cleaning old bricks, and carrying the construction debris and bricks overhead. Carrying a pan on the head and carrying a shovel and earth digging (*tasla uthana, belcha uthana, mitti khodna*) requires intense physical work. Therefore, the *thekedars* prefer young women for greater productivity and output. Hence, their probability of getting work is very low, despite all reaching the labour chowk early in the morning. The problem is similar for men. They also have to wait for work every day. A woman added, *"hamare kaam me kaam milna nasib ki baat hai"* (in our field, it is a matter of luck to get work). One of the women said they could only get 3-4 days of work in a week. The other women participants said that though she came to the labour chowk every day, she got only four work days in the last month.

All the participants worked as daily wage labourers and were paid between Rs. 250-300 per day for 8 hours of work. A respondent added that those who have negotiation power could get Rs 350 as well, and they get Rs. 50 for some extra work. They said that they are not paid enough for the kind of work they do and have a hard time making ends meet. One of the respondents (BM-4) shared, *"wages are so low, and looking at the inflation rate; we cannot even buy a 10 kg Atta packet with the wages"* (Bhati mines, Delhi, September, 2021).

Those women workers who could not get work for that particular day were very disappointed and said, "*aaj fir khali hath ghar jana padega or baccho ko roti pe namak mirch daal ke pani*

se khilana hoga" (Once again we will have to return home without work and will have to feed our children chapati with salt and chilly with water, Bhati mines, Delhi, September, 2021). One of the women respondents (BM-13) said that they often have to sleep without eating. She stated, "*kisi kisi din to ghar me khana bhi nahi banta*" (sometimes, we do not cook food in our homes). She added that they had borrowed money to meet their basic needs, and the pandemic had further pushed them into heavy debt. They took ration from the shopkeepers and paid later in installments when they started getting work. First, the wages are so low, and there is very high uncertainty of work in this field.

About the health issues they face while working, most of them said that they feel *kamzori* (weakness), *thakkan* (fatigue) and *chakkar* (dizziness), and severe body ache while carrying *tasla* (pan) overhead. Since they work in heat out in the open, they get heat stroke. They often get injured while working. These injuries include mild injuries like crushing, pinching, and skin abrasion because they work mostly barefoot or wear slippers. And sometimes, they get fractures and swelling of body parts and get seriously injured.

Almost all group respondents said they do not get any PPE kit, and there are no safety and security measures in place at the work sites. Occasionally, when they get to work at a site under the government, it is mandatory to wear the PPE kits. There they have all the safety measures in place and proper space for resting and having lunch. However, the other sites do not have a shed for relaxing or having lunch. They get half an hour for lunch at the work site, then resume their work.

Regarding their registration in various provisions of labour welfare, they shared that a person in the village helps them get the labour card registered. He charges Rs. 1200 for generating a new labour card and Rs. 1000 for its renewal. Also, he takes the first installment of the amount credited in the beneficiary account for eight months or a year of registration. Similarly, for old-age or widow pensioners, he takes all the money that comes for the first time, for six months or a year.

The respondents shared that the village *Sarpanch* is so cruel and corrupt that he has not done anything for the village. During the COVID lockdown, he never distributed the ration received from the government. All the women said that he distributed the ration only to his relatives and friends. He used to keep all the dry rations either in his own home or in his relatives' home. Another woman (BM-6) said, "*saara ration neta kha jate hain ya apne rishtedaro ko baant dete hain garib aise hi mara jata hai*" (all the ration is either taken by the politicians or

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distributed among their relatives and we poor people die like this only, (Bhati mines, Delhi, September, 2021).

The only thing they got during lockdown was cooked food that was insufficient to feed the whole family. The women said they got only four chapattis per family, some rice and *daal*. Some got a dry ration (4 kg. Wheat and 1 kg. Rice). All the women felt that the village should have training centers so that young women could learn new skills and get employed based on that. They should have a regular income source, so they do not have to depend on this work.

There has been no infrastructure development in the village. There are no roads in the village. The condition of the streets is pathetic with big potholes which can lead to accidents. The school has been operating in a make-shift arrangement. The women also complained that there is no water and toilet facility in the village, forget about safe and clean drinking water. Some people have their borewell, but many have to buy water by paying Rs. 100-150 per month or take water from a neighbour's borewell. Due to this, they store water in containers for next week until they get the water supply.

One of the women (BM-3) said she had to carry water from her relatives' home as she could not buy water. She added, "*beta khane ko paise nahi hain pani ke paise kaha se de*" (we do not have adequate money to buy ration how can we pay for water). Talking about the toilet facilities, some families have their toilets, but most go for open defecation. Another woman said that she pays for using her neighbour's toilet. She added that at the end of the month, she pays for the septic tank cleaning; half of the payment is made by her, and the neighbour does half. There is no drainage facility in the village. There are open drains and pits filled with water. The village people have dug holes inside their houses to store the drain water. Once the pit is filled, they manually empty it. Due to the poor drainage system, the problem of mosquito breeding is prevalent across the village. The women said they go to the forest to pick up wood for cooking food as they cannot afford the gas cylinders. However, they have the gas *chulha* (stove); they rarely use it for cooking.

6.4 Collective Memory of Community: Articulating the Meaning of Identity, Health, and Well-Being

This section of the chapter uses the community lens to describe the language of risks and suffering and its transmission across generations. It also teases identity, health, and well-being notions that emerged in the group discussions. To begin the analysis, an understanding of

community and collective memory needs to be in place. The present section uses the concepts of community and collectively negotiated ideas of community and shared reality of community deliberated in the third chapter (Section-3.7) to understand the relationship between socio-political and socioeconomic conditions that determine members' lived realities and their everyday engagement with that reality.

The group discussions attempt to explore the relationship between identity, work, and health, among the daily wage women workers in the Bhati mines village. Analyzing the responses of the group discussions allow identifying the perceptions of risks that may be overlooked by the individualized or quantitative approaches and understanding the factors that determine the health and overall state of being of an individual and a community. Therefore, this section of the chapter uses the community lens to describe the language of risks and suffering and the notions of identity, health, and well-being that emerged in the discussions.

6.4.1 Uncertainty of Work and Shelter and Resulting Psychological Stress

Respondent No- BM-27, 65-years-old woman worker had not gone to the labour chowk for the past week. She had a fever and cough and could not go to work. The researcher met her while sitting outside her house with some other community members. She said that while there are numerous problems in the village; however, the community people face two major issues, of the immediate concerns. The main problems are lack of regular work and the threat of eviction by the forest officials.

She shared, *"work is extremely important. If you do not have work, you cannot eat well and will not be able to manage three times of food. It is essential to feed your children, and if you cannot even do that bit, what will the children think of us. What kind of thinking will they develop about their parents that they cannot even feed us? If you cannot educate your children and the least you cannot feed your children, then what is the point of life. There is no meaning to life in the first place if you cannot manage all these essential things. Therefore, she is compelled to work to feed her family at this stage"*. She says, *"khane ko nahi milega to kya karenge" (what will we do if we do not have anything to eat)*. (Bhati mines, Delhi, October, 2021).

The second major problem they face as a community is the continuous threat of eviction. The land belongs to the forest department. Every day, forest officials come and threaten them to

evict the land. Now, they are also not allowing them to pick wood from the forest; this has put a financial burden on the families of the community who used wood for cooking food.

She explained that her family came here in 1981 and had been living here since then. Their forefathers came to India during the partition. They did all the digging work in Delhi and across the country. The Government said that they would settle them in Rajasthan. They would get land and permanent houses there. But they are still living in *jhuggi-jhopri* in a *jungle* (forest) without water supply, toilet facility, and other facilities.

She asked, *"aren't we the citizens of this country, as none of the governments have done anything for our village and colony. The drains(naali) are open. There are no roads. We get water once in ten days. We have to store water for daily activities. We have a pit outside our house where we store all the drain water and empty it every two days or whenever it is full. We also have a labour card registered in our name but have yet to get any money or benefits. Whatever facilities we have, we have done on our own. And now we are getting threats from the forest department to vacate the land"*. (Bhati mines, Delhi, October, 2021).

She further said, *"we were promised that we would be allowed to settle on this land or be given some other place to settle down. We would also be given money to build our permanent houses. People in Rajasthan are getting money to build their own houses and get all the facilities. And we are living in Delhi and just see our condition. We live so close to the government, the Central and the State, and we live in such a deplorable condition. We are forced to vacate this land. After such a long time, we cannot go anywhere. Where will we go if evicted from here after such a long time?"* (Bhati mines, Delhi, October, 2021).

Respondent No- BM-7, a 27-years-old woman, lives with her three sons in the Bhati Mines village. Like many other families, she does not even have a *kaccha* house. She lives in a temporary tent and has a mosquito net during night hours. She lives in the *jungle* (forest) out in the open with her family without any basic amenities like water supply, toilet, bathing space, electricity, etc. Her son has had *"saans ki bimari"* (breathing problem) for the past eight years, and she could not get him treated because of a lack of money. Whatever she earns is hardly enough to feed themselves; therefore, she could not get him treated. Regarding the work, on average, she gets ten days of work per month. With this, somehow, she manages to feed her family and cannot do anything beyond that. For the past six days, she has been returning without work from the labour chowk. With each day without work, the stress and anxiety keep

piling up with the rising financial debt. She has been desperately seeking work to sustain her family.

6.4.2 The Accidents, Risks, and Injuries: Perceptions and Lived Experiences of Injuries and Ill Health

Respondent No- BM-1, a 27-years-old male worker shared that the earth digging and demolition work is so physically intense and injury-prone that if you work for one day, you do not feel like going to work the next day due to body ache and aching legs.

He stated, *"we manage some form of minor injuries happening on an everyday basis like a brick falling on your foot and legs, corn on hands and feet; however, if you get a major injury, then you lose a lot of days of work and will have to take rest. This makes you so insecure and miserable. However, willingly not going to work on any day is not affordable. Sometimes, we do not get to work; that is a different thing and can be at home but deliberately not going to work is impossible. The most challenging task is working as an earth digger; what is even more challenging is getting work every day. The biggest challenge is getting regular work and having a regular source of earnings. The uncertainty of getting work and then meager wages combined with the occupational hazards and injury makes life so uncertain and full of anxiety"*. (Bhati mines, Delhi, August, 2021).

Respondent No- BM-8, is a 30-years-old widow. Her husband died a few years back. She has five children; three daughters and two sons. She had sustained a leg fracture while working at one of the sites. She had to rest for some time to allow the bone to heal. However, she could not rest for the recommended duration, and then while talking to the researcher, she showed her malunited leg fracture with the protruded bone. She said that her family could not survive if she rested for a long time. Despite the malunited fracture, she comes to the labour chowk every day in search of work and does all of the work assigned to her, including digging work, carrying pan (*tasla*), and cement bags overhead.

However, due to her leg injury, she is not getting work for quite some time. She is facing difficulty in feeding her children. She stated, "*agar kaam nahi milega aur chot ki wajah se ghar baith jayenge to baccho ko kya khilayaenge"* (if we do not get work and we sit at home because of the injury, then how would we feed our children). She has no money at the moment and is completely helpless. She is buying ration on debt (*udhar*), hoping that when she gets

work, she will pay the shop owner. She desperately needs some money to feed her children, at least salt and chappati. For this, she needs to work, so she should get work in the first place.

Respondent No- BM-5, a 50-years-old woman shared that her husband is not working. He fractured his hand while working and did not get any money from the contractor or builder. He remains at home, so she must work daily to manage family expenses. She also stated that because this activity requires rigorous physical work, the *thekedars* will not take them to the work sites until they are fully fit. They would not get any other supportive work that requires less physical labour or movement. This is their community's only work, requiring complete physical fitness. She will have to work to sustain her family's basic needs until her husband gets well.

Respondent No- BM-26, a 35-years-old male daily wage labourer was waiting for the *thekedar* at the labour chowk. He came here after a gap of 20 days. After inquiring about the reason, he removed the plaid (*ghamcha*) wrapped over his head and showed the researcher a deep scar yet to heal. He injured himself while demolishing an old building when the wall fell on his head. The injury was severe as the scar appeared fresh and was visible from a distance. He said that he could not have waited more for the scar to heal as it would lead to a loss of wages, and a long wait would be catastrophic for his family.

Respondent No- BM-29 & BM-30 (30 and 32-years-old respectively) work as earth diggers and have no formal education. They work 2-3 days a week and mostly do the *tasla* (pan) carrying work along with any other work at the construction site. They get Rs 250-350 per day depending on the type of work. If they have to climb stairs, they will be paid more if they have to work at the ground level, they get less. They further shared, *"bahut mehnat ka kaam hai" (it is very labourious work). Earth- digging and carrying bricks and cement bags on the head is physically demanding. We cannot choose to take up any other work or do anything else. Our ancestors have been doing this for a very long time, and most of the women in the community do the same work. Therefore, there is no choice not to do this work. If we do not work, we cannot eat".* (Bhati mines, Delhi, October, 2021).

She stated, *"we get injured quite frequently, and mostly we have to get treated on our own. Sometimes, when we get to work at a government site, we get PPE kits, but other than that, we work wearing slippers and Gamcha on the head; there are chances of crush injury and other forms of injury. Many people with fractures and other injury conditions still come to work. We cannot manage without working. Those who have the money go to private hospitals for*

treatment; otherwise, we will have to get treated by the government hospital. And as you know, government hospitals have no good quality treatment". (Bhati mines, Delhi, October, 2021).

6.4.3 A Typical Day of a Women in Bhati Mines Village

The daily routine of male workers is similar to most women workers in the community, excluding the domestic labour and household chores which is an exclusive domain of women. The day starts with waking up around 4 a.m., cooking breakfast and lunch for the family, packing lunch for themselves, and reaching labor chowk by 7 a.m. They further elucidated, "if we get work, then we will return *at 7 p.m. Otherwise, we will come back and do the other household chores. While on a working day, we do not get any tea or snacks from the thekedar. So, the breakfast we have in the morning is all we have, and then we eat lunch at 1 pm. Apart from this, we do not get anything to eat. If the thekedar is good, we get tea; otherwise, mostly, we do not get anything in between. She added, "sham ko 7 baje wapas aane ke baad kaam khatam nahi hota uske baad hum kapde dhote hai, khana banate hai aur fir naali saaf karte hai and fir naha kar sote hai fir aagle din kaam par jana hota hai"* (After coming back by 7 p.m. the work is not over for us we have to wash cloths, cook food, cleaning the drain and take bath and then sleep and be ready for the next day to go to work). (Bhati mines, Delhi, October, 2021).

What Makes You Healthier

On being asked about what makes you healthier, the respondents shared that if you have a regular source of work, then you will be healthy. Eating salt, green chili, and chapati (*Namak, Mirchi or Roti*) will not make you healthy. In the group discussion, a worker stated, *"earlier, we used to go to the forest to get wood for cooking, now the forest official has built a wall to prevent us from taking wood. Our problem has increased because we cannot afford to fill the gas cylinder"* (Bhati mines, Delhi, October, 2021).

Respondent No- BM-24, a 26-year-old woman worker shared, *"there is no water supply, so we have to fetch water from distant places even if we are pregnant." During the lockdown, the electricity bills were waved off. Now, we are getting bills of Rs 1000 to 1200 per month. There is no rebate on electricity bills. There is no drain, no water supply. There is no fixed work, and wages are very low. If we live in this condition, how can we be healthy?"* (Bhati mines, Delhi, October, 2021).

Most women workers believe they cannot change their situation because their children are not getting a good education. They fear they will also get into this profession without any other job. If they get a good education, they will break away from this family occupation and get some other good job. But most people in this community end up taking up this work after trying to get another job.

6.4.4 Balancing Household, Family and Work: Everyday Struggle for Survival

Respondent No- BM-31, a 35-years-old woman daily wage labourer living in the Bhati mines village. The researcher met her while making *chapatis* (*rotis*) on the hearth *(chulha)*. The researcher sat on *khaat* (cot) with her family members and talked about her everyday routine, work, and family. She said she started working as an earth digger at the age of 10 years. She never got an opportunity to go to school.

She further added, *"papa ki death ho gaye thi aur mummy aakele thi to mummy ke saath jaane lagi and fir dheere dheere bahut kam umar se regular kaam karna shuru kar diya"* (after my father's death, my mother was alone; therefore, I started accompanying her and regularly working when I was too young). (Bhati mines, Delhi, November, 2021).

She shared that she has no formal education and has never been to school. She had started working full-time with her mother when she understood the situation. She was born in the Bhati mines and married in the same community. After marriage also, she does the same work. There has been no difference in her life pre and post-marriage. She stated, *"Bachpan se yahi kaam kiya hai humne abhi bhi yahi kar rahe hai. Iske alawa aur koi kaam nahi hai hamare paas"* (we have been doing the same work since our childhood, and we have no other work other than this). Regarding the wages she said, *"Agar Jeena chadna hai to 8-10 ghante ke 400 or agar niche kaam karna hoga to 350. Chowk pe jaate hai har roz, kisi din kaam lag gaya kisi din nahi laga. Aise hi kaam chalana padta hai"* (If we have to climb the stairs then we will get Rs. 400, and if we have to work on the ground, then we will get Rs. 350. While we go to the labour chowk every day, sometimes we get work and sometimes we do not. We have to manage like this only). (Bhati mines, Delhi, November, 2021).

She shared an incident when she met with an accident a year back where she sustained multiple injuries. A rod has been put in her legs. She got her leg bone fractured, ankle joint injury, and severe abdomen injury. She was completely bedridden and immobile for one year. She could not work during that one year, which was one of the most challenging phases for her family.

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The family had spent a considerable sum of money to get her treated. The loss of work during that period was also impacting the family. After a year, once she gradually started working, there has not been any change in her daily routine. She wakes up at 4 in the morning like other female workers of the community. This is the normal routine for almost everyone, whoever goes to work. Before leaving for labour chowk, she prepares breakfast and lunch for the family members who stay back at home and packs lunch for work. Sometimes, when they work at nearby places, they come back early by 6 p.m. Otherwise, they return by 7- 7:30 p.m. if they go to some distant place. After coming back, they start cooking food, washing clothes, cleaning drains *(naali saaf karte hai)*, and take a bath and sleep by 11 p.m. And then again, wake up at 4 a.m. the next day. This is their normal routine.

She further added "*Hume thode aaram ki zarurat hoti hai agle din kaam pe jaane ke liye. Kabhi kabhi chot lag jaati hai to thekedar paise deta hai ilaz karwane ke liye nahi to khud ilaj karana padta hai. Chot to hamesha lagti hi rehti hai*" (We just need some rest and sleep to prepare for the next day. If we get injured, sometimes the contractor pays for the treatment; otherwise, we will have to spend on our own. We get injured quite often). On being asked about any leisure activity apart from the daily work, a worker shared *"kaam karke aane ke baad to itni thakan ho jaati hai ki TV kya dekhenge"* (we get so exhausted and fatigued after coming back from work that we do not feel like watching television). (Bhati mines, Delhi, November, 2021).

6.4.5 Repetitive Nature of Work: Resulting Mental and Physical Fatigue

Some of the older women of the community recalled their experiences of earth digging and injuries at work. Respondent No- BM-32, a 65-years-old woman and Respondent No- BM-33, a 40-years-old woman were waiting outside the Bhati Mines temple premises with four more women when the conversation started about their work and daily life. The other women waiting along with them also joined the discussion.

All of the women work as Earth diggers. While the contractor can assign any type of work as per the requirement, their main activities at the site are carrying pan *(tasla uthana)* and cleaning bricks and carrying them over their head. They shared "*200 feet ki khudai bhi kari hai humne*" (we have also excavated for 200 feet). Their working hours are mostly from 9 a.m. to 5 p.m., but they usually leave their houses by 7 in the morning. Otherwise, they would not get any work after that. So technically, they work from 7 a.m. to 7 p.m. The time of coming back also depends on the distance of the site. If the site is too far, like Gurugram and Noida, they will

arrive late as it takes a long time to reach the site, and if the site is nearby, they will come a little early.

In the words of one of the woman workers (BM-32) who explained mental and physical fatigue due to the repetitive nature of work:

"Bachpan se yahi kaam kar rahe hai. 8-10 saal ki umar se yahi kaam kar rahe hai. Bahut door kaam karne jaate hai to bahut subah hi jaana padta hai aur aate aate kaafi late ho jata hai. Saar khaandan hi yahi kaam karta hai. Bacche pati bahu sab isi kaam me hai. Mere haath me dard rehta hai. Ek din kaam karte hai to aagle din aaram lena padta hai. Kaam bhi nahi milta aur mil bhi jaye to kar nahi payenge. Haath me swelling ho jaati hai lagatar kaam karke. Khana bana kar le jaate hai subah 4 baje uth jaate hai aur fir saara kaam karke 7 baje tak labor chowk pahuch jaate hai". (Bhati mines, Delhi, November, 2021).

(Since childhood, we have been doing this work. We started working around the age of 8-10 years, and since then, we have been doing this work. We go to far-flung places to work. Therefore, we leave early in the morning and return late in the evening. Our whole clan does this work, including our children, husband, and daughter-in-law. Everyone works in this field only. My hands are constantly aching. If I work for one day, the other day I have to take a rest. Usually, we do not get work every day; even if we get, we would not be able to work. My hands swell if I work every day without taking a break. We cook food by getting up early in the morning by 4 a.m. and then complete the household chores and leave for labour chowk by 7 a.m.)

"Bachpan se yahi kaam kiya jab mummy papa ke pas the tak bhi yahi karte the aur jab shaadi hue to bhi yahi kar rahe hai. Ab to body thak gaye kaam karte karte to kabhi kaam kar lete hai aur kabhi body nahi allow karti to nahi jaate hai. Zayadatar jo log kaam karte hai isme unko chot lagti rehti hai aur kabhi kabhi zayada chot lag jaati hai. Jab zayada chot lag jaati hai to aaram karna padta hai aur fir ghar ke dusre Parivar ke logo ko kaam karna padta hai". (Bhati mines, Delhi, November, 2021).

(Since childhood, we have been doing this work when we were with our parents we did this work, and after marriage also we have been doing the same job. Now, our bodies are tired and exhausted, so sometimes we work, and when the body does not allow it, we do not go to work. Mostly, people working in this field get injured quite often. Sometimes, when we get severely

injured, we are compelled to rest. Then another family member goes to work to sustain the family).

In a group discussion with Respondent No- BM-34, 35, 36, 37 and 38. It came out that almost all the women workers faced the same problem of fatigue and injuries. They are tired of the same daily routine. As they mentioned

"Ghar se 7:30 khana kha kar aur lekar nikal jaate hai. Subah 4 baje uth kar saara kaam karke fir kaam ke liye nikalte hai. Bahut door jaate hai kabhi kabhi Gurugram Manesar jaate hai. Shaam ko aa kar kapde dhona and khana banana aur 10-10:30 sona hota hai. Bachpan se yahi kaam kar rahe hai maa baap ne shaadi kar diya aur mitti me aa gaye. Parivar ka ek admi kaam karta hai to kaam nahi chalta hai. PPE kit badi company deti hai company wale nahi dete hai. Zayadartar kaam aise hi karte hai aur chot lagti rehti hai. Fawda chalane me pair par chot lag jaati hai, kabhi int gir jaati hai pair pe. Baccho ne 10th aur 12th kar liya hai but jab koi kaam nahi milta to humare sath isi kaam me lag jaate hai". (Bhati mines, Delhi, November, 2021).

(We leave home around 7:30 a.m. after breakfast and carry food for lunch. We get up at 4 a.m., finish household chores and leave for work. We go to work too far; sometimes we go to Gurugram or Manesar. After returning from work, we have to wash clothes, cook food, and sleep around 10-10:30 p.m. We have been doing this work since childhood. Our parents got us married, and after marriage also, nothing changed; we are still doing this digging work. We would not be able to manage if only one family member works).

The big companies provide PPE kits, and the others do not offer one. We do most of the work like this only (without a PPE kit), and we get injured most often. Our feet get injured while working with a shovel. Sometimes, bricks fall on our feet. Our children have completed the 10th and 12th standards, but if they do not get work, they will also start doing this work with us).

Due to the nature of work and the high occupational risk involved in this type of work, the villagers encounter the tragedies discussed on an everyday basis. Another risk involved in this work is the falling of walls on the workers while demolishing an old building. Falling bricks on the legs, body, and head lead to crushing and pinching injuries. Talking to any of the workers, either male or female of the village, revealed that they have met with some or other form of injury in the form of fractures, head injury, joint injury, etc. This is mainly because

most of them do not get any PPE kit from the contractors and work barefoot or wear slippers and wrap a plaid (*gamcha*) on their heads.

While talking to the researcher, the respondent's desperation to get work and be picked up by any of the *thekedars* was quite evident. It increased when the other women waiting at the chowk left with the contractors. After 9 a.m., when there were no contractors and vehicles, the labourers were left disappointed, and the resulting stress and anxiety were quite evident on their faces, and they showed up while talking. Among many social and economic challenges, they face, one of the biggest is to come to labour chowk and get work for that day. The longer they are left with no work, the more the debt for the food and daily expenses keep rising, and the more stress and anxiety engulf them. The issue of minimum or sub-standard wages is a non-issue for them. They need work, if not every day, at least six days a week. They cannot afford to stay in their homes. The workers need to work, and getting the work is one of the most difficult tasks they face first thing in the morning, further exacerbating the other health challenges they face. Some of them have lost their husbands and are desperate to get work. It was found during the discussions that the women whose husbands get work and are left without work can still manage to meet their daily needs.

6.5 Health, Identity, and Illness Narratives: Struggle of Women Workers for Survival

Building upon the understanding of identity deliberated in third chapter (section-3.6), the case studies and narratives used in the chapter may bring to the fore the problems of the women workers. It explores 'what it feels to have a particular condition,' its impact in social and personal terms, the ways it impacts everyday life, and its implications for the future and the past. One of the objectives of the chapter is to understand how the contingencies of daily life assert themselves and shape the perceptions of good health and well-being. The present section uses interview narratives and narratives documented through group discussions. Though these narratives are 'more fragile, inconsistent, and incomplete than a self-consciously constructed text' (Kirmayer, 2000 cited in Blaxter, 2004, p.172), it highlights the interactive processes. Identity serves as a grid through which health and well-being are perceived and ascribed meaning, further determining and constructing the identity.

The narratives analyzed mainly constitute core and contingent narratives. Core narratives can take any classical forms, i.e., tragic or ironic, epic or heroic, didactic or romantic. It describes how the self-changes within some fundamental continuity. This is particularly true for narratives of fatal injuries and chronic illness that pose a permanent challenge to the identity.

The illness or injury episodes provide a context or framework to evaluate the rest of the life (Radley, 1993 cited in Blaxter, 2004). The contingent narratives describe the impact of a major or minor injury or illness episode on everyday life. It also entails sub-narratives such as 'anecdote,' where a respondent shares a reaction with the audience, and 'exemplum,' where a moral judgment is made (Blaxter, 2004, p.172).

6.5.1 Health and Illness Narratives

In the narratives and experiences of suffering, illness is a metaphor for the experience of life and an essentially tragic experience. And 'what it means to be a human can only be known through suffering,' in this case, a severe injury or a chronic illness (Benedict, 1935 cited in Kelly and Millward, 2004, p.6). The narratives of women workers in the Bhati mines village reveal that women workers' identities are produced through the unique structural location and the meaning they give to their particular location, work, and lives. The researcher's analysis throughout the study has rested on the assumption that identities and perceptions of health and well-being are conditioned through structural forces and produced through the symbolic and discursive meanings the social actors use to interpret their lives (Fernandes, 1997, p.137).

The women workers attribute subjective meaning to their experiences and make sense of social reality based on the world they work and live. By analyzing how women workers of the village interpret and negotiate their everyday lives, their struggle for survival, and the dispensability of their bodies, the researcher conceptualized the link between the nature of work and associated risk and vulnerabilities, bodies and health, and their social identities. It also allows us to unravel the relationship between structural and discursive dimensions and social identity formation.

This section, with the help of some core and contingent narratives, analyzes the experiences of women workers who continue to be dependent on the earth digging work for their survival despite their bodies not allowing them to carry on with the work. Some of them have also lost their family members due to a fatal injury, while those who survived a fatal injury could not resume their work. Therefore, the women workers took responsibility for the sustenance and had to return to work to feed their families.

The respondents who were part of the study were randomly selected from the labour chowk; however, their selection largely depended on their availability, as discussed in detail in the first section of the chapter. They were informed that the researcher is interested in their life stories,

perceptions of health, and struggles of everyday life. The case studies and life histories demonstrate how their past, present, and future are inextricably linked to the construction of identity that further determines their current health conditions.

6.5.2 Dispensability of the Body: A Multidimensional Assessment of Risks

<u>**Case Profile-I**</u>

Consider first the narrative of Respondent No- BM-2, a 60-year-old woman is a resident of the Bhati Mines village. She is a daily wage labourer and works as an earth digger and gets Rs 300 per day for 8 to 10 hours of work. She has not done schooling and has been doing this work since childhood. She lives with her husband and two sons, who are also working as earth diggers. Her daily routine involves waking up at 4 a.m., cooking food, and completing other household chores. After packing breakfast and lunch, she reaches the labour chowk by 7 a.m. She and other woman workers wait until 9 a.m. for the *thekedars* to come and take them to work. The *thekedars* prefer young women first, and if there is a requirement for some more workers, they will take them to the site. If they do not get work till 9 a.m., it is unlikely they will get work. So, they come back to their house and complete the household chores. They would again come back the next day at labour chowk. This is the routine of most of the women of the Bhati mines colony, whether old or young.

She appeared very thin and frail with protruding cheek bones and prominent clavicle bone. Her hands were entirely covered with corns with skinny arms and forearms. When asked about the health issues while working at the site and carrying out household chores, she complained of persistent weakness and body pain. She feels dizziness most of the time while carrying the pan (*tasla*) on her head and has been suffering from severe back aches due to prolonged standing and weight-carrying work that she has been doing for a very long time. She stated, *"as you grow old, you develop some complications, and your body becomes weak and frail, and your chances of getting work reduces."* Because the *thekedars* prefer the young women first as they are active and can do more work, once all of the young women present at the chowk are taken away, they will take the old ones to the site but at low wages. As she further added "*Budhiya ko kaun pehele lekar jayega wo itna kaam nahi kar payenge jitna ye jawan log karte hai isliye jab koi nahi milega to hume kam paise par le jayenge"* (who will take the old woman first, we would not be able to do the amount of work the young women can do if the contractor does not get the young women workers, then they will take us on lower wages). The age and capability

of their bodies play an important role in getting work, and their physicality determines the wages.

Despite this, she has to go to work every day. Though half of the days they do not get work, she has to be there at the labour chowk daily to be at least assured of three days of work in a week. She said that, on average, women in her age group get Rs 250 per day for 8-10 hours of work. Occasionally, they also get Rs 400 a day when there is an urgent requirement for labour or if they have negotiation power for the wages.

Talking about her family, she shared that she has two sons who work as daily wage labourers. One of her sons, while working on a building that was being demolished, fell from the first floor and sustained multiple injuries. He got a spinal fracture and a fracture of the hip joint. Forget about compensating or getting him treated; the contractor did not even consider informing the family members that he was injured and admitted to the Safdarjung hospital. His fellow labourers informed the family about the incident and that he was admitted to the Safdarjung hospital. Subsequently, he was taken to Madan Mohan Hospital, when his condition further deteriorated and became critical. He was not given any compensation from the contractor or the principal employer. He did not even get money for treatment or the medical expenses incurred by the family. She further shared that she is not registered for any social security benefit and the daily wage she gets is her only support. If anything happens at the site; injury, illness, or health issues, they have to get treated on their own, as in her son's case. Once they are healthy and fit, they will come back to work.

Asked in conclusion what constitutes good health and what are the factors that determine the overall well-being of an individual and family, she replied eloquently, *"when you live your life like this, what is health and well-being for you when you do not know whether you will get to work tomorrow or not? When you do not have food security for tomorrow and cannot meet your food and other basic requirements, how can you be healthy? When you eat three full meals a day and have a regular source of work, you can be healthy. We eat whatever we can manage from the wages that we get. We are not sure that we will get wages tomorrow because of the uncertainty of work, and we work under the constant fear of a fatal injury that could lead to a loss of work for 2-6 months. There is no one to take care of the treatment expenses and the resulting loss of work; how can we lead a tension-free and good life? All of these are required to lead a healthy and good life".* (Bhati mines, Delhi, September, 2021). Though it was a

general overview; however, it reflected her everyday life struggles and her life history. She was referring to herself while constructing the meaning of health.

Case Profile-II

Consider the case of Respondent No- BM-11, a 50-years-old woman is a resident of the Bhati Mines village. She is a daily wage labourer and works as an earth digger. She gets Rs 250-300 per day for 8-10 hours of work. She does not have a single year of formal education and has worked as an earth digger since childhood. She lives with her husband, daughter-in-law, and grandchildren. Her story is a story of somatization.

Her daily routine is similar to most women in the village, and she struggles to get work every day. Every day she reaches the labour chowk early morning like other women of the village but mostly returns without work. On average, she gets 4-5 days of work in a month, and sustaining such a large family is tough. Talking about her working conditions, she explained that she works in scorching conditions in direct sunlight during the daytime. There is no shed or anything of that sort to rest in between. There is no availability of tea or lemon water provided by the contractor at the site. The food she ate in the morning before leaving for work and the packed lunch is the only thing she gets to eat. They will get a lunch break around 1 p.m. for half an hour when they can eat and rest for a while. After this, they will get to eat or have tea when they come back around 7 p.m. While working, they feel dehydrated most of the time due to excessive heat and sometimes get heat stroke. She also feels persistent dizziness and weakness. She exclaims that it is getting too tough for her to work as she is unable to lift *tasla* (pan) and cement bags.

She further says, "*The first major challenge of the day is to get work at the labour chowk, and the next challenging task is to sustain the day's work. If the thekedar gets to know or sees that I cannot lift the pan (tasla) or have difficulty doing the job, he will not bring me from the next day to the worksite. He will ask me to take rest for a few days and be fully fit to work*". (Bhati mines, Delhi, October, 2021). She said that due to lack of a regular source of work and being the only earning member, she is having difficulty feeding her family. She gets ration from the government (wheat and rice), so at least they have something to feed their grandchildren, especially during no work for a long time or more than a week.

She shared an incident where one of her sons, who was a daily wage labourer, used to work as an earth digger. He met with an accident while digging for laying electric cables and died of

high electric shock at the site. His family did not get any compensation or a single penny from anywhere. In this regard, they had filed court cases twice, but in vain. The papers returned as they asked for the attendance sheet and other proof of work. The family spent almost Rs 12,000 from their hard-earned savings to file a court case hoping to get some financial support. However, they did not get anything in return and instead lost a considerable sum of money that proved catastrophic for the family. They have not received any help from the contractor or other people in the village. While narrating the story, her daughter-in-law brought the photo of her husband that was put on the front wall of the house to show how he looked.

It's been four years since her son's death, and since then, his mother (BM-11) has been working and managing her family expenses. Her daughter-in-law remains at home to care for the young children and older people. Her husband is also ill and cannot work, so she is the only one who has to go to work every day to sustain her family's needs. She is not registered for any social security measures except her daughter-in-law received the widow pension that too after paying a bribe for it. She shared, *"the concerned authorities, if they register you for any of the welfare schemes, then just before filling the form, they will inform you that the first-year installment will be theirs, and after that, you will get that pension."* (Bhati mines, Delhi, October, 2021).

When asked how they managed during the lockdown, she said that her daughter-in-law got a widow ration from the government. Besides, they also got cooked food from the schools. Though the cooked food was not sufficient for feeding the whole family, however; it was supportive, and at least they did not have to be worried about feeding the family's minor children. Apart from this, they had not received help from any other organization or individual.

While talking to BM-11 outside her house, the researcher was slowly surrounded by more women from the neighborhood who joined the discussion. They all were working as daily wage labourers. In terms of appearance, they all appeared weak and extremely thin. One of the respondents BM-42, a 40-years-old, who lives in her neighbourhood had experienced a similar tragedy. She is also a daily wage labourer and has five children. She informed that her husband died of electric shock while doing the digging work for laying electric cables. She has not received any monetary compensation or help from the *thekedar* or any other authority. And now, she is taking care of all of her children independently.

Case Profile-III

Respondent No- BM-40, a 45-years-old woman, is a resident of the Bhati Mines village. She has never been to school. She is a daily wage labourer and gets a wage of Rs 300-350 per day. Most of the time, they are paid on the same day, sometimes the next day. She says she usually gets 4-5 days of work per month. She was standing at the labour chowk waiting for a *thekedar* when the researcher met her early morning. She agreed to have a discussion with the researcher at the labour chowk itself, but with a caveat, if she gets work, she would have to leave midway. Unfortunately, she did not get work on that day. She also shared that this had been happening for the past few days. Mostly she had been returning without work. The researcher moved towards a more detailed discussion about her work, family, and health as she had given up hope of getting work for that day.

She lives with her daughter and son in the Bhati mines village. Her husband died 15 years back. Her son also works as an earth digger. She shared that she started working after her husband passed away. Initially, she was a little reluctant to reveal her husband's illness and cause of death because of the stigmatized nature of the disease. Later, she shared that her husband was diagnosed with cancer, and within just 15-20 days of diagnosis, he passed away. She was in the middle of the crisis and had to take up the responsibility of feeding her family. Consequently, she had to take up this work, which is how she started working as a daily wage worker as she had no other choice.

She said that earlier, her son was the only earning member after her husband passed away and that he rarely got to work every day. So, she decided to work to supplement the family's income. Both of them are working to manage the family's expenses. Otherwise, it isn't easy to sustain if only one family member works, and that too does not have a fixed and secure source of income. She shared that *"when both of us go to work, there is some possibility that one of us will get work and have some money at the end of the day to take care of our food expenditure. It is been 15 years I have been doing this"*. (Bhati mines, Delhi, December, 2021).

She further spoke about her childhood memories, "*15 saal ho gaye tab se mitti uthane ka kaam kar rahe hai. Mai jab bahut chhoti thi tab mere maa baap bhati mines aaye. Tab se mai Bhati ko dekh rahi hu uske baad kabhi wapas rajasthan nahi gaye"* (It is been 15 years I have been working as an earth digger. When I was too young, my parents came to Bhati mines, so I have seen Bhati since then and have never gone back to Rajasthan). (Bhati mines, Delhi, December, 2021).

Her daily routine starts from waking up at 5 in the morning and wrapping up all the household chores; preparing food, packing lunch for work, and reaching labor chowk by 7 a.m. She usually has tea in the morning before leaving for labour chowk. If she gets to work that day, she will have breakfast by 9 a.m. after reaching the site and start working. Sometimes, she gets tea at the worksite around 11 a.m. and then has lunch between 1-1:30 p.m. She said that the workers get half an hour for lunch and rest during this time only. They do not get any extra time for rest. If they rest beyond this time, their working hours get extended. Therefore, to leave early, it is better to have lunch and not rest after so that they finish the assigned work and can leave early and reach home before it is too late.

Usually, they come back by 7 p.m. It depends upon where they are working; if it is some faraway place, it will be a little late than the usual time. When they go to Gurugram, Faridabad, and Manesar to work, these places are far from their village. So, they will come back late. After returning from work, they start cleaning their house, washing clothes, bathing, and cooking food. Having a bath alleviates the fatigue and prepares them physically and mentally for the next day's work. By 10 p.m., they go to sleep. This is their usual routine. She expressed her pain by saying, "*Saara din itna bhari kaam karke body haar jaati hai rest bhi aadhe ghante ka hi milta hai*" (*my body gets fatigued and exhausted after doing such laborious work for the whole day, and we get only half an hour of break in between*). (Bhati mines, Delhi, December, 2021).

When they do not get work, they remain at home. These days they do other household chores like cleaning the drains (*naali*) and drainage pits, bringing wood from the forest for cooking, storing water from the bore well, and doing other things they cannot do when they come back from work.

Her main responsibilities at the construction site are carrying pan (*tasla uthana*), brick cleaning, and carrying the bricks and iron rods on her head. She further shared that they could be assigned any work once they go to the site. The contractor could give them any type of work, but they mostly do these activities. Regarding the injuries at the worksite, she gets injured quite frequently due to the nature of the work she does. Most women workers wear slippers and get crushed injuries due to bricks falling on their feet, legs, and hands. They get swelling in their hands and legs due to carrying heavy loads.

She stated, "*Jab chot lagti hai to dawai private doctor se lete hai apne paise se. Thekedar kisi chot ki zimmedari nahi leta. Or kabhi chot zyada lag jati hai to rest lena padta hai jab tak kaam*

karne ke layak na ho jaye warna thekedar hume le ke hi nahi jayega" (when we get injured, we get treated on our own in the private hospital. The contractor will not take responsibility for any injury. Also, if the injury is severe, we will have to rest until we are fit to work again; otherwise, the contractor will not take us for work). (Bhati mines, Delhi, December, 2021).

The case studies highlight women's worth and their mental and emotional states. The pain and struggle these women have endured reflect the overall battle of their lives and their fight for survival every day. The precarious nature of their lives and the multidimensional deprivations their families face. The workers are not protected by occupational safety measures at the worksites or other employers' legal or social protection measures. They are themselves responsible for their safety and for any accident that happens at the site. Due to the informal and casual nature of work, the workers in this field do not have a fixed working site. Consequently, they also do not have an attendance sheet or other proof of work. Due to this, they could not get any compensation. They work on daily wages wherever they get to work. They just go there with the *thekedar*. It is not fixed that they will work again at the same site the next day. Therefore, they do not have a fixed worksite. Despite very high occupational risks, the contractor and principal employer have exploited the casual and informal nature of employment to preclude the workers from statutory and non-statutory entitlements.

These cases also reflect the workers' hazardous and risky working conditions and their families' economic hardships due to a lack of living wages. The attitude of the contractor and the principal employer raises the question of dignity associated with the work and highlight the issue of the dispensability of their bodies. The contractor does not even consider informing the family members about a near-fatal injury and does not care for the worker's life. It raises the fundamental issues of dignity and rights at the workplace. Dignity as a human has been denied in all these cases.

In addition to the tragedies discussed in the case studies, on the first day of the visit to the village, the researcher learned that two workers from the same community had died from an accident while carrying out the digging work. Both of them were daily wage labourers who had gone to work at a construction site in Gurugram. While digging a hole, the mud fell back on them, and they got trapped inside the pit. There was no one to their rescue, and there were no safety measures to tackle such a situation. The workers mainly work on their own. They take responsibility for the work, and safety is also on them. The villager's narrative revealed that this happens regularly. These tragedies have also exposed workers' vulnerabilities and the

risks involved in their work. The death and fatal injuries among the village workers are a continuous reminder of the vulnerability associated with their occupation and their health and lack of any protective mechanism. The injuries or death are not just because of the nature of their work but mainly due to the lack of safety measures and the social protection net at the work sites. The informal nature of work combined with the absence of any social protection measures makes their working conditions unacceptable and inhuman, putting their lives and health at risk.

6.6 Everyday Life and Life Histories: Capturing the Struggle across Life of Various Kinds

This section analyzes the experiences of everyday lives, work, and family life of women workers who continue to survive on the earth digging work that their families have been doing for generations. A complete life narrative is not only about illness or suffering, as most data concerns illness or disease, not health. Health, an abstract concept, is not easy to talk about, as are the perceptions of health and well-being. However, when the researcher documents life narratives and talks about their everyday lives, work, and coping mechanisms, he can tease the implicit themes in these discussions.

The researcher, through these discussions, attempts to bring to the fore the general patterns that constitute the everyday lives of the women workers and shape the "dailiness" of women's experiences at home and work. The experiences of women's lives are centered around the task of survival. A majority of them are entrusted with the responsibility of 'social reproduction' in everyday subsistence. Besides, they strive to provide a better future for their children to break away from the vicious cycle of the earth digging work.

The women ascribe meaning to their experiences of work and domestic life in varied ways. Consequently, their identities are shaped and constructed through the kind of work that their bodies can do and their ability to sustain and meet the demands of their work and their family's needs. The researcher attempts to weave together some fragmented and lay narratives of women workers' experiences related to these interactions. The meaning women workers ascribe to their daily lives, their framing and narration of the life histories shared during the group discussions and in-depth interviews form the narratives of continual struggle for survival. A majority of them were living under continual threat of impoverishment and deprivation. The records highlight how they negotiate and sustain the demands of work and family.

6.6.1 Insights from the Lives of Daily Wage Workers

<u>**Case Profile-I**</u>

Respondent No- BM-23, a 45-years-old woman, is a resident of the Bhati mines colony. The researcher met her at the labour chowk, where she was waiting for work. The researcher started with a spontaneous interaction while she was waiting for the *thekedars* to come. Eventually, when she did not get work on that particular day, she invited the researcher to her house to have a detailed discussion regarding her work, family, and daily activities.

She lives in a half *kachcha* half *pucca* house with her husband and children. She has five children, three daughters (two of them are married) and two sons. She has not done any formal schooling and claims to be illiterate. She has been doing this work since childhood. Her husband also works as an earth digger. Her parents also did this work, and she carried on after that. She does not remember the exact age at which she started working but recalls that she was too young when she took up this work. She has worked across Delhi and in other States as an earth digger.

She mainly works as a helper, does the load-carrying work, and assists the mason at the construction site. She said that her main activities include "*Mitti Khodna, Tasla uthana, and Rori uthana*" (dig-out soil, carrying a pan overhead, and carrying the construction debris on her head). She also carries the cement bags, cleans old bricks recovered from demolished buildings, and carries them overhead. She gets paid Rs 250 per day for 8-10 hours of work. Most of the women doing this work earn the same wage. She knows that even though men and women should get equal wages, they get far less than men. Their work is as intense and rigorous as men's; they get almost half of what the men are paid. Apart from this, one of the main problems that she and her family face is getting work every day. She receives a maximum of 10 days per month, and her husband obtains 15 days of work per month.

While she has been doing this for a very long time since childhood, she is having difficulty carrying on with this work. She expressed that she feels pain in the neck and dizziness while carrying the load on her head. She said she could not share this with the contractor and let him know about these health issues. Because if he gets to know that she is not well or feeling dizziness and taking rest in between, he will send her back from the site without wages. If he knows about any of the complications, he will not bring her to work from the very next day. He would say, *"you take rest and be healthy then only come to work. It will lead to a loss of*

wages for a few days". Therefore, she never shares this with him for as long as possible to keep working and continue getting work in the future.

Quite frequently, they get injured at the sites. But they do not get any monetary help or any other help from the builder or contractor. There is no first aid facility at the construction sites. Whenever they get any cut or injury, they put *chuna* (lime); this is what they mostly do. She stated that *"it is a dirty job. We have acquired skin infections. Most women have developed scars and corns on their hands and feet. You talk to any women working as earth diggers; they have skin infections and scars on their hands, feet, and arms"*. (Bhati mines, Delhi, November, 2021).

This is because they work bare hands and barefoot, and no safety measures and PPE kits are provided at the sites. Rarely do they get the PPE kit only when they work at a government site. However, they get to work mainly at private sites, so they work either barefoot or wearing slippers. They get minor injuries almost every day. But they cannot afford to sit back at home. They stay back home to recuperate only when they get some major injury. Minor injuries include abrasion of the skin, swelling of hands and feet, crushing and pinching of body parts, and the major injuries include minor and major fractures and severe crushing injuries.

Despite the health issues, even if they are willing to work every day, they would not get work. She shared that *"We want a monthly source of income. To be assured that if we work, we will get a monthly payment and would not have to worry about paying our ration bills and other expenses. We will not have to borrow money from our neighborhood"* (Bhati mines, Delhi, November, 2021). The main concerns in this regard are that the work is physically rigorous and secondly, the wages are so low, and finally, if a worker does not get to work for half of the month, how could they fulfill the food and health needs of the family.

Regarding any other social security benefits she receives, she shared that she has a labour card registered in her name but has not received a single penny from that. She had to spend money from her savings to get the labour card and is yet to get any of the stated benefits. She explained this as "*Whenever the government gives something for us, the Gram Pradhan sells everything. We never receive anything that is meant for us. Nothing reaches the poor people of the colony. During the lockdown also, he sold the ration given by the government and distributed them only to very few people known to him. She added that because of the lockdown, some families got wheat as a free ration from the government. Once the lockdown is over, they will be charged*

for this. Then they will have to buy this from their earnings" (Bhati mines, Delhi, November, 2021).

She said that during the lockdown period, she received no relief measures from the government. She did not get ration distributed by the government nor any money. However, cooked food was distributed in the nearby school in the village. However, the cooked food quantity was insufficient to feed all the family members. She shared, *"one family got only five chapattis and a vegetable, so how many people would eat from that. We gave that food to the children and cooked whatever we had for the family's elders. Also, there were very long queues to get the cooked food"* (Bhati mines, Delhi, November, 2021).

Besides, she had burrowed Rs 15000 to feed her family during that period. Her family had no savings at all at that time. She says, *"the wages that we get are hardly enough to take care of the basic needs; therefore, how could we save money for the future. As a result, I had to sell some of my jewelry and belongings to meet my family's basic needs"* (Bhati mines, Delhi, November, 2021).

On being asked about the meaning of health and well-being and the factors that determine well-being, she just showed a bag full of medicines she takes every day and then went on to work. She explained while showing the medicine bag, *"what else do I need to say in this regard. This is all which is required to carry on to work. Eat whatever you have cooked and take some of it for lunch; these are the medicines that keep you going for the day. Almost invariably, I feel weakness and dizziness, backache, and body ache, and despite this, I have to go to work to meet the family food expenses. You cannot lead a good life, a dignified life (Izzat ki zindagi) without regular work and a source of monthly income. You cannot be healthy and give your children a good and healthy life if you do not have a regular source of work or an assured monthly income".* (Bhati mines, Delhi, November, 2021).

As discussed in the earlier case studies, the *thekedar* prefers young women who can do more work. The older women are paid low and often left without work. She further says, "if you have a regular source of work and *income, then everything is good. But if you go every day searching for work and most of the days, come back without work, what is life. What kind of life do we have?"* She further added *"Matlab kya hai aisi zindagi jine ka?"* (*What is the point of living life like this?*). (Bhati mines, Delhi, November, 2021).

Case Profile-II

Respondent No- BM-10, a 60-years-old woman, is a daily wage labourer and works as an earth digger. She lives in Bhati Mines village in a half kaccha and half pucca house with her husband, a son, four grandchildren, and a widowed daughter. Her husband is not working and stays home due to multiple health issues. She started working at the age of 16 years. Her father and forefathers did the earth digging work, and now she is carrying on the same work even at this age.

At the construction sites, she does what the other women workers of the village do. Carrying pan (*tasla uthana*), overhead cement bags, and bricks. She gets Rs 250 per day for 8-10 hours of work. If she gets one day of work, she will be without work for the next ten days. For the past seven days, the researcher observed that she has been returning back from the labour chowk without work. Every day, after cooking food and completing all the household chores, she reaches the labour chowk by 7 a.m. Most of the days, she returns home without work.

She shared her agony *"on an average; I get 10 days of work in a month. But during the rainy season, when the digging work stops, we have to stay without work for two to three months. It becomes extremely difficult for us to manage for such a long time without work"*. She added, *"if we get two or three days of work a week, then still, it is manageable. But three months is a long time, and then we have to look for something else so that at least we get something to feed our children and grandchildren"* (Bhati mines, Delhi, October, 2021)

When asked about the reasons for not getting work regularly, she said that she has breathing issues. She feels breathlessness most of the time while working (*hamesha saas foolta hai*). She thinks the thekedar is reluctant to take her to the site because of her age and health issues. She says, *"he (thekedar) is implicitly aware that I am suffering from some breathing issues."* And they mainly prefer the young women to get more work done, and the builder would pay them more. Therefore, they usually avoid taking the older women for work.

Her daughter is a widow and has been living with her (BM-10) for some time. Her husband committed suicide ten years back. After that, she has been living with her. Now along with her family, she (BM-10) has to take care of her daughter and grandchildren. Besides, her daughter could not work because she had not been well for a long time. She has swelling in her whole body and getting treated for the same. Therefore, she (BM-10) is spending her entire old-age pension on getting her daughter treated. She had borrowed money from the community people

to feed her family. She assured them that she would pay them back when she started getting work. Besides, she also takes ration on debt (*udhar*), by guaranteeing the shop owner that she will pay the debt in installments whenever she gets the money.

She took the researcher to her house because she wanted to show the conditions in which she lived. She does not have a toilet or bathroom and goes for open defecation. She picks wood from the nearby forest for cooking food. Rarely do they use the gas cylinder, if at all, they get it filled. Her house has two rooms. One has a roof and unplastered walls, and the other is damaged and lacks a roof over it. She plans to put a canvas (*tirpal*) over it, but she has been unable to do so because of a lack of money. As she could barely feed her family whatever work she got, the rest went to the treatment. Further, as stated, the old-age pension goes into treating her daughter, who is suffering from multiple health issues.

She has been facing these issues because she does not have enough work, and the family is fed by borrowing money. She says, *"how can I be healthy with all the tension and stress? We need enough work and good food to be healthy and to live a stress-free life. The work that we do is physically demanding and injury-prone. Nobody can do it for a very long time. Everyone is equally prone and vulnerable to injury and developing health issues"* (Bhati mines, Delhi, October, 2021). She said that those members of the *Odh* community who have money do some skill-based courses and take up some other work in different fields. But most of the people in their community are uneducated and do not have money to give their children a good education or take up any other profession. Therefore, they start working as earth diggers when they do not get anything else.

Case Profile-III

Respondent No- BM-1 is a 27-years-old male daily wage labourer. He lives in Bhati mines village with his father, mother, wife, and two children. His forefathers came to Bhati mines 50 years back from Rajasthan and took up the digging work. As this has been the prime occupation of the residents of Bhati mines, his father also did the earth digging work for a long time. His father met with an accident while working and sustained multiple fractures. He got a hand, leg, and hip joint fracture. Due to multiple fractures and the injury severity, he could not resume work after that. Consequently, he had to take up the family's responsibility and started working as an earth digger at an early age of ten. Since then, he has been doing this work.

His mother also worked alongside his father; however, she left work due to pain in the neck and swelling in her hands. He shared that the women workers in this field usually carry pan (*Tasla*) filled with soil, cement bags, and bricks on their heads. They carry heavy loads on their heads or back throughout the day at the construction sites. Due to this, they develop chronic back pain and swelling in the neck. Due to carrying construction material, her mother also started developing neck pain and swelling in her hands. When the swelling in her hand and neck became excruciating, she had to stop working. Now, she is being treated at Vasant Kunj Fortis hospital. Whenever they have some money (other than their regular expenses), they take her to Fortis hospital; otherwise, they go to some government hospital. He says that "Safdarjung hospital is too far from here. Therefore, it is not possible to reach there and get her treated on the same day. They must visit the hospital multiple times to get the treatment done. Therefore, it will also lead to a loss of wages. To avoid numerous visits that would lead to loss of work, they seek treatment in a private hospital.

At the moment, BM-1is also not working. Because he has been recovering from multiple fractures, he stated, *"as you know, who will take you to work if you have so many injuries and cannot do the digging work with such severe injuries?"*. He met with an accident while digging at one of the sites when the adjacent wall fell on him. He injured his ankle bone and got a tibia and hip joint fracture. The *thekedar,* to save money, took him to a *Vaid* in Gurugram and got a bandage wrapped around his leg. He insisted the *thekedar* to take him to a hospital or a medical doctor. Despite this, he took him to the *Vaid* multiple times. A total of six rounds of bandages were wrapped on his leg, but even after six months, he still has swelling in his leg and foot. When he asked the builder to get him treated in a good hospital, he gave him just Rs 6000 and asked him to get treated on his own. Initially, the builder was giving him just Rs 2000. But when his father went there and met the builder and requested that *"my son is the only earning member of the family and he is physically disabled,"* he gave additional Rs 4000 to him. Apart from this, he did not get anything from anyone (Bhati mines, Delhi, August, 2021).

After the injury, he was without work for almost four months. His younger brother has a cart (*thela*) and earns Rs 100-150 daily. During the injury, they managed with whatever his brother used to earn. After that, he slowly started working despite not being fully recovered. As none of the other family members worked, he could not sit idle for long. Still, he has been limping and unable to walk with a swollen ankle and foot, which is quite evident.

Taking further the discussion about the injuries, he shared that he had also met a near-fatal injury three years back and got a hip joint fracture. It was also an onsite injury while doing the earth digging work. He and his coworker were inside the pit and doing the digging work when the soil fell back on them. Both of them were trapped inside the hole to the chest level. He was also without work for a long time as it took almost 3-4 months to recover fully.

Presently, he is also getting treated for kidney stones at Safdarjung hospital. The doctors have asked him to visit regularly on the dates given by the hospital. However, he has not been able to do regular visits to the hospital as advised because he will not be able to go to work and is already in so much debt. As discussed, his father is physically differently-abled, and his mother has a thyroid problem. His wife is not working as she remains home to take care of her children and in-laws. Therefore, he is the only earning member of the family. The family expenses are rising daily, and even if he misses one day of work, the family will have a lot of debt. Therefore, he cannot afford to be at home or go to the hospital. When the pain is unbearable, then only he goes to hospital as there are no other options and he cannot avoid that pain. Just a few days back, his daughter was born; for this, he borrowed Rs 10,000. He has not been working for a long time due to injury and did not have any savings; therefore, he had to borrow from somewhere as he needed money to manage medical and family expenses.

He shared his views on the meaning of health and well-being: " We have *so many health problems in the family. Father got injured and stopped working; the mother is also not well, and both have serious health issues. Further, we have financial problems due to which we cannot buy our monthly ration. There is a lack of a fixed source of income and very high uncertainty of work. Then we are constantly under some form of stress and anxiety about what will happen tomorrow. The biggest challenge is getting regular work and having a regular source of earnings. The uncertainty of getting work and then meager wages combined with the occupational hazards and injury makes life so uncertain and full of anxiety"* (Bhati mines, Delhi, August, 2021).

The story of BM-1, along with the other two case studies discussed in this section, is a story of multidimensional deprivations and transmitted deprivations along with the vulnerable and abusive working conditions. The narratives also point to the 'dailiness' of women's work, their family life, and the responsibility of sustenance. It highlights the multi-layers of deprivation that these women workers and their families face daily and their fight for survival and dignified life. It also brings to the fore the issues of transmitted deprivations the workers and their

families are experiencing. An injury to the earning member of the family can put the whole family at the risk of impoverishment. Besides, lack of resources to come out of the vicious cycle of earth digging work. These narratives depict how occupational vulnerability and risks take a toll on everyday life and influence the well-being of an individual and the family. It shows how life becomes much more unsustainable when there is a severity of shortage in the supply of elementary services.

6.7 Themes and Identities- Deconstructing Risk, Work, and Health

The two main themes from the discussions are widespread occupational injuries among men and women, insecurities at work, and work insecurities. Both themes are closely linked to the distribution and management of risk and its probability or likelihood of occurrence. Let's look at the issue of occupational health of women workers vis. a. vis. existing research and theories and corroborate it with the evidence generated from the narratives and discussions. Insecurity of work and insecurities at the worksite has increased the health burden of the individual workers, especially the women. The analysis presented in this chapter explores the individual effects and broader social costs of uncertain and insecure employment. It also shows how gender segregation is particularly evident in an occupation involving high occupational hazards, and women are likely to be employed in precarious and insecure work.

6.7.1 Occupational Health Epidemics

Occupational safety and health at the workplace are vital components of decent work. It is essential to protect the workers from work-related hazards and risks. An occupational injury [3]is defined as "any personal injury, disease or death resulting from an occupational incident". It is distinct from an occupational disease which is a result of exposure to risk factors arising from work activity.

The data shows that 5 out of 40 women interviewed lost their husbands due to injury or disease. Two have not received any support or compensation despite fighting a legal battle. At least 10 women reported that their husbands are not working due to injury or other illnesses. And 12 respondents shared that either they or one of their family members were seriously injured due to a work-site accident or injury. Due to this, some other family members had to take up the job and start working as an earth digger. All women started working in early childhood (most do not remember the exact age when they started working). While some of them used to support

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[3] www.ilo.org/ilostat-files/Documents

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their parents at the worksite, others began working as either they lost one of their parents, or because of a severe injury, their parents could not work. Respondent's (BM-1) father met with an accident at the worksite and could not work after that, so he started working at ten. Laila began to work because she lost her father during early childhood.

It is apparent from the case studies and discussions that worksite injuries, both fatal and non-fatal, are pretty common among the village workers. It is taking a form of a silent epidemic that has not received enough attention from the local administrators and policymakers. The rising injuries and death at the worksite can be attributed to the change in employment structure. If we focus on the effects of the nature of work on health, we can gauge the dynamics of struggle and negotiation between the workers and the *thekedars*. These changing dynamics physically and psychologically impact the worker's health. The changing pattern and severity of occupational risks are linked with the changing form of work and employment structure in the global economy. It is further linked with the changes in work organization and control of labour process. The control of labour processes has heightened workers' insecurity and anxiety.

6.7.2 Safety Measures at the Workplace

All respondents, men, and women, said they do not get any PPE kit while working. It is only provided to them when they work at a government site. Apart from this, there are no safety measures to prevent any major or minor accidents and tackle any emergency. Many of the preventable accidents and deaths that have happened were because of a lack of safety measures and lack of inadequate emergency response. The workers mostly work wearing slippers or bare feet and wrap a *gamcha* (plaid) over their heads. All the women respondents said they get minor injuries every day, mainly crush and pinching injuries due to falling bricks on their hands and feet. They have developed swelling in their hands and legs due to lifting heavy weights. These women complained of severe pain in the neck, backache, and body ache. They persistently experience dizziness and weakness while carrying a load. They also got significant injuries in the form of fractures and joint injuries, leading to loss of employment.

Men and women were equally exposed to significant and fatal injuries as they dug inside a pit and did demolition work. While digging, they mostly got injured due to the mud falling back on them and getting trapped in the hole. When demolishing a building, collapsing the wall or bricks falling on their body or head is the primary cause of injury. They mostly get injuries in the form of fractures and head injuries. A *gamcha* tied on their head is the only protection that protects them from heat and head injuries.

6.7.3 Substandard Wages, Issue of under Employment and Social Protection

Out of the total 40 women respondents, 18 women were in the age group of 40-65 years, and 22 women were in the age group of 20-39 years. The average wage of the women workers in the age group of 40-65 was Rs 200-300 per day for 8-10 hours of work. And they got an average of two to three days of work per week or 8-10 days of work per month. The average wage of women aged 20-39 was Rs 250-350 for 8-10 hours of work. They got 3-4 days of work per week or 12-15 days per month. Some women in this age group said they got Rs 400-500 per day for work that required climbing stairs and working at a height. However, they rarely get a wage in this range.

Five women aged 40-65 said they only got 4-5 days of work in the last month. And 4 women in the 20-39 said they got only 2-3 days of work in the previous month. Also, the women in the age group of 40-65 are less likely to be employed, and even if they get work, they will get lower wages than their younger counterparts. All respondents said that they face great difficulty getting work during the rainy season when the digging work stops. Such long periods of unemployment are unsustainable and catastrophic for their families.

The emergence of new forms and employment patterns means that the traditional health and safety regulation and social security measures may no longer hold. These measures have been designed keeping in view the prominent organizations with paternalistic patterns of occupational welfare that are unlikely to extend to these self-employed and small construction sites with a small group of workers. Therefore, there is a need for the local administrators to take cognizance of this and devise local strategies to prevent injuries and death from happening in the village.

6.7.4 Insecurities of Women Workers: Contesting Boundaries Contesting Identities

Insecurity of work and insecure working conditions has been shown to increase the health burden of individual workers, especially women. All of the women workers interviewed worked as daily wage labourers. These women appeared to be weak, extremely thin, and fragile. Their cheekbones protruded with the prominent clavicle, sternum bones, and skinny arms and forearms. They showed their hands and fingers that had developed corns and scars due to carrying *tasla* (pan) and *belcha* (shovel). The women looked relatively older than their actual age. Women workers who appeared weak and frail were less likely to be employed by the contractors, and those who reported fatigue and tiredness at the worksite were less likely to

be hired again by the contractors. There was insecurity among the workers, due to which they did not report any of the symptoms of debility or incapacity to perform any given activity to the contractor.

Lack of sufficient days of work and meager wages has been one of the biggest problems faced by the workers of the village. Social and economic insecurities combined with a lack of workplace safety leading to a high prevalence of fatal and non-fatal injuries have added to the health insecurities and the community's overall well-being. While those women workers whose husbands are also working have better chances that at least one will get work after reaching the labour chowk. Women workers whose husbands are not alive or are not working due to an injury or illness are at a high risk of impoverishment. Their likelihood of getting work is low, and the wages are also meager to take care of their subsistence. Therefore, these women are highly vulnerable, and subsistence for them is too tough. Not being registered for labour and ration cards makes the sustenance even more challenging during the days of unemployment. They said getting the labor and ration card registered is a tough task. Very few of the respondents have got their labour card and ration card registered after paying money to the local administrators; however, they are yet to benefit from it.

Subsistence becomes even more challenging when combined with the absence of any social security measures and poor living conditions. The respondents reported that they are not covered under any social security measure. They did not get any relief measures from the government except ration and cooked food during the lockdown. The ration and cooked food provided were insufficient to take care of the food requirements; however, it offered relief to save them from hunger and starvation.

Life becomes much more unsustainable when there is a severity of shortage in the supply of elementary services. There is a lack of water supply. They get water once a week; therefore, most residents store water for a week or the next ten days. There are no toilet facilities; some have managed on their own while others resort to open defecation. There are no drains in the village, so the residents have dug pits in their houses where they store drain water and empty ii once completely filled. Seldom do they get their gas cylinder filled due to lack of money. Most respondents said they used to go to the forest to pick wood for cooking. However, the forest officials have currently barred their entry into the forest, further exacerbating their condition. They live in half kaccha and half pucca houses with un-plastered walls and corrugated roofs. Some of the residents who do not have ceilings use *tirpal* (canvas) to cover

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their homes. When a significant proportion of people do not have access to basic amenities and work in unacceptable working conditions, they are forced to face and sustain the city's wilderness. The severity of the wilderness becomes much more intense as you consider the individual vulnerabilities and descend the ladder of the socioeconomic hierarchy.

There are gradients among the women workers who participated in the study. They all work in precarious and insecure conditions and deal with various risk factors. However, their extent of vulnerability is further determined by their individual and family needs to a large extent. Some women and their families, as identified, lie at the end of the vulnerability spectrum, and they are the ones who are in dire need of work. Even a single day of unemployment mounts enormous economic and psychological stress on them. As the days of unemployment increase, the pressure to sustain also rises exponentially. The stress and anxiety of the uncertainty of getting work affects their health. They cannot afford to rest when their bodies do not allow them to go to work even for a single day. The other set of women lying in the middle of the spectrum could manage a few days of unemployment as they have their husbands or other members of the family working.

Most of the community's women identify themselves as earth diggers, and they accept that their identity has been shaped because they have been doing this work for generations. Now, women whose children are grown-up adults have also started working as earth diggers after exploring other work options. They initially go with their parents to support them at the worksite and learn the skills of earth digging. This is how they take up this work when they do not have any other source of livelihood. All of the women respondents said that their sons work as earth diggers. But the women wanted to come out of this work because of its risks, rigorous nature, and very low wages. However, they have no other skill set or any other training to work somewhere else. They said there should be some vocational training center at least for the women of the village so that they could take up some alternate work when their bodies do not allow them to carry on with this work. They cannot do this work for long because it is too physically demanding. Due to the absence of any other job, they continue to work to sustain their family needs. All of the women wanted to leave this work, especially those aged 40 to 65 years. They want to do some other work, but due to a lack of any different skill set, they do not get any other job. They want a vocational training center to be set up in the village and take up some other work as they cannot do this after a certain age when their bodies become weak and fragile.

The perceptions of health and well-being and overall well-being of a family that comes out from the discussions are primarily determined by the availability of work, the wages they get, and the injury that they and their family members sustain daily. Availability of work or number of employment days further determines how often you eat and what you eat. First, three meals a day is essential and then what you eat is also important to be healthy in the first place. If you have a fixed source of income, then you do not have to face the uncertainty of getting work every other day. You can be relaxed and assured of a minimum income at the end of the month at your disposal to take care of the family needs. All women and men desired a monthly income or at least six work days a week to live a decent life.

The villagers also live under the continuous threat of demolition and eviction from the forest department. The land on which the colony is residing belongs to the forest department. This area was declared as forest land in 2006 by the supreme court. Consequently, the forest officials started to remove this community from here, and they have resisted their removal through various means. Since then, there has not been any infrastructure development in the village. The community members also said that their house gets flooded with water to the knee level during the rainy season. Due to a lack of drainage and sewer facility the water remains there for 2-3 days, and they have to live in that. It smells so bad and causes several diseases in the community. There is no one in the community who can drain out this water. This has been a big problem in the community. Lack of drainage has led to villagers storing water in small pits inside their houses and also in containers that cause diseases and infections. The lack of toilets for most workers has forced them to go for open defecation or use neighbour's toilet. Lack of drinking water and supply of water has increased the burden on the women workers of the community as they have to fetch water from distant places. In addition to their work, they pick wood from the forest for cooking food. All these issues have put additional work pressure, especially on the women workers of the community.

Popular epidemiology draws from people's illness narratives rather than labeling these accounts erroneous or misguided (Doyal, 1999). Participatory research in occupational health shifts the control from the researchers to those who have experienced work-related health problems. These stories of women workers give us an insight into their everyday negotiation between occupational demands, psychological and social well-being, and the manifestation of physical symptoms. Therefore, health and safety policies should look at the work techniques, hierarchies, and structures that create dangerous work and stress (Canaan, 1999, p.144). While the concepts of work, health, and risk are relatively fluid, we cannot deny that material

conditions affect the health of individuals, as shown in the chapter. There is a need to look at the emerging new production patterns and recruitment of labour and the distribution of risks and hazards in the population. The account of women workers points to the need to integrate the scientific and lay perspectives on risk. At the same time also acknowledges the role of social, economic, and cultural processes in shaping the risk factors.

During the pre-modern era, the risk was understood only in terms of economic loss or gain probability. However, the modern understanding of the term deals with the dangers and hazards. British medical association describes hazards as "a set of circumstances which may cause harmful consequences," and risk is the "likelihood of it doing so" (Fox,1999, p.199). The culturalist or constructionist position sees hazards as natural and risks as cultural. While hazards are considered natural and hence neutral, risks are value-laden judgments of human beings vis. a. vis. these natural events or possibilities (Fox,1999, p.206). Therefore, the risks are perceived in the social context. Given the presence of hazards integral to the earth diggers, strategies are required both at the individual levels and the population to adopt preventive measures to minimize the likelihood of risk and its management.

The contemporary period we live in has been described as an era of 'reflexive modernization' by Ulrich Beck, who also calls it a 'risk society' (Beck,1992 cited in Fox, 1999). In modern industrialized societies, the "social production of wealth is systematically accompanied by social production of risk." However, it is crucial to understand the distribution and growth of risk and how some people are disproportionately affected by it. Understanding the social construction of risk would further reveal what is considered a risk and how significant the risk is, which will additionally depend on the group to which a person belongs or identifies and perceived causes of the negative occurrences (Fox,1999).

Two strands emerge from the discussion above: one is a different type of knowledge that shapes our understanding of risk, and the second is the moral dimension of risk and risk-taking. Considering the workers working as earth diggers without any safety measures and personal protection kits despite the fatal and non-fatal serious injuries, the workers continue to work in the hazardous working environment. Though the impact of working in these conditions other than the injuries could not be established, the workers are very well aware of it. It also comes out naturally during the discussions. However, these are not the only risk they face when we collate their working and living conditions with everyday life and life histories; they face multiple health issues and risks at any given time. As described:

"Not only are risk perceptions multi-dimensional, but, at any given time, people are managing several different agendas which may conflict with the official ones and can be contradictory. Official information is only one of many different routes through which a hazard is understood. Powerful social forces shape how information is perceived and acted upon ... which may be underestimated by those responsible for risk assessment". (Grinyer, 1995, p. 49 cited in Fox,1999, p.207)

The second issue is the moral character of the risky individual. While it is the responsibility of the individuals to work safely and follow all the safety instructions, however, failure to do so would lead to victim-blaming. The moral dimension deals with the issue of allocating resources as a society to minimize the risks of various hazards. A sociological analysis of risk assessment is required to overcome the naivete of the technical, and scientific evaluation and consider the real-world hazards and their impact on the daily lives of the individuals.

Just as the risks and hazards are socially constructed and negotiated, so is the health, a state of complete physical, mental and social well-being of an individual. The concepts of health, work, and risk are an integral part of modern life. They are inextricably linked with the cultural values, rights, and responsibilities of the members of the society. These are inherently political and reflect the power relation of a society that further determines the production and distribution of risks. The current chapter shows that risks are not absolute nor the hazards; it is the circumstances that produce risks.

Further, the conceptions of health, work, and risk are contingent, and these concepts' subjectivity is relative. The analysis focuses on the social processes to understand the health risks of an individual and a community. It further presents the impacts of these risks on other dimensions of people's everyday lives.

Chapter 7

Contemplating Citizenship, Entitlements, and Invisibility of Migrant Workers During COVID-19 Pandemic

7.1 Introduction and Background

The COVID-19 pandemic has had exposed many fault lines in society by inflicting unprecedented disruptions and displacement, resulting in public health and humanitarian crisis. While the whole world was affected by the pandemic, migrant workers were disproportionately affected. The pandemic has been cataclysmic for the migrants and has forced them into a state of hunger and desperation. It has also exposed the fragile and flawed nature of the state response, and its protection policies are almost non-existent for a substantial vulnerable population, particularly in the construction sector.

Two broad measures were implemented to tackle the crisis worldwide. One is supporting the income and jobs of the workers and protecting workers. The Indian government and state governments had implemented various measures to protect the workers. The present chapter highlights the predicament of the migrant workers during the crisis. It analyzes the response of the State and its institutions to mitigate the vulnerabilities of the workers in the informal sector.

The chapter is structured as follows. The first section of the chapter shows how a significant proportion of migrant workers are excluded from the State's purview because of flaws in their documentation and a lack of robust social protection policies that had aggravated their suffering during the pandemic. The migrant status and activity status becomes a key determinant of access to elementary needs. As the data chapters highlight the insecurities of workers in the informal sector, particularly the casual and self-employed workers. They are least protected and have the lowest level of income.

The plight of migrants raises some pertinent concerns vis. a. vis. their invisibilisation and the State's attitude towards them. A systematic inquiry contemplating various dimensions and forms of citizenship exemplifies the stratification among migrant workers and their status as marginal citizens. The subsequent sections of the chapter accentuates that the plight of the migrant workers highlights various implicit dimensions of citizenship incompatible with the normative notions of citizenship. Further, it also highlights the pre-existing fault lines between

the various implicit forms of citizenship and the entitlements that come with it, which has again invigorated the debates around the rights discourse.

Analyzing these recent developments from the framework of citizenship, rights, and entitlements gives us some insight into the present condition of migrants who lie at the margins of the vulnerability continuum. The last part of the chapter attempts to unravel the nuances of various elements of citizenship by deliberating upon some of the recent developments that highlight the plight of the migrant workers, especially the casual, contractual, and self-employed workers who have been out of the purview of the labour protective legislation and entitlements. Social citizenship has been an indispensable component of citizenship and a precondition for civic equality. It also advocates for recognizing social rights and entitlements through the rights-based framework to insulate the workers from economic and structural insecurities.

The analysis presented in the chapter is based on both the secondary and primary data collected during the field visits to the metro construction site and Bhati Mines. Case studies of some of the construction workers interviewed during the fieldwork and anecdotal evidence have been used to substantiate the secondary data.

7.2 Migrant Workers during the Pandemic

In India, migrant laborers have been impacted most by the stringent lockdown measures. Internal migration in India is under-documented, excluding short-term and seasonal migration in the informal sector. These are the workers who work as casual, self-employed, or contractual workers. The top five states for interstate migration are Uttar Pradesh, Bihar, Rajasthan, Maharashtra, and Madhya Pradesh, as per the 2011 census. These five states account for 55 per cent of total migrants. These states have witnessed a very high inflow of migrants back to their source towns. Besides, Orissa, Jharkhand, and West Bengal have also seen a very high influx of migrants. The lockdown and the subsequent containment strategies had triggered a massive reverse migration in the country. The loss of housing was one of the major issues which precipitated the decision to reverse migration to the rural areas, followed by the increase in the level of food insecurity which is also a marker of a very low level of enrolment in the welfare schemes. Migrant workers are particularly susceptible to being left out of the welfare schemes because of the lack of sufficient documents and proof of residence, as 60 per cent of the migrants had to vacate their housing after the lockdown (ActionAid India, 2020). A significant proportion of them are casual workers.

Casual workers are the most vulnerable as they do not have access to work on a regular basis and are mainly employed on piece-rated work. The majority of casual workers live in a makeshift arrangement at the work sites. Either they are provided accommodation by the contractors or live on an informal basis in temporary spaces. In any of these cases, it is safe to assume that none of them have a safe or legally secure accommodation. Therefore, it was mainly the casual migrant workers engaged in insecure employment and living in insecure housing who had been desperately returning to their hometowns. They were caught up in the midst of the pandemic without work and secure accommodation and money to sustain their daily living. The phenomena of reverse migration is not only limited to the short-term seasonal migrants but also includes the permanent migrants with some sort of fixed abode in the cities. It is mainly due to their inability to sustain their further living in the cities.

The city constitutes a substantial proportion of the urban poor. These mainly include self-employed and casual workers. As per the Periodic Labour Force Survey (PLFS) 2017-18, 25 per cent of India's workforce are casual workers, 52 per cent self-employed, followed by 23 per cent as regular/ salaried workers (Anand and Thampi, 2020, p.2). A majority of the workers are not eligible for any job security. While many self-employed workers are very poor, almost all casual workers are poor (Majid, 2020, p.3). Regular workers are relatively better than the casual and self-employed.

Azim Premji University surveyed 5000 workers across 12 states to study the impact of the COVID-19 pandemic and the containment measures on livelihood, employment, and food security. The survey was conducted during the month of April and May 2020. Given the high proportion of informal workers and meager State spending on social protection policies, and very low coverage among the informal workers, the impact was unprecedented; however, not completely unexpected. The survey shows that around two-third of the respondents lost employment, and those who continued working reported a sharp decline in earnings. The loss of employment translated into food and livelihood insecurity.

7.2.1 Loss of Employment

According to the Azim Premji University (APU) survey, a total of 66 per cent of the workforce had lost employment during the lockdown, with a severe impact in the urban areas where 82 per cent of casual workers, 88 per cent of self-employed, and 75 per cent of regular salaried workers had lost their jobs (Figure 7.1). The rural areas had also experienced severe impacts.

Fig. 7.1- Loss of Employment by Region and Activity Status
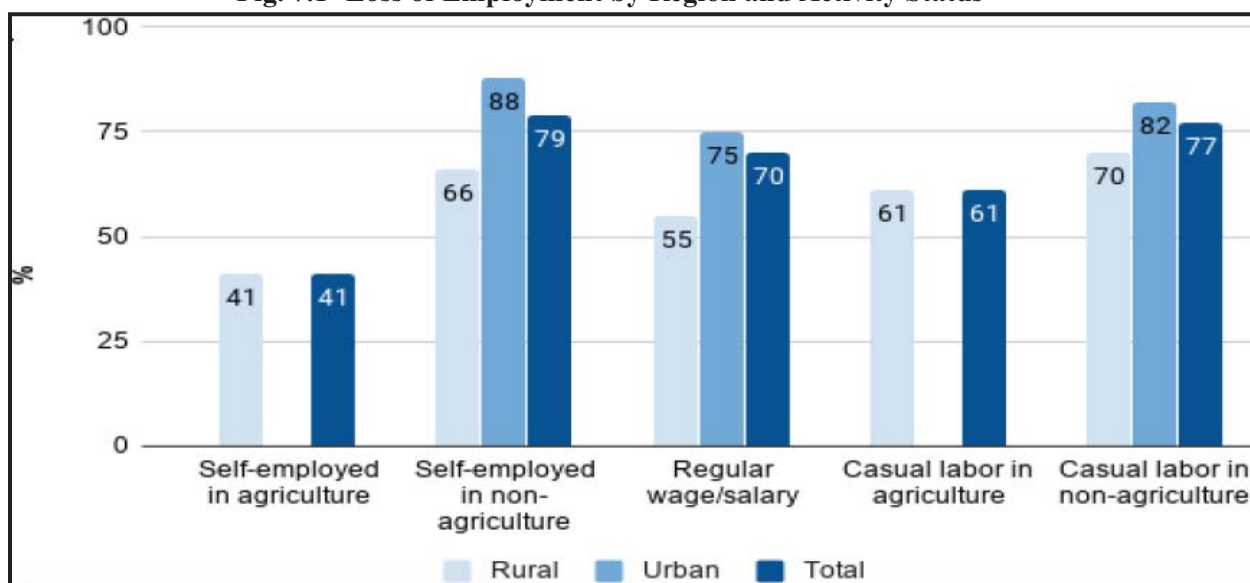
Source: Kesar [4] et. al., 2020, p.17.

The earnings of the self-employed workers who were still working declined by 86 per cent, and among the casual workers, it dropped by 55 per cent. Further, 89 per cent of the migrants were unable to pay the following month's rent, and 36 per cent of the migrants took loans to cover their basic needs during the lockdown (Figure 7.2).

7.2.2 Food Insecurity and Consumption Pattern

A large majority of the casual and self-employed workers work in the informal sector and are neither eligible for any job security nor registered for any social security measures. The casual workers without a decent shelter and engaged casually have been impacted most by the containment measures. There has been a rising hunger and indigence among these workers left without state support and outreach measures. A low level of wages without any social security prior to the crisis implies that an overwhelming proportion of workers in the informal sector are highly vulnerable, and a slightest economic shock can push them into a state of hunger, indigence, and financial indebtedness. Figure 7.2 shows their food consumption, availability of money to buy essentials, and borrowings to meet their daily needs during the lockdown.

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[4] Working Paper 2020-01- Pandemic, Informality and Vulnerability: Impact of COVID-19 on Livelihoods in India.

Fig. 7.2- Impact of Lockdown on Households
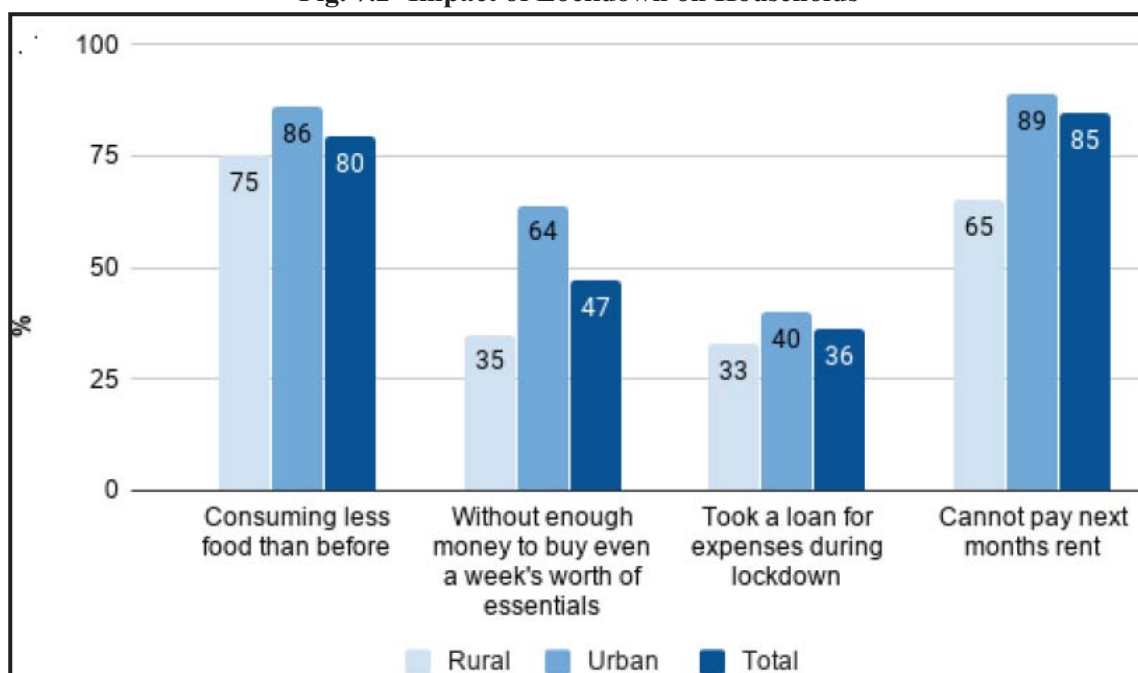
Source: Keasr et al., 2020, p.26.

Among the migrants in the urban areas, 86 per cent of the households reported having consumed less food than before. Food insecurity was higher among vulnerable households, particularly women, Schedule Caste and Muslims, and people with lower educational qualifications (APU Survey, 2020). Besides, 35 per cent of the households in the rural areas and 64 per cent in the urban did not have the money to buy essentials for even a week.

7.2.3 Access to Relief Measures

In response to the catastrophic impact of the lockdown on the laboring population, the State and central governments had come up with a series of relief measures. These include direct cash transfer in the Jan Dhan accounts, distribution of food grains to the vulnerable households, and cooked food provided to the migrant labourers. This section analyses the reach and effectiveness of these measures in dealing with the vulnerabilities of the laboring population.

Fig. 7.3- Access to Relief Measures for Vulnerable Households
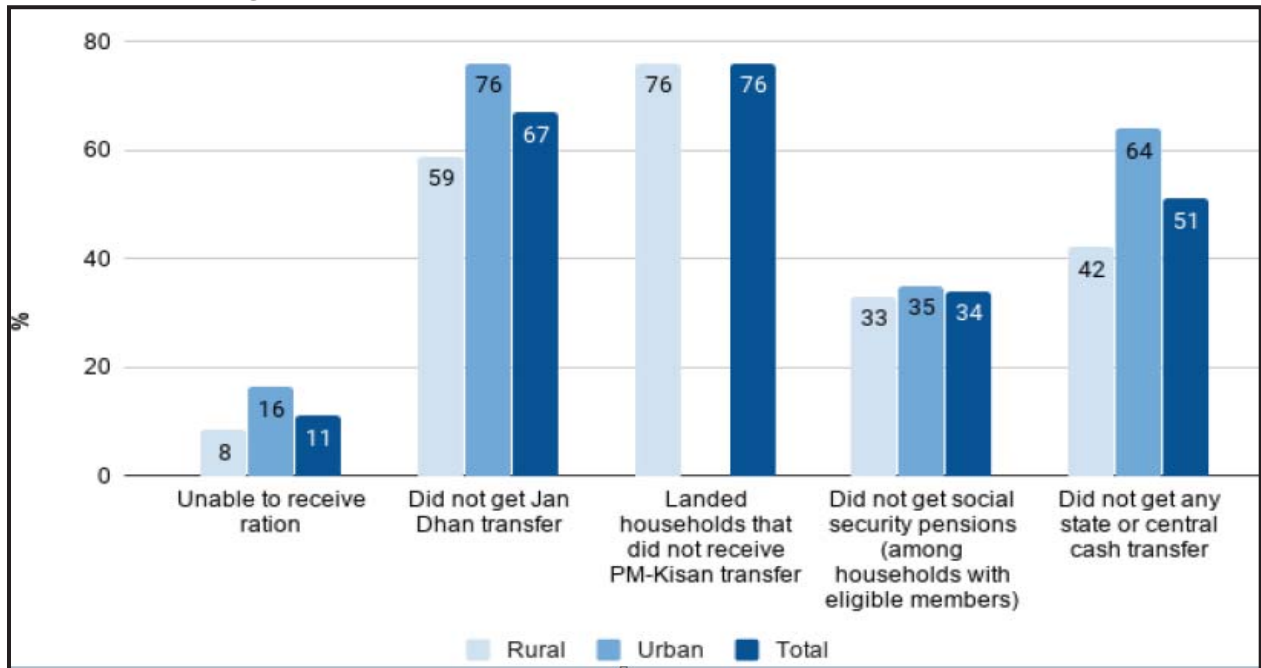
Source: Keasr et al., 2020, p.32.

Notwithstanding the relief measures, almost 2 in 10 vulnerable households could not get any ration (APU, Survey, 2020). The median quantity of grains received for those who received the ration was five kg per person. The reach of cash transfer schemes has also been weak, particularly in the urban areas where 64 per cent of the people did not receive any cash transfer (Fig-7.3). Only one in three vulnerable households reported receiving the cash transfer (APU, Survey, 2020). This was mainly because 6 out of 10 vulnerable households did not have Jan Dhan accounts. Almost 76 per cent of the people in the urban areas did not get the cash transfer in their accounts.

7.3 Evidence from the Field Survey

The researcher surveyed the workers interviewed at the metro construction site (Site-1) in Delhi. Besides, he also interviewed the workers in the Bhati Mines village (Site-2) regarding the impact of lockdown and coping mechanisms. The semi-structured survey used had a section on the impact of lockdown where the researcher asked questions and recorded the workers' responses about issues of food and financial insecurity. It also recorded responses regarding the access to government relief measures extended during the lockdown.

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7.3.1 Site-1- Metro Construction Site

Figure 7.4 shows that 53 per cent (*n*=28) of the workers stated that they were in their hometown. Out of these, many of the workers said that initially, they were stuck in the cities, but after some time, they managed on their own to go back to their hometown. Besides, 28 per cent (*n*=15) of the workers lived in a rented room by themselves, and 13 per cent (*n*=7) lived in rooms whose rent was paid by the contractor. Two workers reported to have stayed with their relatives or friends, and one worker lived at the construction site.

Fig-7.4- Stay During the Lockdown
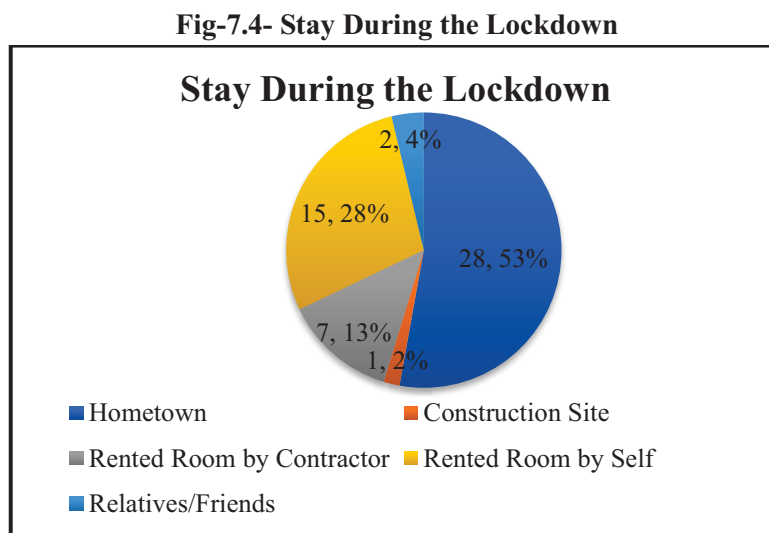
Source: Primary data collected by the researcher at site-1

Respondent no. 15 (Site-1) is a 22-year-old migrant from Uttar Pradesh (UP). He was working in Rajasthan when the first lockdown was announced. He said that he received no help from the contractor. He and some of his co-workers walked to his hometown in UP. Respondent no. 20 (Site-1), a 34-year-old migrant from Bihar. During the lockdown, he was in Uttam Nagar, and after a lot of difficulties, he managed to go back to his hometown in Bihar by paying Rs 1500. He had to go back because he could not sustain himself without work. The room rent and the food expenses were piling up day by day.

Respondent no. 21 (Site-1) is a 21-year-old casual worker from Sehersa, Bihar. He has his father, mother, wife, two sons, and a brother (who is physically differently abled) in his family. He is the only earning member of his family. During the first lockdown, he was in Delhi. He lived in a rented room whose rent was paid by him. He reported that he received no help from the contractor in the form of money or weekly expenses. He paid the rent and managed all expenses from whatever he had saved in the last few months apart from sending money to his family. He did not even get any ration or money from the government.

Regarding the management of daily expenses during the lockdown, 45 per cent (*n*=24) of the workers said that they got money from the contractor/company to manage their food requirements. This also included the payment for the work they had already done and the other pending payments. In addition, they also got some money in the form of advance from the company to manage expenses until the work resumes. Besides, some workers started working after some time, and they were paid for that. While 26 per cent (*n*=14) of the workers reported that they used their savings to meet their basic requirements during the lockdown, 10 per cent (*n*=5) of the workers burrowed money, and 13 per cent (*n*=7) said that they were dependent on their father/family members for food and other requirements. The remaining 6 per cent (*n*=3) of the workers had reported other sources that include help from political leaders from their region and State and other known people present in the city.

Fig. 7.5- Daily Expenses During the Lockdown

Daily Expenses

- Burrowed Money
- Savings
- Money from Contractor/Company
- Father/Family Members
- Others
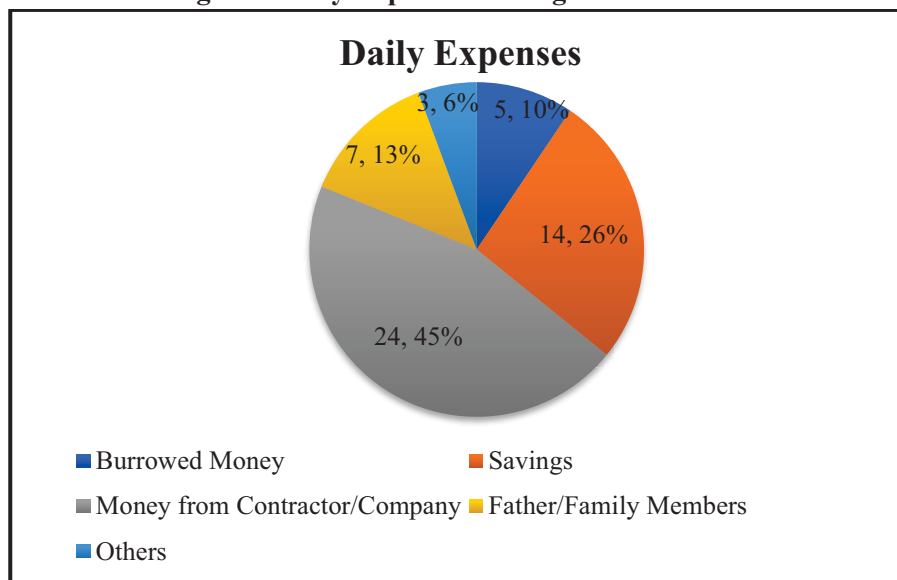
Source: Primary data collected by the researcher at site-1

Respondent no. 16 (Site-1) is a 48-year-old migrant worker from Sahersa, Bihar. His family lives in the village back in Bihar, which constitutes his wife, five daughters (3 married and two unmarried), and a son. During the lockdown, he was without work for 51 days. During this time, he managed from whatever savings he had at that time. He bought rations with his own money and did not get any help from the contractor, company, or government.

His wife got money in her *Jan Dhan* account twice in her hometown. Despite this, he had to borrow money to meet the family's needs, food and other daily expenses. He also shared his pain while stating that *"Lockdown me khaane ka dikkat to hua, teen kilo ek admi pe milta tha to isme sabhi ka khana mumkin nahi tha aur ek kilo to ration baatne wala hi kha jata hai"* (He

faced food shortage during the lockdown, he got three Kilograms of grains per person that was not sufficient to feed everyone in the family and one Kilogram would be taken away by the person distributing the ration). (Metro construction site, Delhi, February, 2021).

While 17 per cent (*n=9*) of the workers reported that they faced hunger during the lockdown, 36 (*n=19*) per cent said they faced food insecurity during that time. As many as 70 per cent (*n=37*) of the workers reported depletion of savings, and 66 per cent (*n=35*) of the workers faced financial insecurity. Besides, 30 per cent (*n=16*) of the workers stated that they had burrowed an unusually high amount of money during the lockdown to meet their family needs.

Fig. 7.6- Financial and Food Insecurity During the Lockdown

Financial and Food Insecurity
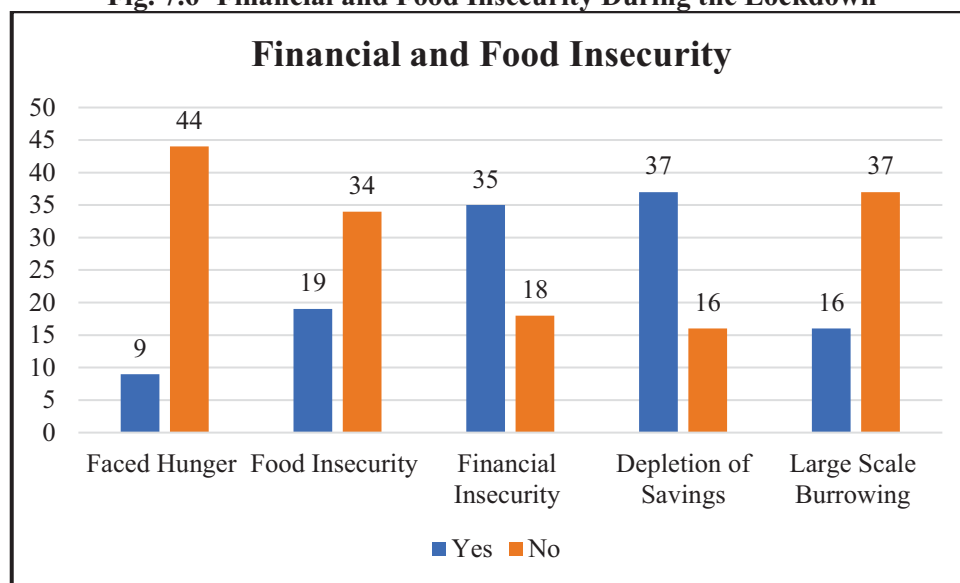
Source: Primary data collected by the researcher at site-1

Respondent no. 11 (Site-1) is a 21-year-old migrant from Rewa, Madhya Pradesh. His wife, mother, father, and sister live in the village. His father is an agricultural labourer. He and his father worked as agricultural labourers in other people's fields in his village to manage daily expenses during the lockdown. Besides, his mother got Rs 1500 per month for three months in his *Jan Dhan* account. They used the money to meet the family's needs after a lot of difficulties. Later, when things got better, he moved out to work because they could not sustain with their earnings in the village.

Respondent no. 28 (Site-1), a 53-year-old migrant from Kolkata, West Bengal shared his story. He got COVID positive; therefore, he got his full salary from the company. The company itself paid for the treatment. Respondent no. 29 (Site-1), a 35-year-old migrant from West Bengal, shared that he was initially stuck in Delhi during the first lockdown. Later, he went to his village, where he was in a 14-day quarantine. During this time, he lived near a riverbank along

with 50 other people who had also come from different cities. They were not provided with food or any other facilities by the government. All of them used to get food from their family members only. After the completion of the quarantine, he was allowed to enter the village. As he was under quarantine, he could not work, and there was no source of income. During this time, his family managed with the savings they had. The local authorities also did not provide the food while he was in the quarantine. Therefore, it was an additional burden for his family.

Fig. 7.7- Received Relief Measure by Government During the Lockdown
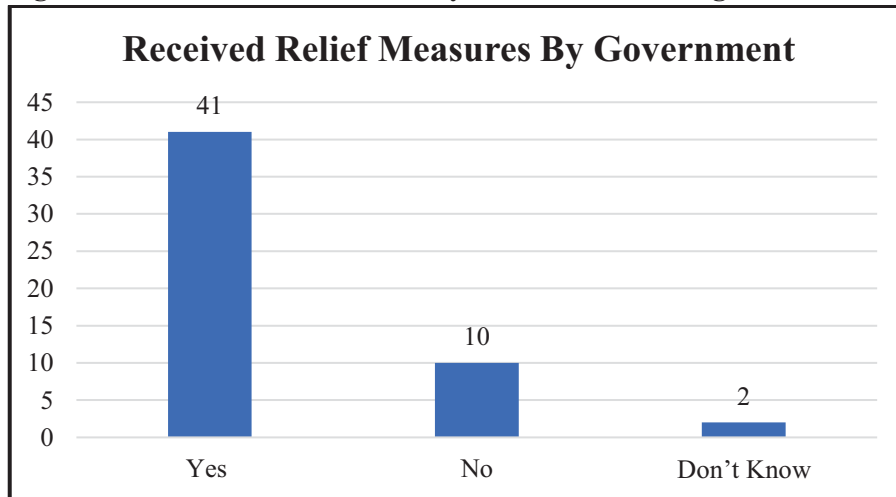
Source: Primary data collected by the researcher at site-1

Regarding the relief measures by the government, 77 per cent (*n*=41) of the workers said that they received some form of relief measures, 19 per cent (*n*=10) of them did not get any relief measures, and two workers were not aware of any such efforts by the government.

Fig. 7.8- Type of Relief Measures
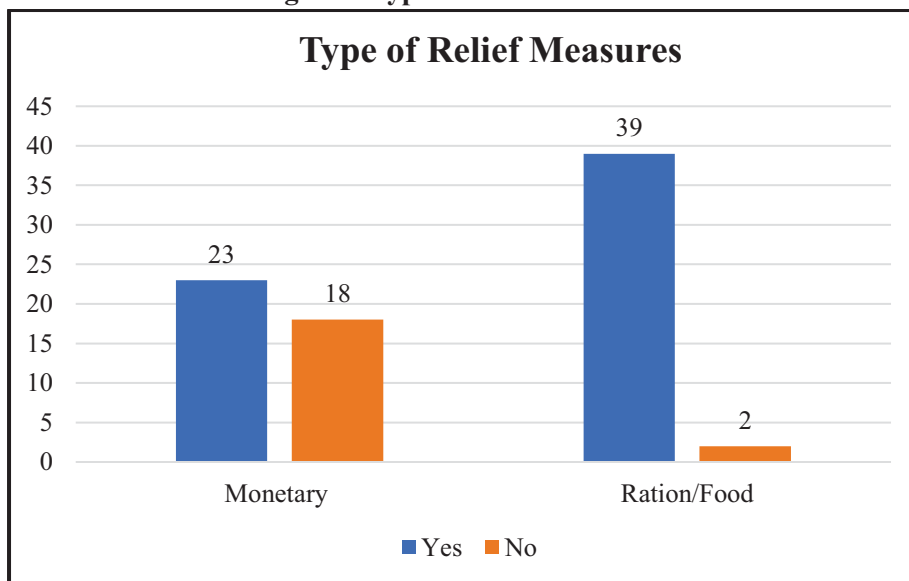
Source: Primary data collected by the researcher at site-1

Regarding the type of relief measure received, out of those workers who had received relief measures (N=41), 95 per cent (*n*=39) of them said that they received ration and cooked food provided by the government. And 56 per cent (*n*=23) of the workers shared that they received monetary help from the government in the form of money in their *Jan Dhan* accounts or money in their wife or mother's account. Besides, 51 per cent of the workers stated that they received both types of relief measures. They received ration as well as money in their *Jan Dhan* accounts.

Respondent no. 31 (Site-1), a 38-year-old worker from Uttar Pradesh, shared that he could not make any savings with the earnings before the lockdown, but during the lockdown, *"Khaane peene me koi dikkat nahi hua"* (He faced no difficulty for food or other expenses). He got Rs 10,000 from the labour card and Rs 5000 from the Delhi Government. Besides, he also got free ration twice a month and full salary during the lockdown. Respondent no. 41 (Site-1), 47 years of age from Uttar Pradesh, stated that he worked at the site during the lockdown and was paid money by the company.

7.3.2 Site-2- Bhati Mines Village

A group discussion with 13 women workers who worked as daily wage labourers (Earth Digger) in the Bhati Mines village was conducted. These workers were waiting at the labour chowk of the village where a discussion about their work, health and everyday life was conducted. The respondents also shared their ordeal of the lockdown during the discussion. They stated that the village Sarpanch is so cruel and corrupt that he has not done anything for the village. During COVID lockdown also, he never distributed the ration received from the government. All the women said that he distributed the ration only to his relatives and friends. He used to keep all the dry ration either in his own house or in his relatives' house. Another woman shared "*Saara ration neta kha jate hain ya apne rishtedaro ko baant dete hain or garib aise hi mara jata hai*" (all the ration is either taken by the politicians or distributed among their relatives and we poor people will die like this only). The only thing they got during lockdown was cooked food that was too small in quantity and inadequate to feed all the family members. They said that they got only four *chapattis* per family, some rice and *daal*. Some respondents said that they got dry ration (4 kg. Wheat and 1 kg. Rice).

Respondent no. BM-11 (Site-2), a 50-year-old female daily wage labourer, on being asked about how they managed during the lockdown, she said that she got widow ration from the government. They also got cooked food from the school in the village. Though the cooked food

was not sufficient for feeding the whole family, however; it was supportive, and at least they did not have to be worried about feeding the minor children of the family. Apart from this, they have not received any help from any other organization or individual.

Respondent no. BM-15 (Site-2), a 45-year-old woman working as a daily wage labourer, shared, "Whenever the government gives something, the *Gram Pradhan* sells everything. We do not get anything that is meant for us. Nothing reaches the poor people of the colony. During the lockdown, they also sold the ration given by the government and distributed it only to very few people known to them. Because of the lockdown, we are getting wheat as a free ration from the government. Once the lockdown is over, we will be charged for this also. Then we will have to buy this from our earnings".

Though they did not get rations given by the government, cooked food was distributed in the nearby school in the village. However, the quantity of the cooked food was not sufficient to feed all the family members. They got only four *chapattis* and a *Sabzi*, she said "how many people would eat from that, so we would give that food to the children and cook whatever we have for the family's elders". Also, there were very long queues to get the cooked food.

During the lockdown period, she did not receive any relief measures from the government. She burrowed Rs 15 thousand to feed their family. Her family had no savings at all at that time. She stated, "the wages we get are hardly enough to take care of basic needs; therefore, we cannot save for the future". During the lockdown, she had to sell her jewelry and belongings to meet their family's basic needs.

Respondent no. BM-27 (Site-2), a 65-year-old woman working as a daily wage labourer shared that during the lockdown, some of the people working in a Non-Governmental Organization (NGO) called "Response and Rise" came there and provided them ration, cooked food and also cooking oil. These people did a lot for their community but not the *netas* (politicians) or government. She clearly stated *"if someone has done something for us, we would not lie"*. She further said that people from the organization did a lot for them during the lockdown, due to which they could survive without work. Otherwise, they do not have much savings that the whole family can survive for such a long time without work. Besides, providing the ration and cooked food, they also conducted health camps for eyes and other illnesses for the people of the community. During the group discussion, some of the respondents also shared that their electricity bills were waved off during the lockdown; however, now they are getting very high electricity bills.

7.4 Citizenship, Rights and Entitlements

The plight of migrants, casual and daily wage labourer's that also constitutes one of the most vulnerable populations among the workers working in the informal sector, alludes to examining various aspects and dimensions of citizenship that guarantee certain rights and access to various entitlements. The meager State protection policies and almost absent institutional social security mechanism also raise some pertinent questions regarding the concept of social protection policies of the State and the principal employer. Besides, it raises important questions regarding their invisibilisation during the lockdown, and the State's attitude towards them exemplifies their status as marginal citizens. This section of the chapter highlights various implicit dimensions and forms of citizenship incompatible with the normative notions of citizenship.

While citizenship appears to be a straightforward concept to most of us, it has many nuances and layers attached. One way of looking at citizenship is the legal status, which encapsulates the elements of civil liberties. It refers to the rights necessary for individual freedom. However, the concept of citizenship should not be limited to only the legal status. Instead, it should also respect labour rights and dignity as much as civil and political rights. The exclusion of a substantial proportion of the migrants, which are circular, transient, or seasonal, deprives them of the entitlements enshrined in the social citizenship leading to enhanced vulnerability and insecurity. Subsequently, it lays the ground for inquiries into the concept of marginal citizenship, differentiated citizenship, and full citizenship.

While most of us understand citizenship as a normative concept, Jayal (2013) views it as a continual contestation between State and individuals and among the citizens. Every dimension of the idea of citizenship is contested (Jayal, 2013, p.2). She further disentangles various meanings and dimensions of citizenship and broadly categorizes them into three categories: legal status, rights and entitlements, and identity and belonging. These dimensions provide a nuanced understanding of the different forms of citizenship.

Marshall (1950) distinguished three elements of citizenship, the civil element (the rights necessary for individual freedom), the political element (the right to participate in the exercise of political power), and the social element that views citizenship in terms of rights. The aspects of social citizenship insulate the individuals from the risks and threats (social and economic) by providing health care facilities, education, decent work, and social protection. He defined social citizenship as:

"The whole range from the right to a modicum of economic welfare and security to the right to share to the full in the social heritage and to live the life of a civilized being according to the standards prevailing in the society" (Marshall {1950} 1992::7 cited in Jayal, 2013, p.5).

Including the social element as an indispensable component of citizenship and amalgamation of civil, political, and social rights has been particularly influential. Marshall has emphasized the right to decent work and the right to better living and working conditions as essential components of civil and political rights. Full citizenship mandates the protection of all of these components. Thus, laying down the framework through which welfare provisions can be viewed and extended. Though there is no hierarchy between civil and political rights and social and economic rights, however, the social and economic rights appear to be subordinated and marginalized to the human rights discourse and enforcement. Therefore, the negotiation of these rights has been a challenging task.

One of the pertinent aspects of citizenship is that it is often considered compatible with democracy, and the two appear to complement each other (Bellamy, 2008, p.2). Besides, one of the crucial trademarks of citizenship is the right to vote. However, citizenship also implies the capacity to participate in both the political and socio-economic life of the community. There exist some contrasting views vis. a. vis. whether citizenship is a necessary condition or in itself is a sufficient condition for democracy. In numerous instances, non-democratic states have provided their citizens with the entitlements incorporated in social citizenship. Therefore, the elements of social citizenship may be at least partially recognized even in non-democratic states. On the other hand, democracy does not guarantee these rights or invariably leads to acknowledgment and fulfillment of the rights and entitlements under social citizenship (Jayal, 2013, p.6).

Bellamy (2008) views citizenship as intrinsically linked to democracy and the capacity to participate in the political and socio-economic life of the community. He delineates three interlinked components of citizenship as; membership in a democratic political community, collective rights and benefits associated with the membership, and participation in the community's socio-economic and political processes (Bellamy, 2008, p.12). All of these collectively lay down the conditions for civic equality.

When we conceptualize and understand the concept of citizenship as rights and entitlements, we bring to the fore the issues of complete invisibilisation of migrant workers during the lockdown. We could tease out some of the dominant strands from the discussion above. First,

their marginalization and exclusion from welfare measures precede the pandemic; however, the health crisis exacerbated their condition. Therefore, to comprehend the factors shaping the health and well-being of the labour in the contemporary environment, we must consider various preexisting structural factors combined with the pandemic-induced vulnerabilities.

The COVID-19 crisis in India was preceded by the pre-existing labour market fragilities reflected in high unemployment, poor social protection policies, and a high degree of informality (Srivastava, 2020a, 2020b, 2020c; Kapoor, 2020 cited in Jha, 2021). The first two chapters discuss how increasing informalization, casualization, and marginalization has led to flexible labour markets. The rise in casual work and short-term contracts are doing away with the regular or permanent forms of employment. Dilution of workers' rights has taken place along with subcontracting and outsourcing of work, which has maximized benefits and reduced social security expenditures. Evidence suggests a strong relationship between health cost and changing employment patterns exists, which is not shared equally across the socio-economic ladder.

The construction sector has very high informality in terms of both the enterprises and the workers. It also accounts for a large proportion of seasonal and circular migrants. Their economic and occupational conditions made them prone to the impact of the crisis compared to the workers working in the other sectors. Evidence suggests that the construction sector has been the worst affected sector in terms of the impact of the COVID-19 crisis. Through the Direct Beneficiary Transfer (DBT) mode, the cash assistance scheme has not helped them much because of the non-renewal of their annual registration and non-linking of Aadhar with their bank accounts (Jha, 2021). Migrant construction workers were more prone to be left out of the welfare measures because of the non-portability of the welfare schemes and non-registration in the destination states. Under the BOCW Act, the CESS collection and its optimum utilization have been a critical issue for the welfare of the construction workers.

These are the workers who were already working under poor working conditions and living in deplorable living conditions. Insecurity of employment combined with an extremely low wages without any social security before the crisis implies that an overwhelming proportion of workers in the informal sector are highly vulnerable. The economic disruption and mobility restriction further pushed them into highly vulnerable conditions. Social fragmentation, poor entitlements, lack of organizational support, and a political voice have led to their complete invisibilisation during the pandemic.

The second point is that vulnerability and insecurity are better understood from a continuum perspective. They are determined by a range of factors deliberated in this chapter. There are individual vulnerabilities, and then there are vulnerabilities that you face as a family or part of the community. Individuals and families lie at a particular end of the vulnerability spectrum. This position is further negotiated with everyday life events and the nature and availability of work.

Therefore, the role of social protection policies of the State and its responsibility to protect its citizens is pertinent. However, the state response varies by creating implicit categories of 'citizenship" and "differentiated citizenship". While the former is related to the package of services granted by the State once you and your needs are legitimately recognized and acknowledged. The latter refers to the differentiation made by the State in terms of provisioning of services to the urban poor compared to the middle and upper-middle classes. Thus, "Differentiated citizenship" is a system through which the state "systematically assigns a different level of services to different categories of citizens based on their tenurial status (Heller et al., 2015, p.6). The distribution of services is then determined by the area you live in, the status of the residential colony, migrant status, and activity status (casual, self-employed, or regular).

Majority of the migrant workers live either at their worksites or in slums, *Jhuggi-Jhopri,* or informal settlements. They further live under the perpetual threat of epidemics and group violence. The slums and the informal settlements become the hotspots for spreading the contagion. These are the places that lack appropriate health infrastructure. Practicing social distancing is an insurmountable task in these areas due to the population density and common point of access for most of the services and facilities. Despite a high reliance on migrant workers for their growth and sustenance, cities have failed miserably to provide them dignity and protection.

Hence, the concept of 'citizenship' becomes a relative and dynamic variable. The benefits derived from the ongoing growth process depend on the kind of citizenship as the people living in the "excluded settlements" lie at the margins of citizenship. Therefore, these epidemics or outbreaks of infectious diseases should not merely be understood as an outbreak of infection. Instead, it should be viewed as a reflection of the existing socio-economic and health services inequalities (Baru, 2012, p.71). These inequalities have persisted for an extended period of time

and would further widen the inequality and give rise to absolute poverty in the post-pandemic world.

7.5 Final Thoughts

Contemporary concerns about citizenship and social citizenship emanate from two important social processes, globalization and multiculturism. These two significant developments have pushed the nations to define and redefine their citizens and have entirely changed the way of looking at citizenship (Bellamy, 2008, p.2). The crux of the conceptualization is that rights and entitlements are a prime component of the concept of citizenship and have been considered the defining criterion of citizenship. Citizenship also entails a degree of solidarity and reciprocity between citizens, and they need to see each other as equal partners. However, such sentiments seem to be on the decline. Cultural fragmentation has been one of the problems for the migrant workers who have been seeking inclusion in the broader political community through the non-discriminatory policies of the State. The goal is to expand the political culture to accommodate the migrants and remove the elements of discrimination. Globalization has further led to the weakening of the political community and its ability to provide collective goods. The global market further dilutes the political culture due to international pressures. This has led to privatized political actions and an increasing consumerist approach.

Social morality also constitutes one of the central features of citizenship. The reinvigoration of citizenship debates depends on enhancing political participation and commitment to the rights and entitlements as its prime benefits. None of the present challenges confronted by the State is beyond remedy and insurmountable.

Chapter 8

Place of Work, Employment Conditions and Social Protection: Understanding Cumulative and Graded Vulnerabilities

8.1 Themes and Strands of Analysis

The first part of the thesis analyzes the structural determinants, and the second looks at the experiential determinants of informal work. The structural determinants include globalization, liberalization, changing forms of employment, and the emergence of a new middle class that has consequences for the well-being of migrant labour. Experiential determinants include the objective and subjective dimensions of health and well-being and manifestation and expression of suffering. The thesis attempts to establish a connection between subjective well-being and experiences of suffering, as suffering is also an integral part of well-being.

The study explores why there is a depletion in the workers' health by using a life cycle approach that considers occupational hazards, dietary intake, nutritional patterns, everyday lives, and living conditions. It highlights the injustices in the form of a lot of unpaid labour and coercive working conditions and attempts to understand the resulting suffering and notions of subjective well-being. It highlights how the nature of employment relations and place of work becomes extremely important to analyze the risks and vulnerabilities mediated by the spectrum of informal work.

8.2 Globalization, Informal Sector and Changing Landscape of City: Rights, Contestations and Distributional Inequalities

With the help of secondary data and literature review, the researcher attempts to understand the relationship between globalization, in-formalization, and economic development and explicates conceptual linkages between them. The thesis also attempts to understand some dominant theories that establish the relationship between urbanization, the in-formalization of work, and development. Besides, it locates urbanization within the major discourses on conceptualizing the city which allows us to understand the social, cultural, and economic processes of the city and its relationship to the expansion of the informal sector. Three dominant strands of analysis emerge from the discussion on globalization, the informal sector, and the changing landscape of cities.

Firstly, globalization has led to greater fragmentation of work and allowed the exploitation of workers in the informal sector. It has led to the weakening of the labour welfare provisioning by weakening the political and civil society and its ability to provide collective goods. Secondly, some economists believe that the expanding informal sector has led to an increase in entrepreneurial activity in the form of small-scale businesses. Cities are a favourable destination for such kinds of businesses. It provides the ecosystem and space for the structural transformation required for the growth of agglomeration economies.

Thirdly, the emergence of a new middle class with a higher disposable income creates demand for the growth of the informal market for services and aspires for a modern and aesthetic city. This class has benefitted from the policies of the state and devising strategies to further push urban dwellers out of the city. This contestation and negotiation for space define the predominant contemporary social and economic processes of the city of Delhi. The power dynamics and negotiating power is tilted towards a "new middle class" who has started asserting their demands more authoritatively and powerfully. This also influences the present policies, programs, and strategies to deal with the poor.

The post-reform period marks the beginning of many new social and economic processes that laid the grounds to develop Delhi as a global city. The main objectives were integrating the city with the global economy and converting the capital into global capital. It was to be done by attracting firms and investors and emerging as an agglomeration of export processing zones. Some of the measures include inviting investment in indigenous industries from local and global sources. Increase private sector participation in the provisioning of services and infrastructure development. Involving the private sector would overcome the limitation of the resources of the government. The private sector participation would expand the horizon of the resources by utilizing the locally available resources as well as inviting foreign investment.

However, private sector active participation and foreign capital investments are only possible by liberalizing the land market and relaxing the regulatory control mechanism. As a result, this would make more land available for modern and industrial ventures both within the city and also in the periphery (Kundu, 2003, p.3530). All these attempts are directed to make the city an exclusive city meant for a specific section and class of people. These objectives further resonate in the master plan of Delhi 2021 and reflect the dream of a global city. The objectives have been defined, keeping the clean, modern, and global city in view. Subsequently, some major steps must be taken to create a conducive environment that fosters growth and leads to

infrastructure development. Apart from this, the master plan also intends to "regularize the industries" and efficiently use the land predominantly occupied by the poor. The city is growing through marginalizing and disempowering the poor. Making the city slum-free is not to get rid of the urban poor through evictions and demolition but to provide them with better living with improved means of livelihood, housing, basic services, and amenities.

Over the years, land has emerged as one of the most important assets for fostering economic activity, especially post-reforms. The rationale for the demolitions and relocations of the informal settlements has been driven by the city's social, cultural, and economic transformation. This has been carried out on the pretext of the increased economic importance of the prime land of the city, supported by judicial and middle-class activism aspiring for a clean and modern city (Sathe, 2011).

These policies and measures have larger social implications, mainly for a particular section. Large-scale demolitions, evictions, and relocation witnessed in the recent past are a manifestation of some of these implications. Moreover, the economic importance of the prime land being occupied by the poor has become important for larger public interest and an integral part of the master plan. The land policies adopted since the liberalization of the land market have only benefitted the middle and upper-middle classes of the city. A large amount of the subsidies has been granted and those who benefitted most from this have been characterized as the "new middle class". It's a new social group that possessed encroached land and earned profit through the transfer of property. They are the people who derived maximum benefits from the policies and strategies of the state and continue to do so.

The State has been complicit in this acrimonious contestation of space by asserting the residents' legality and legitimacy to marginalize them. The process of sub-urbanization is used to separate the urban poor from the middle class. Contemporary urban planning is transforming Delhi primarily for the middle and upper-middle classes. Cultural capital associated with cultural citizenship through "symbolic exclusion" has been a defining feature of the new middle class. This strategy is used to differentiate between citizens like those who are part of the "formal city" and those who are not. The concept of "differentiated citizenship" has been used to determine the services one receives as a member of the city. These processes and strategies have consequences for the well-being of workers in the informal sector living in informal settlements. It also makes the contemporary city unwelcoming to prospective migrants by creating a hostile environment for migrant workers.

The growth and transformation of cities should lead to the betterment of all; however, what is evident is the spatial stratification of the classes and communities. The structural transformation of cities has not respected the elementary needs of urban dwellers. The segregation policies of the state and intensified capital accumulation have pushed the poor to the fringes. This has also been termed a "post-justice" city where the utopian vision of the city as a place for emancipation, freedom, and collective advancement no longer exists (Appadurai 2000; Dupont 2008; Baviskar 2009 cited in Rao, 2010). The rights discourse has suffered a setback in the era of neo-liberalism, which under the garb of 'freedom' and 'individual choice' has allowed the market to permeate into every aspect of the city.

Three decades of fast-paced economic growth have not transformed the labour market. The employment condition in the country has further deteriorated with high inequality and disparities between formal and informal employment. The level of employment generation in the formal sector is very low. Most of the employment generated is in the unorganized sector where the quality of employment is poor, with no mechanism for risk protection and social security benefits. The relationship between state-led capitalism and growing anti-poor sentiments is evident from the trends of demolitions and evictions, declining wages of labour, and deteriorating working and living conditions.

With this being the backdrop, the study attempts to analyze the health and well-being of workers in the construction sector. It uses the broad understanding of decent work and the framework of unacceptable work to understand some aspects of workers' lives that determine their living and working environment that influences their health and well-being. The in-depth interviews, discussions, and narratives explore other aspects of their lives.

Two strands of analysis are particularly valuable for our understanding. First, the different forms and dimensions of unacceptable work conditions prevalent in the construction sector. The study collected information about the prevailing practices that are unacceptable and its consequences on health and well-being. Second, deciphering the concept of suffering through the narrative approach to weaving an understanding of subjective well-being. Subjective well-being refers to people's sense of their well-being. It attempted to understand workers' daily lives, job responsibilities, and how their workplace circumstances influence their health and other aspects of their daily lives.

8.3 Decent Work and Unacceptable Practices in the Construction Sector

The various perspectives on decent work show that it provides a broader conception of workers' working and living conditions that guarantee human dignity for everyone. Therefore, rights and dignity at the workplace are critical components of decent work that includes social protection and social dialogue. It recognizes workers' rights to safe and healthy working conditions and the right to fair wages and equal remuneration, which are essential for individuals to live a decent life with dignity.

When we apply the concept of decent work to any society, the magnitude of formal and informal employment is an important determinant. While the formal sector is bound by legal measures to ensure decent work, the informal sector is largely unregulated. In a country like India, where a large percentage of the working population is in informal employment, the extent of indecent work is rampant. This study demonstrates the extent of indecent work prevailing in the construction industry, where informal employment is very high, and a majority of the workers are not protected against various social and economic insecurities.

The quantitative data collected from the metro construction site shows the magnitude and prevalence of various dimensions of unacceptable forms of work. It uses the multidimensional model that proposes 12 substantive dimensions of unacceptability. These dimensions could be categorized into various themes.

The first one is fundamental principles and rights at work that include forced labour, representation and voice mechanism, child labour and equality, human rights, and dignity. It also covers social protection, work, community life dynamics, and issues related to individual aspects and job content. The model also incorporates health and safety, income security, working time, legal protection, family and community life, and work organization. These dimensions are fundamental to the work, and others are supplementary. The absence of fundamental indicators is entirely unacceptable, and these features should be integral to the policies vis. a. vis. living and working conditions across the industries. The supplementary indicators allow the model to adjust according to the context. Let's focus on and analyze each one of the themes one by one.

The daily work hours of the workers revealed that most of the workers worked beyond the usual working time without any additional compensation. They also worked during the night shift. Almost 55 per cent of the workers worked 12 hours a day. The average working hours of

the workers in the unskilled category working as casual workers was 11 hours a day. The combined category of semi-skilled and skilled workers had an average working hour of 10 hours daily. Most workers did not get any overtime for work beyond 8 hours. Further, 68 per cent of the workers did not get a weekly off, and 51 per cent did night shifts; out of those, only 61 per cent were given night shift compensation. This is mainly because most workers are on a fixed monthly salary. And they had to work for 12 hours a day and also on Sundays, as 85 per cent of the workers received their wages every month.

8.3.1 Elements of Forced Labour, Rights, and Dignity

Almost 10 workers (19 %) said the employer deceived them regarding wages and working hours. One worker reported that the contractor had restricted his movement from the site, and another said that he was separated and isolated from his co-workers. Two workers reported that the contractor physically abused them, and 5 reported that they were intimidated, threatened, and verbally abused by the contractor or supervisor.

As many as 43 per cent of the workers did not have the right to transfer when unfit. These workers reported that once they reached the site and felt unwell then also, they had to complete the assigned task; otherwise, their wages would be deducted. There were no labour unions at the site or other grievance redressal mechanisms. The redressal mechanism also becomes futile when it is mainly the person you report. Most of the workers reported to their contractors or supervisor.

Regarding skill development and promotion, none of the workers had any capacity building or skill enhancement training to enhance their skills and upgrade themselves from unskilled to skilled labour. It means that if a worker has been working as casual and unskilled labour for the past 5 years and goes to another site, he will again be considered casual and unskilled. They were not eligible for any promotion or enhancement of their skill set throughout their life.

8.3.2 Social and Statutory Entitlements

The availability of health-related entitlements shows that 68 per cent of workers said yes to first aid facilities, and 30 per cent said no. While those who said yes were only aware that any such facility exists. They were aware that a doctor was available at the site; however, all the workers working there did not have access. The onsite doctor treated only those who were registered. Besides, 60 per cent of the workers did not get any sick leave, and 62 per cent of the workers said they did not get any health care facility from the contractor or the company.

Moreover, 60 per cent of the workers did not get provident funds deposited in their accounts. Further, 75 per cent (*n*=40) of the workers said they were not covered under any labour law and were unaware of any legal protection measures for construction workers. A range of factors determines control over working conditions. It includes work timings, timely payment, excessive overtime, unpaid work, sick leave and right to transfer when unfit, sufficient resting time, freedom at the workplace, sexual or physical abuse or intimidation, etc. A combination of these factors was considered before concluding whether a worker is working under controlled conditions. As a result, 51 per cent of the workers were working under controlled and coercive working conditions. In addition, 21 per cent of the workers reported withholding wages without any valid reason, and 60 per cent said they were working under extreme overtime conditions without payment. As many as 53 per cent of the workers' conditions showed abuse of vulnerability. Segregated data shows unskilled and casual workers were prone to abuse of vulnerability and work under controlled and coercive working conditions.

8.3.3 Degrees of Job Security

Degrees of job security highlight other unacceptable dimensions of work. Low job tenure was reported by 68 per cent of the workers, and 70 per cent of the workers shared that they had low and unpredictable wages. While 13 per cent of the workers reported that they had a deduction of wages at the time of payment of salary, a significant proportion of the workers, 74 per cent shared that they did unpaid work on an everyday basis.

8.3.4 Social Protection

The data shows that social protection coverage was almost absent among the workers. While none of the workers in the Bhati mines village were eligible for any social protection measure. Most workers at the metro construction site were excluded from the institutional and State social protection measures. The workers are excluded from the social protection policies of the State and the principal employer. Social protection schemes are one of the key elements of decent work. While the focus has always been on the State which is prime. Therefore, the social security measures provided by the State are the citizen's rights that the workers should get. However, the employer's role is absent in providing institutional social security, which is the worker's right. There has been a complete lack of accountability on behalf of contractors and the principal employers in providing statutory and non-statutory entitlements to the workers.

The dismal social protection coverage in the construction sector raises many pertinent questions regarding the implementation and provisioning of these services. The role of the employer in implementing and the State's ability in provisioning. Social protection is always seen as an emergency response, and there has been a reluctance to commit resources during normal times. Social protection schemes are important during normal conditions but become extremely important in moments of crisis. The marginalization and exclusion of workers from the welfare measures preceded the pandemic; however, the health crisis exacerbated their condition. The pandemic has just exposed the vulnerabilities and precarity of a substantial proportion of workers working in the informal sector, especially the construction sector. The crisis allows us to understand the severity of the need by exposing vulnerabilities. Therefore, social protection cannot be something for countries to wait for economic development.

When we look at the proportionate expenditure on social protection policies, India spends only 2 per cent of its GDP on social protection compared to Asia, which spends around 7 per cent (Razavi, 2022). If we compare the spending on health, India spends 1 per cent and the Asia-specific region an entire 4 per cent of its GDP (Razavi, 2022). The expenditure of GDP on welfare schemes does not commensurate with the growth levels that the country has achieved in the past three decades. Expanding the social and health protection schemes by rectifying the conceptual and implementational flaws becomes pertinent to protect workers' health. The present labouring landscape and the changing labour market show that calls for austerity measures are beginning again. This has severe implications for the health of informal workers in the construction sector working in a fragile and unsafe working environment. It calls for greater recognition of the primacy of the State supplemented by institutional social security measures. Besides, we need to eliminate narrow, targeted decent work.

The study also explores the notion of decent work in the prevailing working conditions and the knowledge of local authorities about the concept. The data from interviews of the key informants show that there has been a very narrow understanding of the concept among the officials entrusted with the responsibility of provisioning the welfare measures. Decent work is understood as making provision for the basic amenities for the workers, like the drinking water and toilet facility, and making arrangements for their living at the site or any other place as provided by the contractor or principal employer. They do not consider themselves responsible for registering the workers for the social security measures provided by the State and the institutional social security. Also, the officials stated that when a worker works at the site, it is their responsibility to take care of his health, but when he is not at the site, they have

no responsibility towards them. They will have to take care of their health or any other need on their own.

Many key respondents pointed out that 10-15 years back, everything was provided to the workers, including accommodation, bedding, and collective provisioning for food. They could also live with their family members, and the company cared for their familial needs. However, currently, the company does not take care of the worker's basic needs, leaving aside the family requirements and providing health care facilities. Discussions with key officials of the organization show that they are unaware of the concept of decent work. After briefing them a little about it, the researcher learned that they had a very narrow understanding of the concept among them. This is clearly reflected in protective measures in the working and living conditions of the workers that they articulated in their interviews. There has been an implicit understanding between the key officials of the organization and the contractors and supervisors regarding the provisioning of welfare measures. They have been complicit in exploiting the labour and shifting the blame on each other for the deteriorating employment conditions. When we interviewed the key officials, they stated that they provide all the mandatory welfare provisions as per the law to the supervisors and contractors. However, they do not extend these provisions to the workers. Contrary to this, the supervisors and contractors shared that they can only make available the services and facilities provided by the principal employer. It is not possible to provide welfare services from their own pockets. Besides, workers will only be eligible for welfare services if they register for the various provisions. Otherwise, they will not get anything. The onus is on the worker, not the contractor, employer, or government, to register workers for welfare measures.

8.3.5 Dynamics of Work, Family, and Community Life

The findings of the survey conducted at the metro construction sites are supplemented by the narratives and case studies of the workers. The case studies highlight the workers' personal and social life disruptions. Besides, the issue of physical and mental fatigue also comes out very clearly in the narratives.

All of the workers interviewed expressed their desire to live with their families. However, as an implicit policy of the organization, they were not provided accommodation for their families. The rooms provided by the contractors were overcrowded and were not preferred by the workers. Those who had some known people working in the city chose to live with them, and others who had no choice had to live in the shared rooms provided by the contractor. It

was found that the lack of family members affected the mental and emotional health of the workers. They felt alienated and experienced loneliness in the absence of family members and a lack of community life.

Not allowing the workers to live with their families also lets the contractor and the company have greater control over the working and living conditions with less space for their personal lives. This is advantageous to both the contractors and the principal employers. They can extract maximum labour with minimum responsibilities. They can make them work for longer hours without additional payment. They can also make them work at night with very meager compensation, as it was found in the study that most of the workers worked for extra 3-4 hours every day beyond their usual work timings. Not having their family also allows the organization to call the workers on Sundays and work for half days with the compensation included in the salary. Most casual and unskilled workers worked extra hours daily and also on Sundays and public holidays. They did not engage in any leisure activity apart from work or household chores.

They have been doing all the household chores along with 12 hours of physically intense work without any break or means of entertainment or leisure activity. They have been following the same routine at work or in their rooms since they started working at the site. Sometimes, having a good conversation with their family members also becomes difficult due to the intense working hours and resulting fatigue. The absence of family members had been negatively impacting the worker's social, psychological, and emotional aspects of their lives.

8.4 Spectrum and Hierarchy Within the Informal Sector: Understanding Graded Risks and Vulnerabilities

The study focused on two different sets of workers in the construction sector to understand the continuum of vulnerability, insecurity, and precarious work. There are individual vulnerabilities, and then there are vulnerabilities you face as a family or as part of a community. Individuals and families lie at a particular end of the vulnerability spectrum. This position is determined and influenced by a range of factors like place of work, nature of work, and nature of employment relations. It is further mediated through everyday life events and the spectrum of work. The evidence from my data chapters shows the variations in well-being across the spectrum and hierarchy of informal work. It shows that the nature and availability of work

determine the well-being of workers in a much greater way. It also attempts to capture various forms and expressions of suffering.

In the preceding section, we discussed the first set of workers working at a metro construction site. These workers worked under the purview of a formal multinational corporation. This automatically qualifies them for some form of safety and security. However, among these workers, employment status and skill set are key determinants of access to social, economic, and occupational security measures and other organizational resources. As evident from the data, the regular workers were more satisfied with their working and living conditions as they had access to some form of social protection measures and other social entitlements provided by the company. The casual workers among the workers employed at the metro construction site were worse off because of controlled and abusive working conditions. Their working and living conditions show abuse of vulnerability.

Though all the workers working at the metro construction site worked under the same principal employer, they were entitled to differential services and protection measures. Subsequently, we analyzed the working and living conditions of casual daily wage workers from the Bhati mines village, working at different sites under different employers. The analysis shows different vulnerabilities and coping mechanisms among the workers at the metro construction site and the workers in the Bhati mines village. Besides, informal work is a spectrum mediated by hierarchy and gender segregation. Data highlights the graded vulnerabilities in the informal sector. Risks and vulnerabilities are mediated by the hierarchy and skill set. Therefore, it is imperative to understand its impact on health and well-being and its very impact on the everyday lives of workers.

The processes of digging work are completely informal. It is arduous work, and the workers are paid nothing in return. To understand the varying degrees of indecent work within the informal sector, the workers in the Bhati mines village were selected. The adopted research design allowed us to capture the spectrum and the hierarchy within the informal sector. And understand the vulnerabilities and insecurities of a casual worker working under a multinational organization compared to a daily wage labourer in the Bhati Mines village.

The second site of the study focused mainly on women workers because they are more likely to be engaged in the lower segments of the labour market. All of them were primarily casual daily wage workers. They worked at different sites on a daily basis, lacking any form of occupational safety and social and economic protection from the employer or the contractor.

Their probability of getting work on an everyday basis was highly uncertain. They were not entitled to anything other than the wages for that particular day.

Narratives of the women workers show that earth digging is a caste-based occupation. It is hazardous and gender-segregated work. The responsibilities assigned at the worksites are gender-segregated, with women carrying the load and performing mainly the low-skill jobs. They are paid considerably lower than their male counterparts. The average wage of the women workers in the age group of 40-65 was Rs 200-300 per day for 8-10 hours of work, and the younger women workers were paid Rs 250-350 for 8-10 hours of work. However, this in no way makes them less vulnerable to worksite injuries or long-term health issues in the form of musculoskeletal disorders and repetitive strain injuries.

Hazardous work and hazardous working environments manifest as injuries to the human body. In extreme cases, it also results in death or severe disability (Qadeer and Roy, 1989). The case studies and discussions show that worksite injuries, both fatal and non-fatal, are pretty common among village workers. Men and women were equally exposed to significant and fatal injuries. This was mainly because of the hazardous nature of the digging work, the absence of PPE kits, and the lack of safety measures at the sites. All respondents, men and women, said they do not get any PPE kits while working. The women respondents said they get minor injuries every day, mainly crush and pinching injuries due to falling bricks on their hands and feet. All of them have developed swelling in their hands and legs due to lifting heavy weights. These women were extremely thin and fragile and complained of severe pain in the neck, backache, and body aches. They persistently experience dizziness and weakness while carrying the load. They also got significant injuries in the form of fractures and joint injuries, leading to loss of employment. Most of the accidents and deaths happening on an everyday basis in the community were preventable. It was happening because of a lack of safety measures and adequate emergency response.

In addition, the workers were made to bear the consequences of insecure and unhealthy work conditions. They assume the risk of worksite injuries or resulting health issues that have severe implications for their daily lives. Though the women workers shared the issues of exploitative and hazardous working conditions. However, these issues become secondary in the absence of sufficient days of work needed for survival combined with a lack of living wage. Women aged 20-39 years got 3-4 days of work per week or 12-15 days per month. Older women got 2-3

days of work per week or 8-10 days per month. Their primary concern was to look for work at any cost to sustain their survival.

Poor living conditions with a lack of basic amenities further exacerbate their overall health conditions. They are located on forest land and are under continuous threat of eviction and demolition. They live in half *kaccha* and half *pucca* houses without running water supply, sanitation, and drainage facilities. They spend a substantial amount of time and labour fetching water and collecting wood from the forest to cook food. They have dug pits inside the vicinity of their house to store drain water and empty it manually every 3-4 days. It adds to physical and mental fatigue and is also a source of diseases and ill health. The situation worsens during the rainy season when their houses are inundated with water, and there is no one to drain the water from their locality. During this time, there is no digging work available to make things even worse.

The absence of an appropriate health care facility further adds to their health problem combined with a precarious and hazardous work environment. The lack of a school has added to their financial burden and makes their children's future bleak. Therefore, most of the women shared that their main concern is that, in the absence of good education or any other skill set, their children would also end up working in this profession as they did. They all wanted their children (sons) to acquire some other skill set and work in other areas besides earth digging. And they wanted their daughters to get married to families who were not continuing with this work.

These issues are prime sources of stress, anxiety, and uncertainty. They are not assured of the fundamental living conditions, and there is no certainty of work. It also sustains invisible injuries and musculoskeletal disorders due to highly unsafe workplaces. When we analyzed the conditions of workers in the Bhati mines village through the vulnerability continuum, we found these workers lying at the extremes compared to the workers at the metro construction site. They work in the most fragile and insecure work environment, prone to injuries and accidents without any institutional or social support mechanism. Lack of sufficient days of work, meager wages, a lack of workplace safety, and a high prevalence of fatal and non-fatal injuries have added to health insecurities and the community's overall well-being. Unhealthy and fragile living conditions exacerbate their condition.

The narratives of the women workers show how occupational vulnerability and risks take a toll on everyday life and determine the well-being of an individual and family. The responses of

the women workers suggest that they very well understand the relationship between various dimensions of work and health and the role of other household amenities in shaping their health conditions. These stories of women workers also reflect their mental and emotional states, their fight for sustenance, and the overall battle of their lives.

The qualitative data in the form of narratives, discussions, and spontaneous interactions provided us with a picture of the worker's various aspects of their lives. It gives us an understanding of what they do and for how long they do it. Their family and community life and other aspects of life that are not covered or documented. Emotions and sufferings are two such issues that are replete in these narratives. Their feelings of indignation and injustices and struggle for sustenance in everyday life are some of the dominant themes. These cases are primarily a reflection of sufferings due to exploitative and coercive working conditions, with human dignity, health, and freedom put at risk.

8.5 Contemplating Subjective Well-Being and Strands of Suffering

This section attempts to understand workers' subjective well-being as a form of social suffering, which is a complex interplay of socioeconomic, biological, institutional, and political factors (Baru, 2005). Within this approach, biomedicine has a scope to understand and treat physical pain and discomfort in an individual. However, suffering is more about the affliction of the person, not the body.

Drawing from the conceptualization of well-being and suffering discussed in the third chapter (Section 3.11), most generally, suffering can be defined as a "state of severe distress associated with events that threaten the intactness of a person" (Cassell, 1998, p.131). While distress is "a set of bodily events" that can be observed and measured. Suffering is an affliction of the person, not the body (Cassell, 2004 cited in Beckwith, 2014). Suffering is purely subjective and poses a threat or damage to personhood. Illness or injury is a manifestation of it. Certain requisite components help us to unpack the concept of personhood. These are (Cassell, 2004):

- A person has a body that is both biological as well as social. Various life events can alter the relation or identification with the body.
- A person has a family. Every individual is part of a family. It could be biological as well as a social family.

- A person is a part of a society and community. No person exists without others. There is no individual consciousness without the consciousness of others (Cassell, 2004, p.136).
- A person has a past that could be understood through life experiences that constitutes illness narratives, injury episodes, pleasures, miseries, success, and failure. The subjective meaning of health and well-being arises from the past as well as the present.
- A person has certain roles and responsibilities. People live and work in a particular social, economic, and political context. They may or may not be able to make sense of everything happening in their surroundings.
- A person is a cultural and a political being.
- A person has a behaviour.
- A person has a perceived future for himself or herself.

These parts make up a person. Personhood has many facets, and it is mainly the ignorance of these that leads to suffering. However, a person cannot be reduced to these individual parts in order to be better understood. This understanding of personhood should dissuade the mechanical understanding of suffering.

The aim of understanding the components of personhood is to understand the complexity of an individual and the potential for the suffering that exists within every individual. All aspects of personhood, their past, cultural and societal roles, the body, self, instrumental dimension, relationships, and perceived future all are susceptible to loss and damage (Cassell, 1998). Injuries to the integrity of a person can manifest in the form of alienation, aloofness, sadness, depression, anger, grief, unhappiness, melancholy, etc. If the injury is potent, the person suffers. The only way to understand if the damage is sufficient to cause suffering is to ask the sufferer (ibid).

There are certain prerequisites to comprehending and documenting suffering. First, suffering is experienced by the person, and it affects the intactness of a person and can potentially change personhood. It can only be known through documenting the subjective experiences of the sufferer. Second, suffering occurs when the impending destruction of the person is perceived. Third, suffering can occur concerning any aspect of the person. E.g., family, community, self, body, social roles, etc. Suffering can arise due to the intensity of pain or when pain is overwhelming. But suffering is mainly due to the uncertainty of pain resulting in chronic conditions. This shows that there is a temporal element to suffering. It also means that it should

affect the individual perception of upcoming or future events. Suffering is ultimately a subjective and personal matter. The importance of things and experiences relates to the self and is always personal.

Suffering also arises when we cannot locate the pain in the body. Subsequently, we term it psychological. This is reflected in the debates on RSI, whether it is located in the body or the mind of people. When we cannot locate the physical source of pain then it is termed psychological or psychosomatic. When the pain continues for a prolonged period, the individuals develop a belief or understanding that they should not talk about their distress. This also leads to suffering. Physical pain can be experienced directly and unmediated. Suffering requires narratives and interpretations to make sense of it and describe the situation. Therefore, analyzing suffering means analyzing narratives that describe and evaluate the context.

When we attempt to understand and analyze suffering, it appears to be a two-level phenomenon that requires a two-stage analysis. The first level is the direct, unmediated, and natural capacity to experience pain and suffering (Herzog, 2019). At the second level, societies and communities have normative perspectives on suffering. Both levels of understanding are important, but the second-order perspective allows us to relate to the first-order experiences in a diverse way. The second-order perspective depends on individuals' narratives and self-evaluations, making a strong case for the social sciences discipline. However, the first-order experience is not immune to social implications. For a social scientist, there is rarely a phenomenon or experience which is not socially mediated (ibid). Biomedicine also acknowledges that subjective perceptions of pain could have multiple sources of origin, including social aspects. Therefore, suffering and pain always originate in a social setting, and their interpretation and experiences are produced socially and materialized in the social environment.

Therefore, in order to understand the expression of suffering and its manifestation in various forms. Data was collected vis. a. vis. 'day in the life' that describes a typical working day or non-working day in a worker's life at both sites. In addition, illness narratives and injury episodes were documented. The respondents were allowed to choose their vocabulary and frame their narratives in their own way. These narratives provided us with a detailed overview of the workload other than their job responsibilities. It also highlights the uncertainties of work on an everyday basis and the challenges of sustenance. Allowing the workers to frame their

narratives in their own words allowed the researcher to tease out some themes and strands that highlight emotional evaluations, subjective well-being, and suffering.

Worry and distress are two forms of manifestation and expression of suffering evident from the narratives of the workers in the Bhati mines village. Consider the case of BM-2, a 60-year-old woman whose son sustained a spinal fracture and a hip joint fracture while working on a building being demolished. Forget about compensating or getting him treated; the contractor did not even consider informing the family members that he was injured and admitted to the Safdarjung hospital. His fellow labourers informed the family about the incident and that he was admitted to the Safdarjung hospital. She asks what is the meaning of life when you live like this. There is so much uncertainty about whether you will be able to work tomorrow or not. You are not secure about your food and basic requirements. How can you live a tension-free and good life?

BM-11, a 50-year-old woman whose son met with an accident while digging for laying electric cables, died of high electric shock at the site. His family did not get any compensation from anywhere. In this regard, they had filed court cases twice, but in vain. The family spent almost Rs 12,000 from their hard-earned savings. It's been four years since her son's death, and since then, she has been working and managing her family's expenses. She has got numerous health issues despite she is working to sustain her family.

BM-23 is a 45-year-old woman; on being asked about the meaning of health and well-being, she just showed a bag full of medicines she takes every day and then goes on to work. She says this is all that is needed to continue working. She shared that to live a dignified life (*Izzat ki Zindagi*), you need a regular source of income and good working conditions. She says that it is dirty work that has got her so many infections and health issues. You can never be healthy while doing this kind of work.

BM-10 is a 60-years-old woman with breathing issues and still goes to work every day. She feels breathless most of the time while working (*hamesha saas foolta hai*). Her house lacks a roof over it. She has covered it with a canvas and is unable to build a roof over it due to a lack of sufficient money. She has been facing these issues because she doesn't have enough work, and the family is fed by borrowing money. She says that how can she be healthy with all the stress and tension?

BM-8 is a 30-years-old widow. She has five children; three daughters and two sons. She had sustained a leg fracture while working at one of the sites. She had to rest for some time to allow the bone to heal. However, she couldn't rest for the recommended duration, and then while talking to the researcher, she showed her malunited leg fracture with the protruded bone. She said that her family could not survive if she rested for a long time.

BM-7, a 27-years-old woman, lives with her three sons in the Bhati Mines village. She does not even have a *kaccha* house. She lived in a temporary tent in the *jungle* (forest) out in the open with her family without any basic amenities like water supply, toilet, bathing space, electricity, etc.

BM-1 is a 27-years-old male worker waiting at the labour chowk with swelling in his feet. He could not wait for the fracture to heal properly for some more time because of family responsibilities. BM-26, a 35-year-old male, had a head injury when the wall fell on his head while demolishing a building. He had wrapped a plaid (*ghamcha*) over his head to cover a deep scar that had yet to heal properly. He could not rest for some more time as this would be catastrophic for his family.

Another important aspect is the social transmission of the risk factors across the generation. Most of the community people working as earth diggers do not have formal years of education and do not have money to give their children a good education or take up any other profession. Therefore, their children also start working as earth diggers from an early age in the absence of education and other career opportunities. While those members of the *Odh* community who have money do some skill-based courses and take up other work in different fields. Others start working as earth diggers when they do not get anything else.

Due to the nature of work and the high occupational risk involved, all the respondents in the Bhati mines village reported injuries on an everyday basis. The women workers had pain and physical symptoms, which was a source of suffering. However, their source of suffering was not confined to the physical symptoms. They were frightened and uncertain about their family's future. Apart from the physical suffering, the social, economic, and psychological aspects of their lives were disrupted.

The narratives of workers in the Bhati mines village are testimony to the suffering and grief it produces. The intensity of the suffering increased across the hierarchy of the position. Invisibilization of suffering increases as we go down the ladder of the hierarchy of informal

work. There are gradients among the women workers who participated in the study. While some women could manage a few days of unemployment, for others, even a single day of unemployment mounts enormous economic and psychological stress. The pressure to sustain rises enormously. This leads to a very high level of stress and anxiety.

When the women respondents ask what is the meaning of life when you live like this, it shows their emotional evaluation of their present life conditions. It further shows they do not anticipate any improvement in their overall condition in the near future. The present miseries have affected their future perception. Expressions of fear, worry, and anxiety have a temporal element and the individual's perceived future of themselves.

8.6 Conclusion: A Journey Towards Dignity and Equity

The study highlights the prevalence of various forms and dimensions of unacceptable forms of work in the construction sector. It also discusses various understandings and notions of decent work among local administrators. It shows that removing the elements of unacceptable forms of work and generating opportunities for decent work should be the most important policy objective to achieve any meaningful economic and social development agenda.

When we talked about the deaths and injuries in the Bhati mines village, some of the key informants from the village shared that the workers working as earth diggers are considered worthless people. Earlier, they used donkeys to carry the debris and materials however, in recent times, these people have replaced the donkeys. Therefore, despite of high prevalence and incidence of both fatal and non-fatal injuries in the village has not gained the attention of the concerned authorities and policymakers. This highlights how rights at the workplace, human dignity, freedom, security, and the health of a community are put at risk on an everyday basis. These components are indispensable for creating decent working conditions. The right to decent work should gain priority to eliminate the narrow-targeted practices and prevailing unacceptable practices in the construction sector.

The study also accentuates the epistemological priority of understanding suffering and differentiating it from the concept of disease and illness. World Health Organization defines health as physical, mental, and social well-being and not merely an absence of disease or infirmity. It can also be understood as a state of relatively stable personhood and a state in which illness is minimized. Illness can be understood as a personal and interpersonal manifestation of suffering and individual response to it (Beckwith, 2014). Pain could lead to

suffering; however, suffering has numerous independent sources, as discussed in the preceding sections of the chapter. Loss of a loved one may lead to suffering; however, it may also emanate from the fracture of family, community, and social roles.

In biomedicine, pain and suffering are closely related; however, phenomenologically, these are distinct. Biomedicine's traditional concern for disease and the physical body resulting from the dichotomy of mind-body is very well known. This dichotomy is the most significant source of the invisibilization of suffering. The historical dualism of mind and body cannot lead to comprehending suffering and alleviating it.

Today the epistemic community has been questioning this dichotomy and the resulting invisibilization of suffering and other health issues. The distinction between physical and non-physical sources of suffering would not lead to well-being. It would only lead us to look at the proximal causes of ill health and a myopic view of health. Understanding suffering and personhood through illness and everyday live narratives allow us to understand the subjectivities of health. Suffering allows individual expression of subjectivity as much as collective subjectivity. Besides, recovering from suffering requires help in the form of sharing experiences and in numerous other forms. An attempt to understand suffering would only lead to actions developed toward its relief. Therefore, relief from suffering in addition to physical pain is the primary end of public health as a discipline.

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Annexure-I

Semi-Structured Questionnaire for Field Survey

Site/ Location No: ……..………. Sample No: …………….

A. Personal Details

1. Name of the Respondent: 2. Age: 3. Sex:

4. Social Group: SC-1   ST-2   OBC-3   Others-4
   Do not Know-5

5. Marital Status: Never Married-1   Currently Married-2   Widowed-3
   Separated-4

6. Educational Status: Illiterate-1   Literate below Primary Level-2   Middle-3
   Secondary-4   Higher Secondary-5   Graduate and Above-6

7. Migrant status: Yes-1   No-2

Place of Origin: Village……………………...   District…………………………….

State…………………………..   Rural/Urban………………………..

8. Demographic Details of the Family:

So. No.	Name of the Family Members of Respondent	Relationship with the Respondent	Sex	Age	Marital Status	Educational Status	Occupation	Income/ Month (Rs.)

B. Living Condition of Workers

1. Where do you live?

   Construction site-1   Rented room by contractor-2   Rented room by self-3

   Own house-4

2. Type of house in which you live: Tin-1   Corrugated sheet-2

   Cement or concrete-3   Half *Kaccha* and half *Pacca*-4   Any other-5

3. How do you reach at the site for work?

   By walk-1   By public transport-2   Own vehicle-3

   Employers vehicle-4

4. Toilet facility: Open defecation-1   Municipal toilet-2   Own toilet-3

   Common toilet for group of people/families -4

5. Type of bathing facility: In the open-1   *Mori*-2

   Personal bathroom-3   Common Bathroom-4

6. Source of drinking water: Public tap-1   Personal tap-2   Tanker-3

   Stored water-4   Common tap for group of people/families-5

   Others source-6

7. Type of fuel used: Kerosene-1   Cooking Gas-2   Wood-3   Coal-4

C. Migration Process

1. The age at which you left your home…………..Years………………Months (migration age)

   Not Applicable-0

2. Why did you leave your village?

    Unemployment in village-1   My husband/family member lives here-2

   Lack of work for survival-3   Good employment opportunities-4   Any other reason-5

3. Why did you choose Delhi as your destination?

   In search of employment-1   Better opportunity of employment-2

   My family lives in Delhi-3

   Family problem like divorce, separation from husband etc. and my relatives live in Delhi-4

   Better wages-5   Any other reason-6

4. If for employment then, how you came to Delhi?

   Alone-1   Through Agency-2   Through Contractor-3   Close Family member-4

   Relatives-5   Village Friends-6   Others-7

D. Working Conditions

I. Decent Work

1. How long you have been working at this site? **.......................................**

2. How many hours do you work per day? **.......................................**

3. Paid Overtime   1- Yes   2-No

4. How much wages do you get per day?

   Rs. 200-300-1   Rs. 300-400-2   Rs. 400-500-3   Rs. 500 and above-4

5. What is the basis of payment of wages?

   Monthly-1   Per day basis-2   Weekly-3

6. What is the timing of payment of your wages?

   Daily-1   Weekly-2   Bi-monthly-3   Monthly-4

7. Do you get the wages on time? Always -1   Most of the time-2   Rarely-3

   Never-4   Extremely delayed-5

8. Do you get full wages? Yes-1   No-2

9. Do you think you are cheated of any other? Like signing on larger amount of wages than actual rate you received etc. Yes-1   No-2

10. Do you think that you are getting lesser wages than expected-   Yes-1   No-2

11. Do you get a weekly rest of 24 hrs.? Yes-1   No-2   Sometimes-3

12. Do you work during night hours? Yes-1   No-2   Sometimes-3

    If yes, do you get additional compensation? Yes-1   No-2   Not applicable-0

    If yes, then how much? If no, then why not?

13. Are you entitled to an annual leave of 3 working weeks? Yes-1   No-2

14. Do you have the right to transfer when unfit? Yes-1   No-2

    Do not know-3

15. Facilities available at the construction site: Safe Drinking water-1   Toilet-2

    Crèche-3   Rest and lunch at work place-4

16. Whether you have separate toilets for men and women? Yes-1   No-2

17. Have you ever faced any discrimination, harassment and sexual exploitation? Yes-1   No-2   If yes what kind?

18. Whether families are allowed on the construction site? Yes-1   No-2

    Do not know-3

    If no, then why?

19. Did you get PPE kit from the very first day? Yes-1   No-2   Never-3

20. Do you get safety training regularly? Yes-1   No-2

21. Does Company organize any recreational activities? Yes-1   No-2

    If yes, then please specify

22. Do you get tea at the site? Yes-1   No-2   Sometimes-3

II.   Unacceptable Forms of Work

Precarious Work

1. Are you a registered construction worker? Yes-1   No-2

   If yes, then which Act: BOCW Act-1

2. Type of Employment: Casual Work-1   Piece related Work-2   Regular Worker-3

   Contract Worker-4   Part time-5   Self-employed-6

3. Type of Labour: Specialized-1   Skilled-2   Semi-skilled-3   Unskilled-4

4. Nature of Work: Non-mechanized-1   Mechanized-2

If non-mechanized then,

1) Carrying the loads like bricks, cementing material etc.

2) Non-load carrying work like policing, arranging materials, helping masons etc.

3) Other works

4) Mistry

5. Do you get the social benefits you are entitled for? Yes-1   No-2

   If yes then which social benefit you are entitled to: Statutory entitlements-1   ESI-2

   Provident Fund-3   Health insurance-4

6. Risks of occupational injury and disease: Do you get injured during work? Yes-1   No-2

   If yes then, what kind of injury?

   Abrasion of skin-1   Sprains-2   Crushing/pinching of the body parts-3

   Internal injury-4   Swelling of body parts-5   Fractures-6

   Falls/slips-7   Burns in the hand and feet-8

   Puncture of foot sole by pointing edges, cuts and bleedings-9   Eye injury-10

   Bite/sting by insects etc.-11   Other injuries-12

7. Do you feel/experience any one of the following?

   Weakness-1   Cough/chest infection-2   Urinary Tract Infections-3

   Sore throat-4   Cervical pain-5   Skin allergy-6

   Dehydration-7   Back pain-8   Fatigue and heat stroke etc.-9

   Fever-10   Lack of sleep-11

9. Is there any arrangement for first aid at the construction site? Yes-1   No-2

    Do not Know-3

10. Are you covered under any labour law? Yes-1   No-2

11. Do you have a labour union representation or any other forum to raise your voice or concerns?

    Yes-1   No-2   Please specify

12. Degrees of Job Security- Low job tenure-1   Low and unpredictable wages-2

    Deduction of wages-3   Unpaid work-4   Control over working conditions-5

    No Social Security benefits-6

Vulnerability/Informal Work

1. Are you aware of any legal protection measures for construction workers?

    Yes-1   No-2   If yes then specify

2.   Do you have access to any redressal mechanism?

    Yes-1   No-2   Unlikely to complain-3

    If yes, have you ever used this resource for grievance redressal mechanism?

    Yes-1   No-2

3. What is your point of redressal? Supervisor-1   Contractor-2

    Safety person-3   Engineer/site in-charge/manager-4

4. Size of firm

5. Type of firm or product market

6. What are the financial circumstances of the family?

    Able to meet more than just basic needs and some savings-1

    Just able to manage the basic requirement of the family-2

    Unable to manage the basic requirements-3

    Borrow money to meet basic requirements-4

    Always under shortage of money to meet family needs-5

    Always under some debt to meet family needs-6

7. Do you have access to benefits- health care, sick leave, vacation pay, pension coverage,

    access to training, union representation? Yes-1   No-2

    Do not Know-3

Forced labour

1. Abuse of vulnerability Yes-1   No-2 (based on observation by the researcher)

2. Do you think you have been deceived by the employer and contractor in any way?

   Yes-1   No-2   If yes, then please specify.

3. Is there any restriction of movement put on you by the employer or contractor?

   Yes-1   No-2   If yes, then please specify the reasons.

4. Have you ever been isolated from your coworkers or your family deliberately by the contractor or employer?   Yes-1   No-2   If yes then please specify.

5. Have you ever faced physical and sexual violence at the work place? Yes-1   No-2
   If yes, please specify the kind and form of abuse.

6. Have you ever been intimidated and threatened by the contractor or employer?

   Yes-1   No-2

   If yes, then please specify the kind of threats and intimidation.

7. Are any of your identity documents retained by the employer or contractor?

   Yes-1   No-2   If yes then for what purpose and why?

8. Have you ever faced withholding of wages? Yes-1   No-2
   If yes then what were the reasons for withholding of wage?

   Not applicable-0   No reason-1   Complete the work first-2

9. Are you working here because of any debt bondage condition or any other condition of this sort?   Yes-1   No-2   If yes then please specify

10. Are you forced to work under excessive overtime conditions? Yes-1   No-2
    If yes then why?

11. Abusive living and working conditions. Yes-1   No-2
    (determined by the observation by the researcher).

12. Have you ever faced any health issues or injury during the last one year?

    Yes-1   No-2

COVID Lockdown related Questions

1. Where were you staying during the lockdown? Hometown-1   Construction site-2
   Rented room by Contractor-3   Rented room by self-4   With relatives/friends-5

2. How did you manage your daily expenses?

   Borrowed money-1   From savings-2   Salary from contractor/company-3
   Cut down consumption-4   Father/family member-5   Others-6

3. Did you face the issue of hunger, food insecurity, financial insecurity, depletion of savings and large-scale borrowing? Yes-1   No-2

4. To what extent the social security measure and relief measures provided by government helped mitigate the impact of the crisis? Yes-1   No-2   Do not Know-3

Annexure-II

In-depth Unstructured Interview Guide

Themes to be Explored

- History of village
- Personal history of workers
- Socioeconomic condition of the village

Everyday Life Experiences

- The daily activities and routine work
- Work schedule and activities at work place
- Work relations and changes in the recruitment system
- Social life and family life
- Family responsibilities and social responsibilities
- Recreational activities and other leisure activities
- Struggle in their daily lives

Illness Narratives

- Have you or any of your family member has ever faced an illness episode mild or moderate   illness or injury?
- Have you ever incurred catastrophic health expenditure or health shock due to injury or any illness?
- Mechanism and strategies to cope with any major health issue faced by any of the family members
- Support from contractor or company in the form of treatment or compensation or paid leave
- Lay perceptions about illness, disease and good health
- Experiences of suffering, humiliation, exclusion and dignity
- Experiences of injury (fatal and non fatal) and coping mechanism

- Treatment narratives- how a particular injury or illness was dealt with and impacted the family. The experiences of treatment seeking and overall experiences of recuperating and healing

- Access to public health services and preference for seeking treatment

- Perceptions of public health care delivery systems

Life History Perspectives (to record their histories in a way to identify themes that defines their life and their social and cultural context)

- Migration history and reasons for migration

- Age at which started working

- Memories of childhood

- Experiences of being a women/elderly women worker in the construction sector

- Earning and working details of other family members

- Details of the dependent members of the family

- Land holding and details of debt and bondage

- Overall financial and social status of the family

Annexure-III

Interview Guide for Key Informants

Site/ Location No: ……..……………..…   Key Informant No: …………….

1. Name of the Informant: 2. Age: 3. Designation:

4. How long have you been working here

5. Roles and responsibilities assigned

6. Knowledge about safety and welfare measures and other entitlements.

7. Total number of workers under him and how many of them are registered workers.

8. Wages of the workers

9. Facilities provided to the construction workers like housing, water, sanitation, health, education of the children, benefits under services/schemes/act.

10. Whether families/women are allowed at the construction sites? If not then why?

11. Have any one of the workers got any compensation for injury or death?

12. Knowledge about decent work

- Have you heard of decent work? Please explain.
- What do you know about decent work and measures taken to promote it at the present site?
- What are the conditions that determine that the present working conditions are decent or not?

Annexure-IV

Observation Checklist

General description of the construction site

- Type of work for men and women separately
- Safety measures- vertical and horizontal as well as individual level safety and personal safety equipments like PPE kit
- Facilities and amenities including separate toilets for men and women, drinking water, first-aid etc.
- Condition of children, facility of crèches
- Provision for first-aid/ emergency care
- Resting space and tea facility
- Behavior of contractor/ key informant towards the workers